

ITEMIZED BUDGET

| 1. Personnel/Employees | | | | TOTAL |
|---|-----------------|--------------------|---------------|-------|
| a. Names of Employees | Position Titles | Annual Salary Rate | Hours Devoted | |
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| | | | | |
| TOTAL: | | | | |
| b. Fringe Benefits | | | | |
| FICA % = | | | | |
| Retirement = | | | | |
| Other (itemize) = | | | | |
| TOTAL: | | | | |
| TOTAL PERSONNEL (a + b): | | | | |
| Type: | | | | |
| Hours Devoted: | | | | |
| TOTAL: | | | | |
| Type: | | | | |
| Fee: | | | | |
| Time Devoted: | | | | |
| TOTAL: | | | | |
| Number of Days: | | | | |
| Rate/Day: | | | | |
| TOTAL: | | | | |
| TOTAL CONSULTANTS (a + b + c) | | | | |
| a. Local Mileage _____ X _____ per mile | | | | |
| b. Non-local Miles _____ X _____ per mile | | | | |
| b. Non-local Miles _____ X _____ per mile | | | | |
| c. Subsistence _____ days X _____ per day | | | | |
| d. Air or other fares _____ | | | | |
| TOTAL TRAVEL: | | | | |

ITEMIZED BUDGET (Continued)

| 4. Equipment | | | | TOTAL |
|-------------------------|----------|------------|--------------------|-------|
| Type | Quantity | Unit Price | Purchase or Rental | |
| | | | | |
| TOTAL EQUIPMENT: | | | | N/A |

5. Supplies and Other Expenses

| Type | Quantity | Price | |
|----------------------------------|----------|-------|--|
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| TOTAL SUPPLIES AND OTHER: | | | |

6. Indirect Cost

| TOTAL INDIRECT COST: | | | |
|-----------------------------|--|--|--|

GRAND TOTAL:

7. Match Funds

*Cash funds from sources other than grant program supporting this project - (itemize).
(Do not add to requested Project Budget Summary accounts.)*

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| TOTAL: | |