OMB number 3137-0071 Expiration date: 7/31/2010

**BUDGET FORM - PAGE 1** Budget Period: 1 a. Applicant Legal Name: b. Requested Grant Period Thru: b. Requested Grant Period From: \_ c. If this is a revised budget, indicate application/grant number: **Section A: Detailed Budget** 1 🗙 2 🗌 3 🔲 4 🗌 Budget Detail for the Year From: Year Thru: 1. Salaries and Wages \$ Cost Sharing \$ Total \$ Grant Funds Method of Cost Computation Name/Title of Position No. (a) (b) (c) **SUBTOTALS** 2. Fringe Benefits \$ Grant Funds \$ Cost Sharing \$ Total \$ Salary Base Rate (c) (a) % of % of % of

**SUBTOTALS** 

# BUDGET FORM - PAGE 2 Budget Period: 1

### 3. Consultant Fees

Name or Type of Consultant	No. of Days	Daily Rate of Compensation	\$ Grant Funds (a)	\$ Cost Sharing (b)	\$ Total (c)
		SUBTOTALS			

### 4. Travel

From/To	No. Persons	No. Days	\$ Subsistence Costs	\$ Transportation Costs	\$ Grant Funds (a)	\$ Cost Sharing (b)	\$ Total (c)
				SUBTOTALS			

## BUDGET FORM - PAGE 3 Budget Period: 1

### 5. Supplies and Materials

Item	Basis/Method of Cost Computation	\$ Grant Funds (a)	\$ Cost Sharing (b)	\$ Total (c)
	SUBTOTALS			

### 6. Services

Item	Basis/Method of Cost Computation	\$ Grant Funds (a)	\$ Cost Sharing (b)	\$ Total (c)
	SUBTOTALS			

	nnot be included in indirect co	oct carcalations.	\$ Grant Funds	\$ Cost Sharing	\$ Total
tem		Basis/Method of Cost Computation	y Grant Funds (a)	\$ Cost Sharing (b)	ф 10tai (c)
		SUBTOTALS			
0.0415.5					
3. Other Costs					<b>^-</b>
tem		Pagis/Mathed of Cost Computation	\$ Grant Funds (a)	\$ Cost Sharing (b)	\$ Total (c)
lem em		Basis/Method of Cost Computation	(4)	(8)	(0)
		1			
		SUBTOTALS			
9. Total Direct C	nete				
. Total Direct C	Jala				

# BUDGET FORM - PAGE 5 Budget Period: 1

<b>10. Indirect Costs</b> Read the instructions about Indirect Costs before completing this section. Check the appropriate box below and provide the information requested.							
Current indirect cost rate(s) have been negotiated with a federal agency (for Item A, indicate the name of the agency and date of agreement expiration; complete Item B.)  Applicant chooses a rate not to exceed 15% of direct costs (Complete Item B).							
Indirect cost proposal has been submitted to a federal agency but not yet negotiated (for Item A, indicate the name of the agency and date of proposal; complete Item B.)							
Item A. Name of Fed	eral Agency:						
Expiration Da	te of Agreement:	Date of A	Agreement Propos	al :			
Item B.	Rate %	\$ Base	\$ Grant Funds (a)	\$ Cost Sharing (b)	\$ Total (c)		
		of					
	//	SUBTOTALS					
		SUBTOTALS					
11. Total Project Costs  Total Project Costs Total Project Costs Total Project Costs Total Project Costs Grant Funds (a) Cost Sharing (b) Total (c)					Total Project Costs Total (c)		
PROJECT COST TOTALS (Direct and Indirect for Budget Period)							
12. Total Direct Costs							
PRO	JECT COST TOTALS (Excluding	ng Student Support)					

## **BUDGET FORM - PAGE 6**

Section B

Section B: Summary Budget

<b>Budget Category</b>	IMLS	Cost Share	Total				
TOTAL COSTS FOR ENTIRE GRANT PERIOD							
1. Salaries and Wages							
2. Fringe Benefits							
3. Consultant Fees							
4. Travel							
5. Supplies and Materials							
6. Services							
7. Student Support							
8. Other Costs							
9. Total Direct Costs (Items 1-7)							
10. Indirect Costs							
11. Total Project Costs (Direct & Indirect)							
PROJECT FUNDING FOR THE ENT	TIPE CRANT REDIOD						
<ol> <li>Grant Funds Requested from IMLS funds</li> </ol>	m IMLS						
2. Cost Sharing  Cash Contribution	_						
In-Kind Contribution							
Other Federal Agencies*							
_	<u></u>						
TOTAL COST SHARING							
<ol> <li>TOTAL PROJECT FUNDING (Total IMLS Funding + Total</li> </ol>							
% of Total Cost Requested from	IMLS		<b>%</b>				
Names of "Other Federal Agenci	es"						