

# Revised Project Budget

OMB No. 3135-0112  
Expires 11/30/10

Application number (pre-award changes):

or

Grant number (post-award changes):

1. Applicant (official IRS name/ mailing address):

2. Period of Support Requested

(Use 2-digit numerals, e.g., 01/01/06 for Jan. 1, 2006):

Starting

/

/

Ending

/

/

3. Revised Project Description. If it is necessary to revise your project, clearly describe how the recommended grant and matching funds would be spent. Give a justification for the change (e.g., reduced amount of funding recommended as conveyed by the Endowment).

4. Project Budget Summary:

Amount Recommended  
(see accompanying memo)

Plus "Total match for this project"

Must equal "Total project costs"

\$

+ \$

= \$

5. Authorizing Official (Last, first):

(Check one)

Mr.

Ms.

Title:

Telephone: ( )

ext.

Fax: ( )

E-Mail:

Signature of Authorizing Official: X

Date: / /

6. Project Director (Last, first):

(Check one)

Mr.

Ms.

Title:

Telephone: ( )

ext.

Fax: ( )

E-Mail:

## Project Budget

Income

7. Total match for this project. Be as specific as possible. Asterisk (\*) those funds that are committed or secured.

Cash (refers to the cash donations, grants, and revenues that are expected or received for this project.)

Amount

Total cash a. \$ \_\_\_\_\_

In-kind (these same items also must be listed as direct costs under "Expenses" below.)

Total in-kind b. \$ \_\_\_\_\_

Total match for this project (a. + b.) \$ \_\_\_\_\_

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## Expenses

### 8. Direct costs: Salaries and wages (Do not include salaries associated with fund raising.)

| Title and/or type of personnel | Number of personnel | Annual or average salary range | % of time devoted to this project | Amount |
|--------------------------------|---------------------|--------------------------------|-----------------------------------|--------|
|--------------------------------|---------------------|--------------------------------|-----------------------------------|--------|

**Total salaries and wages a. \$** \_\_\_\_\_

### Fringe benefits

**Total fringe benefits b. \$** \_\_\_\_\_

**Total salaries, wages, and fringe benefits (a. + b.) \$** \_\_\_\_\_

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### 9. Direct costs: Travel (Include subsistence.)

| # of travelers | From | To | Amount |
|----------------|------|----|--------|
|----------------|------|----|--------|

**Total travel \$** \_\_\_\_\_

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### 10. Direct costs: Other expenses (such as consultant and artist fees, contractual services, telephone, utilities, photocopying, postage, supplies and materials, publication, distribution, transportation of items other than personnel, rental of space or equipment, etc.)

Amount

**Total other expenses \$** \_\_\_\_\_

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**11. Total direct costs (8.+9.+10.)** **\$** \_\_\_\_\_

### 12. Indirect costs (if applicable, attach federal rate negotiation agreement):

|                 |          |        |      |       |
|-----------------|----------|--------|------|-------|
| Federal Agency: | Rate (%) | x Base | = \$ | _____ |
|-----------------|----------|--------|------|-------|

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**13. Total project costs (11. + 12.)** **\$** \_\_\_\_\_

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