

# BUDGET FORM - PAGE ONE

a. Legal Name (5a from Face Sheet): \_\_\_\_\_  
 b. Requested Grant Period From: \_\_\_\_\_ Requested Grant Period Through: \_\_\_\_\_  
 c. If this is a revised budget, indicate application/grant number: \_\_\_\_\_

## Section A: Detailed Budget

a. Year: 1  2  3  4  b. Budget Detail for the Period From: \_\_\_\_\_ c. Through: \_\_\_\_\_

### 1. Salaries and Wages

Name/Title of Position	No.	Method of Cost Computation	\$ Grant Funds	\$ Cost Sharing	\$ Total
SUBTOTALS					

### 2. Fringe Benefits

Rate		\$ Salary Base	\$ Grant Funds	\$ Cost Sharing	\$ Total
	% of				
	% of				
	% of				
SUBTOTALS					

### 3. Consultant Fees

Name or Type of Consultant	No. of days	Daily Rate of Compensation	\$ Grant Funds	\$ Cost Sharing	\$ Total
SUBTOTALS					

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## 4. Travel

From/To	No. of persons	No. of days	\$ Subsistence Costs	\$ Transportation Costs	\$ Grant Funds	\$ Cost Sharing	\$ Total
SUBTOTALS							

## 5. Supplies and Materials

Item	Basis/Method of Cost Computation	\$ Grant Funds	\$ Cost Sharing	\$ Total
SUBTOTALS				

## 6. Services

Item	Basis/Method of Cost Computation	\$ Grant Funds	\$ Cost Sharing	\$ Total
SUBTOTALS				

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## 7. Student Support (Laura Bush 21st Century Librarians Program only)

Item	Basis/Method of Cost Computation	\$ Grant Funds	\$ Cost Sharing	\$ Total
SUBTOTALS				

## 8. Other Costs

Item	Basis/Method of Cost Computation	\$ Grant Funds	\$ Cost Sharing	\$ Total
SUBTOTALS				

## 9. Total Direct Costs

	\$ Grant Funds	\$ Cost Sharing	\$ Total
TOTALS (Add subtotals of items 1 to 8)			

## 10. Indirect Costs

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).
- 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).
- Applicant chooses a rate not to exceed 15% of direct costs (complete item B).

**Item A:** Name of federal agency: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ Proposal Date: \_\_\_\_\_

Item B:	Rate	% of	\$ Base	\$ Grant Funds	\$ Cost Sharing	\$ Total
		% of				
		% of				
		% of				
SUBTOTALS						

## 11. Total Project Costs

	\$ Grant Funds	\$ Cost Sharing	\$ Total
PROJECT COST TOTALS (Direct and Indirect for Budget Period)			
PROJECT COST TOTALS (Excluding Student Support)			