a. Legal name (5a from SF-424S):

b. Requested Grant Period:

Requested Grant Period From: (MM/DD/YYYY)

Requested Grant Period Through: (MM/DD/YYYY)

c. If this is a revised budget, indicate application/grant number:

### **1. Salaries and Wages**

	Yea	ar 1	Yea	ar 2	Yea	ar 3		Total	
Name/Title or Position	Grant Fund	Cost Share	Grand Total						
Salaries and Wages Subtotal									

#### 2. Fringe Benefits

	Year 1		Year 2		Year 3		Total		
Description (% or item)	Grant Fund	Cost Share	Grant Total						
Fringe Benefits Subtotal									

a. Legal name (5a from SF-424S):

## 3. Consultant Fees

	Year 1		Yea	Year 2		ar 3	Total		
Name or type of consultant	Grant Fund	Cost Share	Grand Total						
Consultant Fees Subtotal									

### 4. Travel

	Yea	ar 1	Yea	Year 2 Year 3 Total				Total		
From/To and Purpose	Grant Fund	Cost Share	Grant Fund	Cost Share	Grant Fund	Cost Share	Grant Fund	Cost Share	Grand Total	
Travel Subtotal										

## **5. Supplies and Materials**

	Yea	Year 1		ar 2	Yea	ar 3	Total		
ltem	Grant Fund	Cost Share	Grand Total						
<b>Supplies &amp; Material Subtotal</b>									

a. Legal name (5a from SF-424S):

# 6. Services

	Yea	ar 1	Yea	ar 2	Yea	ar 3		Total	
ltem	Grant Fund	Cost Share	Grand Total						
Services Subtotal									

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

	Year 1		Year 2		Year 3		Total		
ltem	Grant Fund	Cost Share	Grand Total						
Student Support Subtotal									

#### 8. Other Costs

	Yea	Year 1		ar 2	Year 3		Total		
ltem	Grant Fund	Cost Share	Grand Total						
Other Costs Subtotal									

a. Legal name (5a from SF-424S):

## 9. Total Direct Costs

	Yea	ar 1	Yea	ar 2	Yea	ar 3		Total	
	Grant Fund	Cost Share	Grand Total						
Subtotals (items 1-8)									

#### 10. Indirect Costs (Read the instructions about Indirect Costs before completing this section)

$\bigcirc$ Current indirect cost rate(s) have been negotiated with a federal agency	Name of Agency:	Expiration Date:	
$\bigcirc$ Indirect cost proposal has been submitted to a federal agency but not yet negotiated	Name of Agency:	Proposal Date:	

#### O Applicant chooses a rate not to exceed 15% of direct costs

	Year 1		Yea	Year 2		Year 3		Total		
Rate and Base	Grant Fund	Cost Share	Grand Total							
Indirect Costs Subtotal										

#### 11. Total Project Costs

	Yea	Year 1		Year 2		Year 3		Total		
	Grant Fund	Cost Share	Grand Total							
<b>Total Direct &amp; Indirect Costs</b>										
Total Costs (excluding student support)										