Standard Grant Program Budget Format

Applicant Organization:

Project Title:

Budget Period:

I. Personnel

Name/Title	Role	Annual Salary	% FTE	Amount Requested	Other Funding	Total
Personnel Subtotal						

II. Fringe Benefits

Description	Rate/Formula	Amount Requested	Other Funding	Total
Fringe Benefits Subtotal				

III. Other Direct Costs

Cost Category	Description	Amount Requested	Other Funding	Total
Travel				
Supplies				
Contractual				
Other				
Other Direct Costs Subtotal				

IV. Indirect Costs

Rate	Base	Amount Requested	Other Funding	Total
Indirect Costs Subtotal				

V. Total Budget Summary

Category	Amount Requested	Other Funding	Total
Personnel			
Fringe Benefits			
Other Direct Costs			

Indirect Costs			
Total			

Notes/Justifications