

Detailed Grant Budget Worksheet

Nonprofit Organization Name: _____
Project/Program Title: _____
Grant Period: _____
Date: _____

I. Personnel Expenses

Position/Title	Hourly Rate / Salary	% Time on Project	Grant Funds	Other Funds	Total Cost
Personnel Subtotal					

II. Fringe Benefits

Type (FICA, Health, etc.)	Rate/Amount	Grant Funds	Other Funds	Total Cost
Fringe Benefits Subtotal				

III. Non-Personnel Expenses

Description	Grant Funds	Other Funds	Total Cost
Supplies			
Travel			
Consultants/Contracts			
Equipment			
Other (specify)			
Non-Personnel Subtotal			

IV. Indirect Costs

Rate/Description	Grant Funds	Other Funds	Total Cost
Indirect Costs Subtotal			

V. Budget Summary

	Grant Funds	Other Funds	Total Cost
Total Personnel			
Total Fringe Benefits			
Total Non-Personnel			
Total Indirect Costs			
Grand Total			

VI. Budget Justification / Explanatory Notes:

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