

Grant Proposal Budget Worksheet

Organization Name:
Project Title:
Grant Period:

A. Project Expenses

Expense Category	Requested from Grant	Other Funding	Total Cost
Personnel			
Fringe Benefits			
Supplies & Materials			
Equipment			
Travel			
Consultants/Contractual			
Other (specify):			
Total Direct Costs			
Indirect Costs (if applicable)			
Grand Total			

B. Budget Justification

C. Funding Sources (if applicable)

Source	Amount	Status (Pending/Secured)
Total		

D. Contact Information

Name:
Title:
Email:
Phone:

Authorized Signature

Date