Applicant:

**1. Personnel:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Position Title** | **Hours** | **Hourly**  **Rate**  **(HR)** | |  **if HR includes Fringe Benefits** | | **% of HR that is a fringe benefit** | | **Amount of fringe benefit** | **Total Amt** | **State Share** | **Non-**  **State Share** |
| a. |  |  |  | |  | |  | |  |  |  |  |
| b. |  |  |  | |  | |  | |  |  |  |  |
| c. |  |  |  | |  | |  | |  |  |  |  |
| d. |  |  |  | |  | |  | |  |  |  |  |
| e. |  |  |  | |  | |  | |  |  |  |  |
| f. |  |  |  | |  | |  | |  |  |  |  |
| g. |  |  |  | |  | |  | |  |  |  |  |
| h. |  |  |  | |  | |  | |  |  |  |  |
| i. |  |  |  | |  | |  | |  |  |  |  |
| j. |  |  |  | |  | |  | |  |  |  |  |
|  |  |  | |  | |  | |  | **Sub-total:** | **$** | $ | **$** |

**2. Travel:** *(see GSA rates in the application form)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | **Rate** | **Miles/# of days** | **Total Amount** | **State Share** | **Non-State Share** |
| a. | Mileage | |  |  |  |  |  |
|  | 1. Person #1- | |  |  |  |  |  |
|  | 2. Person #2- | |  |  |  |  |  |
| b. | Per Diem Reimbursements (Breakfast) | |  |  |  |  |  |
|  | Per Diem Reimbursements (Lunch) | |  |  |  |  |  |
|  | Per Diem Reimbursements (Dinner) | |  |  |  |  |  |
| c. | Transportation costs (parking fees, taxi, etc.) | |  |  |  |  |  |
| d. | Lodging | |  |  |  |  |  |
|  | 1. Weeknight (Sun-Th) | |  |  |  |  |  |
|  | 2. Weekend (Fri-Sat only) | |  |  |  |  |  |
| e. | Other: | |  |  |  |  |  |
| f. | Other: | |  |  |  |  |  |
|  | |  |  | **Sub-total:** | $ | $ | $ |

Applicant:

**3. Contractual Services: *(Attach quotes)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Contractual Service** | **Total Amount** | **State Share** | **Non-State**  **Share** |
| a. |  |  |  |  |
| b. |  |  |  |  |
| c. |  |  |  |  |
| d. |  |  |  |  |
| e. |  |  |  |  |
| f. |  |  |  |  |
|  | **Sub-total:** | $ | $ | $ |

**4. Operating: List estimated operating expenses relating to the proposed project.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **# of items** | **Rate per item** | **Flat Rate** | **Amount** | **State Share** | **Non-State Share** |
| a. | Photocopying |  |  |  |  |  |  |
| b. | Film and Processing |  |  |  |  |  |  |
| c. | Maps |  |  |  |  |  |  |
| d. | Postage |  |  |  |  |  |  |
| e. | Telephone |  |  |  |  |  |  |
| f. | Utilities |  |  |  |  |  |  |
| g. | Supplies (specify): |  |  |  |  |  |  |
| h. | Other (specify): |  |  |  |  |  |  |
| i. | Other (specify): |  |  |  |  |  |  |
|  |  |  |  | **Sub-total:** | $ | $ | $ |

**5. Other (please specify or attach detailed budget):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Rate** | **Amount** | **State Share** | **Non-State Share** |
| a. |  |  |  |  |  |
| b. |  |  |  |  |  |
| c. |  |  |  |  |  |
| d. |  |  |  |  |  |
| e. |  |  |  |  |  |
| f. |  |  |  |  |  |
| g. |  |  |  |  |  |
| h. |  |  |  |  |  |
|  |  | **Sub-total:** | **$** | **$** | **$** |

Applicant:

**6. Section #1- 6 Subtotals:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Amounts** | **State Share** | **Non-State Share** |
| 1. | Personnel | $ | $ | $ |
| 2. | Travel | $ | $ | $ |
| 3. | Contractual Services | $ | $ | $ |
| 4. | Operating | $ | $ | $ |
| 5. | Other | $ | $ | $ |
|  | **Sub-total:** | $ | $ | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| **7.** | **Requested State Share Total** | **Subtotal:** | **$** |
| **8.** | **Potential Non-State Share** | **Subtotal:** | **$** |
| **9.** | **Actual Non-State Share** | **Subtotal:** | **$** |
| **10.** | **Proposed Project Costs** | **Grand Total:** | **$** |