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:**  | **$**  |
| **10.**  | **Proposed Project Costs**  | **Grand Total:**  | **$**  |