**Draft Budget Form**

Please describe the budgeted items and their relationship to the implementation of the proposed project. Budgets should prioritize programs. Indirect costs (facilities and administrative costs) up to 8% are possible.

|  |  |
| --- | --- |
| **PROJECT TITLE:** | [Title here] |
| **AMOUNT REQUESTED:** | [Amount requested here; $5,000-$20,000] |
| **BUDGET PERIOD:** | November 15, 2021 – August 14, 2022 |

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| --- | --- | --- |
| **CATEGORY** | **JUSTIFICATION** | **AMOUNT** |
|  |  |  |
| Personnel |  |  |
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|  |  |  |
| Travel/Transportation |  |  |
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| Materials and Supplies |  |  |
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| Other Direct Costs |  |  |
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| **TOTAL** |  | [$ total here] |