



BUDGET REQUEST FORM/INSTRUCTIONS

Name of Organization:		Grant Period:	
		May 1, 2024 - September 30, 2024	
Address:		Telephone Number:	
Project Leader Name:	Project Leader Signature:	Date:	
Region Number:			
Counties:			

SECTION I: BUDGET NARRATIVE/EXPLANATION

In this section, thoroughly narrate/explain what the funds will be used for in each of the line item requests in Section II.

Include expense calculations for all line items in this section.

Failure to provide adequate explanation/justification may result in a delay and/or denial of request.

To enter a new line hit the <Alt> key and the <Enter> key at the same time.

Compensation: Salaries, Fringe, Professional Fees & Services	
Salaries:	
Fringe:	

" " " " " " " "
Professional Fees & Services:
Reimbursements (Direct Costs): Maintenance & General Operations, Conference Fees and Travel, and Capital Outlay
Maintenance & General Operations: (Office Supplies, Printing, Meeting Expenses, etc.)
Travel & Conference Fees: (Mileage, Registrations, Hotels, Flights, etc.)
Capital Outlay (Equipment and Other Inventory Items)

" " " " " " " " " "



SECTION II: BUDGET REQUEST WITH CALCULATIONS
BUDGET CATEGORIES WITH LINE ITEMS: List all line items for which you are requesting funds for below.
INDIRECT COST: Indirect cost must not exceed 10% of DIRECT COSTS.

BUDGET CATEGORIES WITH LINE ITEMS:	Requested Budget
COMPENSATION	
Regular Salaries (List each position)	
Subtotals	
Fringes	
Subtotals	
Professional Fees & Services (List each)	
Subtotals	
A. COMPENSATION SUBTOTAL	
REIMBURSABLE	
Maintenance & General Operations (List each line item)	

<input type="checkbox"/> Recommended for Approval	<input type="checkbox"/> Recommended for Approval
<input type="checkbox"/> Not Recommended for Approval	<input type="checkbox"/> Not Recommended for Approval
Project Officer Signature: _____	Prevention Director Signature: _____
Reviewed Date: _____	Reviewed Date: _____
Comments: _____	