

BUDGET REQUEST FORM/INSTRUCTIONS

Name of Organization:		Grant Period:			
			May 1, 2024	- September 30	0, 2024
Address:			, , ,	Telephone N	
Project Leader Name:		Project Leader Signa	ture:		Date:
Region Number:					
Counties:					
SECTION I: BUDGET	T NARRATIVE/EX	PLANATION			
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 calculat	ions for all line item	s in this section.			
 <u>Failure to provide adequ</u>	ate explanation/just	ification may result i	n a delav a	nd/or denia	l of request.
To enter a new line h					
10 enter a new mie n	it tile (Ait) key ai	iu the \Enter> ke	y at the sa	inie time.	
Comp	ensation: Salar	ries, Fringe, Profe	essional I	ees & Ser	vices
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)		
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)	

Subtotals	
Conference Fees & Travel Expenses	
Subtotals	
Capital Outlay	
Subtotals	
B. REIMBURSABLE SUBTOTAL	
INDIRECT COSTS (must not exceed 10% of DIRECT COSTS - A+B)	
TOTAL (A + B + Indirect Costs)	

SECTION III - REVIEW

Information entered in Section II should PRE-POPULATE in to Section III.

Please Review For Accuracy.

BUDGET REQUEST SUMMARY CATEGORIES	Category Totals
COMPENSATION:	
Regular Salaries	
Fringe	
Professional Fees and Services	
A. Compensation Subtotal	
REIMBURSEABLE:	
Maintenance & General Operations	
Conference Fees & Travel	
Capital Outlay	
B. Reimbursable Subtotal	
Indirect Costs	
Total Request (A+B+Indirect Costs)	

FOR MIDSOUTH STAFF USE ONLY:

Recommended for Approval	Recommended for Approval
Not Recommended for Approval	Not Recommended for Approval
Project Officer Signature:	Prevention Director Signature:
Reviewed Date:	Reviewed Date:
Comments:	