

Revised Project Budget

Application # (pre-award changes):

or Award # (post-award changes):

1. Applicant (official IRS name/ mailing address):	2. Period of Support Requested (Use 2-digit numerals, e.g., 01/01/13 for Jan. 1, 2013): Starting <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> / <div style="border: 1px solid black; width: 40px; height: 20px;"></div> / <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> Ending <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> / <div style="border: 1px solid black; width: 40px; height: 20px;"></div> / <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div>
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3. Revised Project Description. If it is necessary to revise your project, clearly describe how the recommended grant and matching funds would be spent. Give a justification for the change (e.g., reduced amount of funding recommended as conveyed by the Endowment).

4. Project Budget Summary: Amount Recommended (see accompanying memo) \$ 	Plus "Total match for this project" + \$ 	Must equal "Total project costs" = \$
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5. Authorizing Official (Last, first): Mr. Ms.

Title: _____

Telephone: () ext. Fax: ()

E-Mail: _____ Date: / /

6. Project Director (Last, first): Mr. Ms.

Title: _____ E-Mail: _____

Telephone: () ext. Fax: ()

Project Budget

Income

7. Total MATCH for this project. Be as specific as possible. Asterisk (*) those funds that are committed or secured.
CASH (refers to the cash donations, grants, and revenues that are expected or received for this project.) Amount

Total cash a. \$ _____

IN-KIND (these same items also must be listed as direct costs under "Expenses" below.) Amount

Total in-kind b. \$ _____

Total MATCH for this project (a. + b.) \$ _____

Revised Project Budget

Expenses

8. Direct costs: SALARIES AND WAGES (Do not include salaries associated with fund raising.)

Title and/or type of personnel	Number of personnel	Annual or average salary range	% of time devoted to this project	Amount
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Total salaries and wages a. \$ _____

Fringe benefits

Total fringe benefits b. \$ _____

Total salaries, wages, and fringe benefits (a. + b.) \$ _____

9. Direct costs: TRAVEL (Include subsistence.)

# of travelers	From	To	Amount
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Total travel \$ _____

10. Direct costs: OTHER EXPENSES (such as consultant and artist fees, contractual services, telephone, utilities, photocopying, postage, supplies and materials, publication, distribution, transportation of items other than personnel, rental of space or equipment, etc.)

Amount

Total other expenses \$ _____

11. Total DIRECT COSTS (8.+9.+10.) **\$** _____

12. INDIRECT COSTS (if applicable. Include a copy of federal indirect cost rate agreement):

Federal Agency: _____ **Rate (%)** _____ **x Base** _____ **= \$** _____

13. TOTAL PROJECT COSTS (11. + 12.) **\$** _____