OMB Number: XXXX-XXXX
Expiration Date: MM/DD/YYYY

Basic Budget Form

1. Cost Breakdown

Description	Total Cost	Requested Funds	Matched Funds
shown for example calculation	\$50.00	\$40.00	\$10.00
Totals	\$50.00		
Percentages		80.00%	20.00%

Note: You must provide at least a 20% match to receive funding.

2. Matching Funds

Source	Type	Description	Amount
shown for example	equipment	farm equipment	\$10
Total Match Provided			\$10.00
Total Matched Funds from Above			\$10.00