

BUDGET FORM - PAGE ONE

a. Legal Name (5a from Face Sheet): _____

b. Requested Grant Period From: _____ Requested Grant Period Through: _____

c. If this is a revised budget, indicate application/grant number: _____

Section A: Detailed Budget

a. Year: 1 2 3 4 b. Budget Detail for the Period From: _____ c. Through: _____

1. Salaries and Wages

Name/Title of Position	No.	Method of Cost Computation	\$ Grant Funds	\$ Cost Sharing	\$ Total
SUBTOTALS					

2. Fringe Benefits

Rate		\$ Salary Base	\$ Grant Funds	\$ Cost Sharing	\$ Total
	% of				
	% of				
	% of				
SUBTOTALS					

3. Consultant Fees

Name or Type of Consultant	No. of days	Daily Rate of Compensation	\$ Grant Funds	\$ Cost Sharing	\$ Total
SUBTOTALS					

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4. Travel

From/To	No. of persons	No. of days	\$ Subsistence Costs	\$ Transportation Costs	\$ Grant Funds	\$ Cost Sharing	\$ Total
SUBTOTALS							

5. Supplies and Materials

Item	Basis/Method of Cost Computation	\$ Grant Funds	\$ Cost Sharing	\$ Total
SUBTOTALS				

6. Services

Item	Basis/Method of Cost Computation	\$ Grant Funds	\$ Cost Sharing	\$ Total
SUBTOTALS				

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7. Student Support (Laura Bush 21st Century Librarians Program only)

Item	Basis/Method of Cost Computation	\$ Grant Funds	\$ Cost Sharing	\$ Total
SUBTOTALS				

8. Other Costs

Item	Basis/Method of Cost Computation	\$ Grant Funds	\$ Cost Sharing	\$ Total
SUBTOTALS				

9. Total Direct Costs

	\$ Grant Funds	\$ Cost Sharing	\$ Total
TOTALS (Add subtotals of items 1 to 8)			

10. Indirect Costs

Read the instructions about Indirect Costs before completing this section. Check the appropriate box below and provide the information requested.

- Current indirect cost rate(s) have been negotiated with a federal agency (for item A, indicate the name of the agency and date of agreement expiration; complete item B).
- Indirect cost proposal has been submitted to a federal agency but not yet negotiated (for item A, indicate the name of the agency and date of proposal; complete item B).
- Applicant chooses a rate not to exceed 15% of direct costs (complete item B).

Item A: Name of federal agency: _____

Expiration Date: _____ Proposal Date: _____

Item B:

Rate		\$ Base	\$ Grant Funds	\$ Cost Sharing	\$ Total
	% of				
	% of				
	% of				
SUBTOTALS					

11. Total Project Costs

	\$ Grant Funds	\$ Cost Sharing	\$ Total
PROJECT COST TOTALS (Direct and Indirect for Budget Period)			
PROJECT COST TOTALS (Excluding Student Support)			

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Section B: Summary Budget

	\$ IMLS	\$ Cost Share	\$ TOTAL COSTS
1. Salaries and Wages			
2. Fringe Benefits			
3. Consultant Fees			
4. Travel			
5. Supplies and Materials			
6. Services			
7. Student Support			
8. Other Costs			
TOTAL DIRECT COSTS (1–8)			
9. Indirect Costs			
TOTAL COSTS (Direct and Indirect)			

Project Funding for the Entire Grant Period

1. Grant Funds Requested from IMLS

2. Cost Sharing:

 a. Cash Contribution

 b. In-Kind Contribution

 c. Other Federal Agencies*

 d. TOTAL COST SHARING

3. TOTAL PROJECT FUNDING (1+2d)

% of Total Costs Requested from IMLS

* If funding has been requested from another federal agency, indicate the agency's name: