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 Budge	t						
	2 3 4 b. Budget Detail for the Period From:					c. Through:	
d. 10di. 12 22 02 12	0.20.0.	b. Budget Detail for the Feriod Hoff C.					
1. Salaries and Wages							
Name/Title of Position	No.	Method of Cost Computation		mputation	\$ Grant Funds	\$ Cost Sharing	\$ Total
		1			<u> </u>	<u> </u>	1
	1	<u> </u>			<u> </u>	1	1
					<u> </u>		
		<u> </u>					
				SUBTOTALS		1	
2 Evingo Bonofito							
2. Fringe Benefits	Rate			\$ Salary Base	\$ Grant Funds	\$ Cost Sharing	\$ Total
	Nato		% of	Q Galary Base	y drant runus		Total
			% of				
			% of				
			, o o .	SUBTOTALS		i	
						•	-
3. Consultant Fees							
Name or Type of Consultant	No. of days	Daily Rate of	f Comi	pensation	\$ Grant Funds	\$ Cost Sharing	\$ Total
7.							
		<u>.</u> T			<u> </u>	<u> </u>	<u> </u>
	•			SURTOTALS			<u> </u>

BUDGET FORM - PAGE TWO

4. Travel \$ Transportation \$ Subsistence No. of No. of Costs Costs \$ Grant Funds \$ Cost Sharing \$ Total From/To persons days SUBTOTALS 5. Supplies and Materials Basis/Method of Cost Computation \$ Grant Funds \$ Cost Sharing \$ Total SUBTOTALS 6. Services Basis/Method of Cost Computation \$ Grant Funds \$ Cost Sharing \$ Total Item SUBTOTALS

BUDGET FORM - PAGE THREE

7. Stud	dent Support (Laura Bus	h 21st Century Libraria	ans Program onl	y)		
Item		Basis/Method of Cost	Computation	\$ Grant Funds	\$ Cost Sharing	\$ Total
				<u> </u>	<u> </u>	<u> </u>
			SUBTOTALS			
o ∩th	er Costs		V			
_	er Costs	Pagis/Mathad of Cost	Computation	\$ Grant Funds	\$ Cost Sharing	\$ Total
Item		Basis/Method of Cost	Computation	\$ Grant Funds	\$ COSt Sharing	\$ 10tai
		<u> </u>			-	
		<u> </u>		<u> </u>	<u> </u>	<u> </u>
				<u> </u>		
				1	1	
		- 		<u></u>		1
			SUBTOTALS			
9. Tota	al Direct Costs			\$ Grant Funds	\$ Cost Sharing	\$ Total
		TOTALS (Add subtota	als of items 1 to 8)	Ψ Grant ra	Ψ 0000 0110	Ψ 10tα1
40 lm						
	direct Costs					
provide	he instructions about Inc e the information reques	ted.				
	rrent indirect cost rate(s) had ederal agency (for item A, in	_		cant chooses a ra s (complete item l	ate not to exceed	15% of direct
ag	ency and date of agreement	expiration; complete item	n B).	(Complete Rom.)	D).	
	direct cost proposal has bee					
	ency but not yet negotiated the agency and date of propo		ame			
Item A		ncy:				
160111.7	Expiration Date:		Proposal	Data:		
	•		·			·
Item E	3:	Rate % of	\$ Base	\$ Grant Funds	\$ Cost Sharing	\$ Total
		% of		†	 	
		% of		†	1	
			SUBTOTALS		†	T
11 To	tal Project Costs				-	
11.	-		\$ Grant Funds	\$ Cost Sharing	\$ Total	
		TOTALS (Direct and Indirect			<u> </u>	
	PR∩ IF	CT COST TOTALS (Excluding				

BUDGET FORM - PAGE FOUR

Section B: Summary Budget						
1. Salaries and Wages	\$ IMLS	\$ Cost Share	\$ TOTAL COSTS			
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:						