

Farmers Market Promotion Program (FMPP) – 2007 Supplemental Budget Summary Form

1. Project Title:

2. Project Number: (AMS Use)

3. State

4. Organizational Name:

5. Primary Contact:

Mailing Address:

Mailing Address:

City:

State:

Zip Code:

City:

State:

Zip Code:

E-mail:

E-mail:

6. DUNS Number:

Requested Funds:

7. Entity Type:

Agricultural Cooperative
 Local government

Nonprofit corporation
 Public benefit corporation

Regional farmers market authority
 Tribal government

Primary Activity: Briefly describe details of the “primary” activity.

Personnel: cost per hour: \$ number of hours: \$

Travel: cost per person: \$ number of people: number of trips: \$

Destination: lodging cost: \$ number of days: \$

Equipment Cost: (List separately in box below.) \$

Supply Cost: (Estimate projected supplies expenditure.) \$

Contractual: Indicate if flat fee or hourly rate . (Hourly rate must not exceed \$55 per hour.)
Number of hours: hourly rate: \$ \$

Indirect cost: (May not exceed 10 percent of the proposed budget) \$

Other: (Please detail below travel mode and other information.)

\$

[Empty box for detailing travel mode and other information]

Total Primary Activity:

\$

1. First Secondary Activity: Briefly describe details of the "first secondary" activity.

[Empty box for describing the first secondary activity]

Personnel: cost per hour: \$ [] number of hours: [] \$ []

Travel: cost per person: \$ [] number of people: [] number of trips: [] \$ []

Destination: [] lodging cost: \$ [] number of days: [] \$ []

Equipment Cost: (List separately in box below.) \$ []

Supply Cost: (Estimate projected supplies expenditure.) \$ []

Contractual: Indicate if flat fee or hourly rate . (Hourly rate must not exceed \$55 per hour.)
Number of hours: [] hourly rate: \$ [] \$ []

Indirect cost: (May not exceed 10 percent of the proposed budget) \$ []

Other: (Please detail below travel mode and other information.) \$ []

[Empty box for detailing travel mode and other information]

Total First Secondary Activity:

\$

2. Second Secondary Activity: Briefly describe details of the “first secondary” activity.

Personnel: cost per hour: \$ number of hours: \$

Travel: cost per person: number of people: number of trips: \$

Destination: lodging cost: \$ number of days: \$

Equipment Cost: (List separately in box below.) \$

Supply Cost: (Estimate projected supplies expenditure.) \$

Contractual: Indicate if flat fee or hourly rate . (Hourly rate must not exceed \$55 per hour.)
 Number of hours: hourly rate: \$ \$

Indirect cost: (May not exceed 10 percent of the proposed budget) \$

Other: (Please detail below travel mode and other information.) \$

Total Second Secondary Activity: \$

Grand Total Primary and Secondary Activities: \$

If you have additional “Secondary Activities”, please record them using a similar format.

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