## NEA Application Project Budget, Page 1 of 2

## Read the instructions for this form before you start.

OMB No. 3135-0112 Expires 11/30/2010

Applicant (official IRS name):										
INCOME										
1.	Amount requested from the	\$								
2.	Total match for this project Be as specific as possible. Asterisk (*) those funds that are committed or secured.									
	<b>Cash</b> (Refers to the cash do project)	AMOUNT								
Total cash a. \$										
	In-kind: Donated space, supplies, volunteer services (These same items also must be listed as direct costs under "Expenses" below or in Page 2 of the Project Budget form; identify sources)									
	Total donations b. \$									
	sh + 2b. donations) \$									
3.	Total project income (1 + 2	\$								
EX	PENSES									
1.	. Direct costs: Salaries and wages									
	TITLE AND/OR TYPE OF PERSONNEL	NUMBER OF PERSONNEL	ANNUAL OR AVERAGE SALARY RANGE	% OF TIME DEVOTED TO THIS PROJECT	AMOUNT					
Fri	Fringe benefits Total fringe benefits b. \$									

## NEA Application Project Budget, Page 2of 2

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Applicant (official IRS name):										
EXPENSES, CONTINUED										
2.	Direct costs: Travel (Include subsistence)									
	# OF TRAVELERS	FROM		TO		AMOUNT				
3.	fees, rights, evaluation supplies and material	expenses (Include cons n and assessment fees, s, publication, distributio and other project-specific	access accorn, translation,	mmodations, tel	ephone, photocopying,	postage,				
				To	otal other expenses \$					
4.	Total direct costs (1	. from Project Budget, Pa	age 1 +2.+3.)		\$					
5.	Indirect costs (if app	olicable)								
	Federal Agency:		Rate (.00)	x Base	= \$					
6.	Total project costs ( Must equal total proje	(4.+5.) ect income (3. From Proje	ect Budget, P	age 1)	\$					