

IMLS BUDGET FORM

a. Legal name (5a from SF-424S):

b. Requested Award Period From: (MM/DD/YYYY)

Through: (MM/DD/YYYY)

c. If this is a revised budget, indicate application/award number/date of revision:

1. Salaries and Wages

Name/Title or Position	Year 1		Year 2		Year 3		Total		
	Grant Funds	Cost Share	Grant Funds	Cost Share	Grant Funds	Cost Share	Grant Funds	Cost Share	Grand Total
Subtotal									

2. Fringe Benefits

Rate and Base	Year 1		Year 2		Year 3		Total		
	Grant Funds	Cost Share	Grant Funds	Cost Share	Grant Funds	Cost Share	Grant Funds	Cost Share	Grand Total
Subtotal									

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3. Travel

From/To and Purpose	Year 1		Year 2		Year 3		Total		
	Grant Funds	Cost Share	Grant Funds	Cost Share	Grant Funds	Cost Share	Grant Funds	Cost Share	Grand Total
Subtotal									

4. Supplies, Materials, and Equipment

Item	Year 1		Year 2		Year 3		Total		
	Grant Funds	Cost Share	Grant Funds	Cost Share	Grant Funds	Cost Share	Grant Funds	Cost Share	Grand Total
Subtotal									

5. Contracts and Subawards

Item	Year 1		Year 2		Year 3		Total		
	Grant Funds	Cost Share	Grant Funds	Cost Share	Grant Funds	Cost Share	Grant Funds	Cost Share	Grand Total
Subtotal									

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6. Student Support

Item	Year 1		Year 2		Year 3		Total		
	Grant Funds	Cost Share	Grant Funds	Cost Share	Grant Funds	Cost Share	Grant Funds	Cost Share	Grand Total
Subtotal									

7. Other Costs

Item	Year 1		Year 2		Year 3		Total		
	Grant Funds	Cost Share	Grant Funds	Cost Share	Grant Funds	Cost Share	Grant Funds	Cost Share	Grand Total
Subtotal									

8. Total Direct Costs

	Year 1		Year 2		Year 3		Total		
	Grant Funds	Cost Share	Grant Funds	Cost Share	Grant Funds	Cost Share	Grant Funds	Cost Share	Grand Total
Subtotals (Items 1-7)									

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9. Indirect Costs (Read the instructions about Indirect Costs before completing this section.)

Current indirect cost rate(s) have been negotiated with a federal agency. Name of Agency: _____ Expiration Date: _____

Indirect cost proposal has been submitted to a federal agency but not yet negotiated. Name of Agency: _____ Proposal Date: _____

Applicant chooses a rate not to exceed 10% of modified total direct costs, and declares it is eligible for the 10% rate.

Applicant chooses not to include indirect costs.

Rate and Base	Year 1		Year 2		Year 3		Total		
	Grant Funds	Cost Share	Grant Funds	Cost Share	Grant Funds	Cost Share	Grant Funds	Cost Share	Grand Total
Indirect Costs Subtotal									

10. Total Project Costs

	Year 1		Year 2		Year 3		Total		
	Grant Funds	Cost Share	Grant Funds	Cost Share	Grant Funds	Cost Share	Grant Funds	Cost Share	Grand Total
Total Direct & Indirect Costs									
Total Costs (excluding student support)									