				Name and Address of Applicant:	Gr	
					Grant Application Detailed Budget Worksheet	
TOTAL	displays a currently valid OMB control number. Information collected will provide proposed budget data for multiple programs. HUD will use this information in the selection of applicants. Response to	agency may not collect this information, and you are not required to complete this form, unless it	per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completion and regionary the collection of information.	Public reporting burden for this collection of information is estimated to average 3 hours 12 minutes	(Exp. 03/31/2011)	OMB Approval No. 2501-001

Category Detailed D 1. Personnel (Direct Labor) Position or Individual asd Total Direct Labor Cost 2. Fringe Benefits	Estimated Hours	udget (for for Rate per Hour	Detailed Description of Budget (for full grant period) Estimated Hour Estimated Cost Hours Hour Estimated Cost \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	HUD Share	Applicant Match Match \$0 Applicant Match	Other HUD Stunds Funds Stunds Funds Stunds Stunds Stunds Stunds Stunds Stunds Stunds Stunds Stunds	with vail OMB. e programs. Hu information is re not lead itself to Share Share \$0 Other Federal Share \$0 Other Federal Share	State Share State Share State Share	displays a currently valid OMB control number. Information collected will provide proposed budget data for multiple programs. HUD will use this information in the selection of applicants. Response to this request or information in the selection of applicants. Response to this request does not land itself to confidentiality. Other Other State Share Local/Tribal Other Income Funds \$0 \$0 \$0 \$0 \$0 Other State Share Local/Tribal Other Program HUD Federal HUD Share State Share Local/Tribal Other Income Share Share Share Local/Tribal Other Income Income	Other Other Other
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Total Equipment Cost					4. Equipment (Only items over \$5,000 Depreciated val. Quantity			Total Travel Cost	Subtotal - Per Diem or Subsistence						3d. Per Diem or Subsistence (Indicate location) Days	1		Subtotal - Transportation - Other							3c. Transportation - Other Quantity		Subtotal - Transportation - Airfare							3b. Transportation - Airfare (show destination) Trips		Detailed D.	
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Grant Application Detailed Budget Worksheet
Detailed Description of Budget

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