

U.S. DEPARTMENT OF THE INTERIOR  
Office of Surface Mining Reclamation and Enforcement

OMB Control No. 1029-0059  
Exp. Date: 6/30/2018

\*\*\*\*\*Dwf i gv'kphgt o cvkqp Tgr qt v

<b>*****IO RQT VCP V&lt;'Rgcug't gcf 'lpwt vevkpu'up'vj g't gxgt ug'qhl'vj lu't ci g'fghgt g'eqo r rgvpi 'vj lu'ht o 0</b>							
A. Program			E. Budget Period (Month, Day, Year)			F. Mark 'X' in Appropriate Box	
B. Grantee			Beginning Date			( ) New Budget	
C. Grant Program			Ending Date			( ) Revised Budget (Enter Grant Number)	
D. Rate of Federal Sharing (%)						( ) Grant Number	
<b>*****RTQI TCO HWPEVKQPUCEVKKWGU</b>							TOTAL (g)
	(a)	(b)	(c)	(d)	(e)	(f)	
	1. Personnel						
	2. Fringe Benefit						
<b>Ugevkp'C</b>	3. Travel						
<b>U{</b>	4. Equipment						
<b>QdlgevErcu</b>	5. Supplies						
	6. Contractual						
	7. Construction						
	8. Other						
	9. Total Direct Charges						
	10. Indirect Charges						
	<b>330Vqel</b>						
<b>Ugevkp'D*****</b>	12. Non-Federal Share						
<b>U{</b>	13. Federal Share						
<b>Uqvt eg</b>							
<b>Ugevkp'E</b>							
<b>U{</b>	14. Program Income						
<b>Upeo g</b>							
<b>Ugevkp'F</b>	15. Detail on Indirect Cost ( ) Predetermined ( ) Provisional ( ) Final ( ) Fixed						
<b>Uf lt gev''</b>	Type of Rate (mark 'X' in Box)	Total Amount _____	Base _____				
<b>E quv</b>	Rate %						
E. Signature of Authorizing Official		F. Name and Title (type or print)		G. Telephone Number (Area Code, Number and Extension)		H. Date Report Submitted	