Project Budget Form

OMB No. 3135-0012 Expires 10/31/2022

This form can be used to submit your initial application budget and any subsequent budget revisions.

Detailed instructions for this form are available on our website at www.arts.gov/manageaward. Unless you are informed otherwise, you must match the National Endowment for the Arts funds dollar for dollar.

- All costs included in this budget, whether paid for with National Endowment for the Arts (NEA) funds or your cost share, must be directly allocable to the project activity, allowable, and adequately documented per the General Terms and Conditions. Actual, allowable expenditures must be reported on all payment requests and financial reports.
- Only include costs expected to be incurred within the period of performance, which can begin no earlier than the earliest allowable start date noted in the guidelines for this NEA funding opportunity. Costs such as salaries, wages, fringe benefits, and administrative overhead may need to be pro-rated to reflect this period.
- Provide a detailed breakdown of any large line items.
- For equipment, clearly note items to be rented or leased versus those to be purchased. For purchases, you must provide specific written justification for items with a unit value of \$5,000 or more, and a useful life of more than one year.
- Do not include unallowable costs such as receptions/parties, alcoholic beverages, cash prizes, construction, visa fees paid to the U.S. Government, unspecified foreign travel, or miscellaneous.
- <u>Unallowable costs cannot be supported with NEA funds OR with matching funds.</u> Learn more about unallowable costs in the <u>How to Manage Your National Endowment for the Arts Award and</u> eGMS Reach Handbook.
- This budget cannot include overlapping project costs with any other Federal award, or include matching funds originating from a Federal source.

If you are revising your initial application, consider streamlining your project budget to help ease your administrative burden associated with managing a Federal award. See the Project Description block on the next page for more information. Form begins on next page.

IMPORTANT: All changes are subject to National Endowment for the Arts approval.

Paperwork Reduction Act Statement

The public reporting burden for this collection of information is estimated at an average of one hour per response. This includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. We welcome any suggestions that you might have on improving the guidelines and making them as easy to use as possible. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: webmgr@arts.gov, Attention: Reporting Burden. Note: applicant/awardees are not required to respond to the collection of information unless it displays a currently valid U.S. Office of Management and Budget (OMB) control number.

National Endowment for the Arts Rev. 7.20.2022

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Applicants Officers and Courset Assessed	Submit this form via REACH.			
Applicants, Offerees, and Current Awardees:	For awards issued <i>before</i> 9/30/2017, email to grants@arts.gov			
ORGANIZATION: Legal name and SAM.gov address.	APPLICATION / AWARD #			
Legal Name:	Date			
	PERIOD OF PERFORMANCE REQUESTED (MM/DD/YYYY)			
Address:	From To			
	/ /			
PROJECT DESCRIPTION.				
APPLICANTS/OFFEREES: (1) If you are responding to an offer of functional formula including changes in project activity. If there are NO changes to the changes here. (2) For certain organizations, if this form is part of your project here and/or include a narrative outlining your project activity CURRENT AWARDEES REQUESTING AN AMENDMENT/CHANGE: Fi	original scope of project activities, indicate that there are no our initial application package, provide a brief summary of your cy as a PDF.			
Arts Award and eGMS Reach Handbook for more information on red	questing changes. If needed, attach additional pages.			
PARTICIPANTS: These 3 individuals will have access to the NEA's RE				
Authorizing Official. Identify the person who has the legal authority to a Name (Last, First)	approve this budget on behalf of your organization.			
Title	Cell Work Home			
E-mail	Telephone () -			
Project Director. Identify the person who can answer specific questions a	about this project.			
Name (Last, First)				
Title	Cell Work Home			
E-mail	Telephone () -			
Primary Contact. Identify the person who can answer specific questions a	about this budget.			
Name (Last, First)				
Title	Cell Work Home			
E-mail	Telephone () -			

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	PROJECT COSTS						
A. DIRECT COSTS							
Salaries and Wages. Include salaried employees. Pro-rate salaries to reflect only those incurred within the period of performance. (List artists, consultants, and contractors under Other Costs.)							
Title/Type of personnel	# of personnel	Annual salary/range	% of time allocated	Amount			
		Total Salario	es and Wages \$				
Fringe Benefits (%)			ringe Benefits \$				
	Total Sala	aries, Wages, and F	ringe Benefits \$				
Travel. Include transportation, lodging, and required of the least expensive class (e.g. coach) available. All	d subsistence dur Il foreign travel m	ing travel. Airfare charg ust be identified by cou	ged to the award may untry of origin/destina	not exceed the value ation.			
Travelers (name, role, or number of people)	Origin	Destinat	ion	Amount			
Other COSTS. Include all other direct project costs h promotion, supplies and materials, publications, dis	tribution, access	accommodations such a	as sign language inter	pretation or braille			
	tribution, access e, rental of venue	accommodations such as or equipment etc. If y	- ch as artist or consult as sign language inter	pretation or braille			
promotion, supplies and materials, publications, distinction (no construction/renovation costs), shipping/cartage	tribution, access e, rental of venue	accommodations such as or equipment etc. If y	- ch as artist or consult as sign language inter	pretation or braille			
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D INDIDECT COCTO			
B. INDIRECT COSTS.			
If applicable, include indirect costs as,		NED 000 44.4 (f) f!	LOLDING.
A de minimis rate, not to exceed 10% of n			
Approved as part of a current Federally-n			
Cognizant Agency:	Type:	Rate (%):	Base: \$
Effective Period - From:	To:		
Total INDIRECT COSTS			\$
TOTAL PROJECT COSTS (Total DIRECT COSTS)	OTO : Tatal INIDIDECT COCTO)		\$
TOTAL PROJECT COSTS (Total DIRECT COS	515 + 10(a) INDIRECT CO515)		9
	PROJECT INCOME		
ORGANIZATION SHARE: CASH. Include your o		tions non-Federal grants	s and revenues such as ticket
income or tuition fees. Federal funds subgranted from a st			
Source			Amount
		Total Cas	sh \$
THIRD-PARTY IN-KIND. Include goods or services	provided by individuals/entities outside		· . ·
listed here must correspond directly to a project cost line i		0 01 700. 0.9	ma party 30.11.1001.2.1.2.
Item and Source			Fair Market Value
		Total In-Kir	~~ ¢
			· —
	Total Recipient S	hare for this Proje	ect \$
	NE/	TAUOMA A	\$
TOTAL PROJECT INCOME (RECIPIENT SHA	RE + NEA AMOUNT)		\$