

8. Total Project Costs

Add totals of items 1 to 7.

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

9. Indirect Costs

If indirect costs are to be charged to this project, CHECK THE APPROPRIATE BOX BELOW and provide the Information requested. Refer to the budget instructions for explanations of these options.

Note: NHPRC only accepts indirect costs as cost share See 2 CFR 2600.1

- Current indirect cost rate(s) has/have been negotiated with Federal agency (complete items A and B).
- Indirect cost proposal has been submitted to a Federal agency, but not yet negotiated (indicate the name of the agency in Item A and show proposed rate(s) and base(s) and the amount(s) of indirect costs in item B).
- Applicant chooses to use a rate not to exceed 10% of direct costs, less distorting items (under item B, enter the proposed rate, the base against which the rate will be changed, and the computation of indirect costs per year).

Item A. Name of Federal agency: _____

Date of agreement: _____

| Item B. | Rate(s) | | Base(s) | | Cost Sharing | | Total |
|---------|-----------------------------|----|----------|--|--------------|--|----------|
| | _____% | of | \$ _____ | | \$ _____ | | \$ _____ |
| | _____% | of | \$ _____ | | \$ _____ | | \$ _____ |
| | _____% | of | \$ _____ | | \$ _____ | | \$ _____ |
| | TOTAL INDIRECT COSTS | | | | \$ _____ | | \$ _____ |

10. Total Costs (Cost Sharing and Project). _____ \$ _____

SUMMARY BUDGET

Enter the period of each year of the proposed grant.

| Budget Categories | Year 1 | Year 2 | Year 3 | TOTAL COSTS FOR ENTIRE GRANT PERIOD |
|----------------------------------|----------------|----------------|----------------|--|
| | from: thru: | from: thru: | from: thru: | |
| 1.) Salaries & Wages | \$ | \$ | \$ | = \$ |
| 2.) Fringe Benefits | \$ | \$ | \$ | = \$ |
| 3.) Consultant fees | \$ | \$ | \$ | = \$ |
| 4.) Travel | \$ | \$ | \$ | = \$ |
| 5.) Supplies & Materials | \$ | \$ | \$ | = \$ |
| 6.) Services | \$ | \$ | \$ | = \$ |
| 7.) Other Costs | \$ | \$ | \$ | = \$ |
| 8.) Total project costs | \$ | \$ | \$ | = \$ |
| 9.) Indirect Costs | \$ | \$ | \$ | = \$ |
| 10.) Total direct/indirect costs | \$ | \$ | \$ | = \$ |

PROJECT FUNDING FOR ENTIRE GRANT PERIOD

1. Indicate the amount of outright and/or Federal matching funds that is requested from NHPRC.
2. Indicate the amount of cash contributions that will be made by the applicant and cash, and in-kind contributions made by third parties to support project expenses that appear in the budget. Cash gift that will be raised to release Federal matching funds should be included under "Third-party contributions". (Consult the program guidelines for information on cost sharing requirements.) When a project will generate income that will be used during the grant period to support expenses listed in the budget, indicate the amount of income that will be expended on budgeted project activities. Indicate funding received from other agencies.
3. Total Project Funding should equal Total Project Costs.

| | Outright | Federal Matching | | TOTAL FUNDING |
|---------------------|----------|------------------|---|---------------|
| 1. REQUESTED | \$ | \$ | = | \$ |

| | Applicant's contribution | Third-party contributions | Project Income | Other Federal agencies | | TOTAL COST SHARING |
|------------------------|--------------------------|---------------------------|----------------|------------------------|---|--------------------|
| 2. COST SHARING | \$ | \$ | \$ | \$ | = | \$ |

| |
|--|
| 3. TOTAL PROJECT FUNDING (Total Funding + Total Cost sharing): = \$ |
| |

Submission of a revised budget

When submitting a revised budget, the Institutional Grant Administrator or Individual Applicant should provide the information requested below. The signature of this person indicates approval of the budget submission and the agreement of the organization/individual to cost share project expenses at the level under "Project Funding."

Name/Title: _____

Telephone: _____ Email: _____

Signature: _____ Date: _____

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