

# Project Budget Form

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

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

- All costs included in this budget, whether paid for with 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 (FY24 and earlier) or \$10,000 or more (FY25 and later) 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.
- Unallowable costs cannot be supported with NEA funds OR with matching funds. Learn more about unallowable costs in the **How to Manage Your NEA Award 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. All changes are subject to the NEA's approval.

Form begins on next page.

#### 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](mailto: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.

## Project Budget Form

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--|--|
| <b>Applicants, Offerees, and Current Awardees:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Submit this form via <a href="#">REACH</a>.</b>                                    |  |  |
| <b>ORGANIZATION:</b> Legal name and SAM.gov address.<br><br><b>Legal Name:</b><br><br><b>Address:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>APPLICATION/AWARD #:</b>                                                           |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>Date:</b>                                                                          |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>PERIOD OF PERFORMANCE REQUESTED (MM/DD/YYYY):</b><br><div>From</div> <div>To</div> |  |  |
| <b>PROJECT DESCRIPTION.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                       |  |  |
| <p><b>APPLICANTS/OFFEREES:</b> (1) If you are responding to an offer of funding, describe any change(s) from your original application, including changes in project activity. If there are NO changes to the original scope of project activities, indicate that there are no changes here. (2) For certain organizations, if this form is part of your initial application package, provide a brief summary of your project here and/or include a narrative outlining your project activity as a PDF.</p> <p><b>CURRENT AWARDEES REQUESTING AN AMENDMENT/CHANGE:</b> First review <a href="#">How to Manage Your National Endowment for the Arts Award and eGMS Reach Handbook</a> for more information on requesting changes. If needed, attach additional pages.</p> |                                                                                       |  |  |
| <p><b>RECIPIENT CONTACT INFORMATION:</b> These 3 individuals will have access to the NEA's REACH system for this specific offer or award.</p> <p><b>Authorizing Official.</b> Identify the person who has the legal authority to approve this budget on behalf of your organization.</p> <p><b>Name</b> (Last, First)</p> <p><b>Title</b> <span style="float: right;">Cell      Work      Home</span></p> <p><b>E-mail</b> <span style="float: right;"><b>Telephone</b> (      )      -</span></p>                                                                                                                                                                                                                                                                       |                                                                                       |  |  |
| <p><b>Project Director.</b> Identify the person who can answer specific questions about this project.</p> <p><b>Name</b> (Last, First)</p> <p><b>Title</b> <span style="float: right;">Cell      Work      Home</span></p> <p><b>E-mail</b> <span style="float: right;"><b>Telephone</b> (      )      -</span></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                       |  |  |
| <p><b>Primary Contact.</b> Identify the person who can answer specific questions about this budget.</p> <p><b>Name</b> (Last, First)</p> <p><b>Title</b> <span style="float: right;">Cell      Work      Home</span></p> <p><b>E-mail</b> <span style="float: right;"><b>Telephone</b> (      )      -</span></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                       |  |  |

### A. DIRECT COSTS

| Title/Type of personnel | # of personnel | Annual salary/range | % of time allocated | Amount |
|-------------------------|----------------|---------------------|---------------------|--------|
|-------------------------|----------------|---------------------|---------------------|--------|

| Travelers (name, role, or number of people) | Origin | Destination | Amount |
|---------------------------------------------|--------|-------------|--------|
|---------------------------------------------|--------|-------------|--------|

| Item | Amount |
|------|--------|
|------|--------|

|                                                                                                           |           |
|-----------------------------------------------------------------------------------------------------------|-----------|
| <b>Total DIRECT COSTS</b> (Total Salaries, Wages, and Fringe Benefits + Total Travel + Total Other COSTS) | <b>\$</b> |
|-----------------------------------------------------------------------------------------------------------|-----------|

# Project Budget Form

## B. INDIRECT COSTS.

If applicable, include indirect costs as,

A **de minimis rate**, or,

As part of a **current Federally-negotiated Indirect Cost Rate Agreement** (provide copy of agreement).

Cognizant Agency:

Type:

Rate (%):

Base: \$

Effective Period - From:

To:

**Total INDIRECT COSTS**

\$ \_\_\_\_\_

**TOTAL PROJECT COSTS** (Total DIRECT COSTS + Total INDIRECT COSTS)

\$ \_\_\_\_\_

## PROJECT INCOME

**ORGANIZATION SHARE: CASH.** Include your organization's contributions, cash donations, non-Federal grants, and revenues such as ticket income or tuition fees. Federal funds subgranted from a state arts agency, regional arts organization, or local arts agency cannot be used as match.

Source

Amount

**Total Cash \$** \_\_\_\_\_

**THIRD-PARTY IN-KIND.** Include goods or services provided by individuals/entities outside of your organization (third-party contributions). All items listed here must correspond directly to a project cost line item to determine allowability.

Item and Source

Fair Market Value

**Total In-Kind \$** \_\_\_\_\_

**Total Recipient Share for this Project \$** \_\_\_\_\_

**NEA AMOUNT \$** \_\_\_\_\_

**TOTAL PROJECT INCOME** (RECIPIENT SHARE + NEA AMOUNT)

\$ \_\_\_\_\_