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| C:\Documents and Settings\apena\Local Settings\Temporary Internet Files\Content.Word\NDSCDD logo.jpg | **Small****Innovative Grants****Budget Worksheet** |

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| --- | --- | --- | --- | --- |
| **Budget Line Items****(Delete or add Budget Line Items according to project)** | **DD Council Requested Amount** | **Line-Item Justification** **(Please note this is for Council Dollars)** | **Match Amount** | **Line-Item Justification** **(Please note if match is in-kind, cash or other)** |
| Salaries & Fringe Benefits of Staff (examples: title, monthly salaries, number of months, time commitment, type of fringe benefit including percentages and amounts for each benefit) | **$**  |  | **$** |  |
| Travel (examples: estimated expenses for mileage, lodging, meals. Include travel destinations, purpose of travel, number of trips, number of miles, length of stay) | **$** |  | **$** |  |
| Fees/Activity Costs | **$** |  | **$** |  |
| Stipends | **$** |  | **$** |  |
| Supplies (examples: office supplies, copying and postage) | **$** |  | **$** |  |
| Equipment fees (copier, leases, etc.) | **$** |  | **$** |  |
| Equipment | **$** |  | **$** |  |
| Operations (examples: computer usage, telephone usage, office space, insurance and utilities) | **$** |  | **$** |  |
| Consultants | **$** |  | **$** |  |
| Other  | **$** |  | **$** |  |
| Indirect Costs | **$** |  | **$** |  |
| **TOTALS**  | **$** |  | **$** |  |

|  |  |
| --- | --- |
| Total Amount NDSCDD funds requested for project | **$** |
| Total Amount of Match | **$** |
| Total Amount of Project Cost  | **$** |

Footnotes: 1. (NDSCDD funds + Match = Overall Project Cost). 2. Total Match amount equals at least 30% of Total Project Cost