

FFY 2018 PROJECT BUDGET - SUMMARY PAGE

PROJECT NAME: _____

Line Item	Cost Category	NCAAA Funds	Non-Federal Match		Total Project Cost
			Cash	In Kind	
1	Personnel	\$ -	\$ -	\$ -	\$ -
2	Rent	\$ -	\$ -	\$ -	\$ -
3	Travel	\$ -	\$ -	\$ -	\$ -
4	Audit	\$ -	\$ -	\$ -	\$ -
5	Utilities	\$ -	\$ -	\$ -	\$ -
6	Telephone	\$ -	\$ -	\$ -	\$ -
7	Office Expense	\$ -	\$ -	\$ -	\$ -
8	Postage	\$ -	\$ -	\$ -	\$ -
9	Printing/Publication	\$ -	\$ -	\$ -	\$ -
10	Supplies	\$ -	\$ -	\$ -	\$ -
11	Insurance	\$ -	\$ -	\$ -	\$ -
12	Repairs/Maintenance	\$ -	\$ -	\$ -	\$ -
13	Equipment	\$ -	\$ -	\$ -	\$ -
14	Contractual	\$ -	\$ -	\$ -	\$ -
15	Indirect Costs	\$ -	\$ -	\$ -	\$ -
16	Other:	\$ -	\$ -	\$ -	\$ -
Total Cost		\$ -	\$ -	\$ -	\$ -

Projected Client Contributions* \$ _____ - _____

*Projected client contributions must be used to expand services; the funds cannot be used as match.

FFY 2018 PROJECT BUDGET - EXPLANATION OF ALL OTHER COSTS

PROJECT NAME: _____ 0 _____

Line Item	Cost Category	NCAAA Funds	Non-Federal Match		Total Cost	Explanation/Computation (include salary and fringe benefit amount)
			Cash	In-Kind		
1	Personnel	\$ -	\$ -	\$ -		See attached Personnel Cost Explanation
2	Rent				\$ -	
3	Travel				\$ -	
4	Audit				\$ -	
5	Utilities				\$ -	
6	Telephone				\$ -	
7	Office Expense				\$ -	
8	Postage				\$ -	
9	Printing/Publication				\$ -	
10	Supplies				\$ -	
11	Insurance				\$ -	
12	Repairs/Maintenance				\$ -	
13	Equipment				\$ -	
14	Contractual				\$ -	
15	Indirect Costs				\$ -	
16	Other:				\$ -	
Total Costs		\$ -	\$ -	\$ -	\$ -	

FFY 2018 PROJECT BUDGET - NON-TITLE III RESOURCE SUMMARY

PROJECT NAME: _____ 0 _____

NON-FEDERAL CASH MATCH SOURCES

Indicate how much of the non-federal CASH match listed in the project budget is from:

	Amount	Specify source(s):
Municipalities	_____	_____
Fundraising	_____	_____
Other	_____	_____
Total Cash Match	<u>\$ -</u>	

NON-FEDERAL IN-KIND MATCH SOURCES

	Amount	List Source(s)
	_____	_____
	_____	_____
	_____	_____
	_____	_____
Total In Kind Match	<u>\$ -</u>	

OTHER FEDERAL RESOURCES

(Include all other federal resources above and beyond Title III that support the total program.)

	Specify source(s):
_____	Title V
_____	_____
Total Other Federal Resources	<u>\$ -</u>

PROJECTED CLIENT CONTRIBUTIONS*

	Specify amount of suggestion donation per unit of service (if applicable)
Estimated amount of client contributions	_____

*Projected client contributions must be used to expand services; the funds cannot be used as match.

