



PRELIMINARY GRANT BUDGET

Principal Investigator: \_\_\_\_\_ Phone Extension: \_\_\_\_\_  
 Funding Agency: \_\_\_\_\_  
 Project Title: \_\_\_\_\_  
 Dates of Project: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

EXPENSES	GRANT FUNDS	*OTHER FUNDING	TOTAL PROJECT EXPENSES
<b>PERSONNEL</b>			
Salaries - Faculty (including Stipends)	\$ -	\$ -	\$ -
Salaries - Staff/Admin (including Stipends)	\$ -	\$ -	\$ -
Fringe Benefits	\$ -	\$ -	\$ -
<i>* Fringe benefits are calculated at 18.25% for faculty and 18.02% for staff/admin. There may be additional fringe benefit expenses depending on your personnel requirements. Please see a grants accountant for details.</i>			
<b>Total Personnel Expenses</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>SUPPLIES</b>			
<i>* Supplies are classified as any item that has a per unit cost that is less than \$1,500.</i>			
Office Supplies	\$ -	\$ -	\$ -
Instructional Supplies	\$ -	\$ -	\$ -
Computer Supplies	\$ -	\$ -	\$ -
Other:	\$ -	\$ -	\$ -
<b>Total Supplies</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>PURCHASED SERVICES</b>			
Advertising	\$ -	\$ -	\$ -
Printing	\$ -	\$ -	\$ -
Postage	\$ -	\$ -	\$ -
Telephone	\$ -	\$ -	\$ -
Other:	\$ -	\$ -	\$ -
<b>Total Purchased Services</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>EQUIPMENT</b>			
<i>* Equipment is classified as any item that has a per unit cost of at least \$1,500.</i>			
Equipment	\$ -	\$ -	\$ -
<b>TRAVEL AND ENTERTAINMENT</b>			
Travel	\$ -	\$ -	\$ -
Training/Seminar Fees	\$ -	\$ -	\$ -
Entertainment	\$ -	\$ -	\$ -
Other:	\$ -	\$ -	\$ -
<b>Total Travel and Entertainment</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>INDIRECT COSTS</b>			
(Indirect costs should be calculated at 8% of the total costs above unless otherwise specified by the grant)	\$ -	\$ -	\$ -
<b>TOTAL PROJECT EXPENSES</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

IN A SEPARATE DOCUMENT, PLEASE PROVIDE A BRIEF NARRATIVE TO DESCRIBE THE ACTIVITIES RELATED TO THE ABOVE EXPENSES.

\* If this grant has an additional funding source(s), please provide the name(s) of the funding source(s) in the Budget Narrative.

**\* Formulas have been added to this form for your convenience. Please do not enter information in the shaded areas.**  
**\* For questions, please contact Angel at extension 3434 or Tammy at extension 3173.**