Project Budget Form

SECTION 1: DETAILED BUDGET

Year ❑ 1 ❑ 2 – Budget Period from __/__/__ to __/__/__

Name of Applicant Organization _____

IMPORTANT! READ INSTRUCTIONS ON PAGES 3.14–3.17 BEFORE PROCEEDING.

SALARIES & WAGES (PERMANENT STAFF)

Name/Title	No.	Method of Cost Computation	IMLS	Cost Share	Total
	( )				
	( )				
	( )				
	( )				
		TOTAL SALARIES & WAGES	**$**		

SALARIES & WAGES (TEMPORARY STAFF HIRED FOR PROJECT)

Name/Title	No.	Method of Cost Computation	IMLS	Cost Share	Total
	( )				
	( )				
	( )				
	( )				
		TOTAL SALARIES & WAGES	**$**		

FRINGE BENEFITS

Rate	Salary Base	IMLS	Cost Share	Total
% *of* $				
% *of* $				
% *of* $				
% *of* $				
	TOTAL FRINGE BENEFITS	**$**		

CONSULTANT FEES

Name/Type of Consultant	Rate of Compensation (Daily or Hourly)	No. of Days (or hours) on project	IMLS	Cost Share	Total
		TOTAL CONSULTANT FEES	**$**		

TRAVEL

From/To	Number of: Persons	Number of: Days	Subsistence Costs	Transportation Costs	IMLS	Cost Share	Total
IMLS Meeting	( )	( )			2,500		
	( )	( )					
	( )	( )					
	( )	( )					
			TOTAL TRAVEL COSTS		**$**		

Project Budget Form

SECTION 1: DETAILED BUDGET CONTINUED

Year ❑ 1 ❑ 2

MATERIALS, SUPPLIES, & EQUIPMENT

Item	Method of Cost Computation	IMLS	Cost Share	Total
TOTAL COST OF MATERIALS, SUPPLIES, & EQUIPMENT $				

SERVICES

Item	Method of Cost Computation	IMLS	Cost Share	Total
	TOTAL SERVICES COSTS $			

OTHER

Item	Method of Cost Computation	IMLS	Cost Share	Total
	TOTAL OTHER COSTS $			
	TOTAL DIRECT PROJECT COSTS $			

INDIRECT COSTS

Read the instructions about Indirect Costs on pages 3.15–3.16 before completing this section.

Applicant organization is using (check one):

❑ An indirect cost rate that does not exceed 15 percent

❑ A current, federally negotiated indirect cost rate

_____ _____

Name of Federal Agency Expiration Date of Agreement

❑ A proposed rate while negotiating a federally negotiated indirect cost rate (applicant must include a copy of the indirect cost proposal in the application)

_____ _____

Name of Federal Agency Date of Proposal

Indirect Cost Calculations

____% of $_____ (modified direct IMLS costs) = $_____ IMLS indirect portion

____% of $_____ (modified direct Cost Share costs) = $_____ Cost Share indirect portion

Total indirect costs = $_____

Project Budget Form

SECTION 2: SUMMARY BUDGET

Name of Applicant Organization _____

IMPORTANT! Read instructions on pages 3.16–3.17 before proceeding.

DIRECT COSTS	IMLS	Cost Share	Total
Salaries & Wages	_____	_____	_____
Fringe Benefits	_____	_____	_____
Consultant Fees	_____	_____	_____
Travel	_____	_____	_____
Materials, Supplies, & Equipment	_____	_____	_____
Services	_____	_____	_____
Other	_____	_____	_____
TOTAL DIRECT COSTS	$ _____	$ _____	$ _____
INDIRECT COSTS*	$ _____	$ _____	$ _____
		TOTAL PROJECT COSTS	$ _____

*You may request indirect costs from IMLS only on the direct project costs requested from IMLS.

AMOUNT OF CASH CONTRIBUTIONS $ _____

AMOUNT OF IN-KIND CONTRIBUTIONS $ _____
(INSTITUTIONAL COST SHARING) INCLUDING INDIRECT COSTS

TOTAL AMOUNT OF COST SHARE (CASH & IN-KIND CONTRIBUTIONS) $ _____

AMOUNT REQUESTED FROM IMLS, INCLUDING INDIRECT COSTS $ _____

PERCENTAGE OF TOTAL PROJECT COSTS REQUESTED FROM IMLS _____%

Have you received or requested funds for any of these project activities from another federal agency?
(Please check one) ❑ Yes ❑ No

If yes, name of agency _____

Date of application_____ or award _____ Amount requested or received $ _____