

# IMLS BUDGET FORM

a. Legal name (5a from SF-424S):

b. Requested Grant Period From: (MM/DD/YYYY)

Through: (MM/DD/YYYY)

c. If this is a revised budget, indicate application/grant number:

## 1. Salaries and Wages

Name/Title or Position	Year 1		Year 2		Year 3		Total		
	Grant Fund	Cost Share	Grant Fund	Cost Share	Grant Fund	Cost Share	Grant Fund	Cost Share	Grand Total
<b>Subtotal</b>									

## 2. Fringe Benefits

Rate and Base	Year 1		Year 2		Year 3		Total		
	Grant Fund	Cost Share	Grant Fund	Cost Share	Grant Fund	Cost Share	Grant Fund	Cost Share	Grand Total
<b>Subtotal</b>									

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### 3. Travel

From/To and Purpose	Year 1		Year 2		Year 3		Total		
	Grant Fund	Cost Share	Grant Fund	Cost Share	Grant Fund	Cost Share	Grant Fund	Cost Share	Grand Total
<b>Subtotal</b>									

### 4. Supplies, Materials, and Equipment

Item	Year 1		Year 2		Year 3		Total		
	Grant Fund	Cost Share	Grant Fund	Cost Share	Grant Fund	Cost Share	Grant Fund	Cost Share	Grand Total
<b>Subtotal</b>									

### 5. Subawards and Contracts

Item	Year 1		Year 2		Year 3		Total		
	Grant Fund	Cost Share	Grant Fund	Cost Share	Grant Fund	Cost Share	Grant Fund	Cost Share	Grand Total
<b>Subtotal</b>									

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## 6. Student Support

Item	Year 1		Year 2		Year 3		Total		
	Grant Fund	Cost Share	Grant Fund	Cost Share	Grant Fund	Cost Share	Grant Fund	Cost Share	Grand Total
<b>Subtotal</b>									

## 7. Other Costs

Item	Year 1		Year 2		Year 3		Total		
	Grant Fund	Cost Share	Grant Fund	Cost Share	Grant Fund	Cost Share	Grant Fund	Cost Share	Grand Total
<b>Subtotal</b>									

## 8. Total Direct Costs

	Year 1		Year 2		Year 3		Total		
	Grant Fund	Cost Share	Grant Fund	Cost Share	Grant Fund	Cost Share	Grant Fund	Cost Share	Grand Total
<b>Subtotals (Items 1-7)</b>									

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**9. Indirect Costs (Read the instructions about Indirect Costs before completing this section.)**

- Current indirect cost rate(s) have been negotiated with a federal agency. Name of Agency: Expiration Date:
- Indirect cost proposal has been submitted to a federal agency but not yet finalized. Name of Agency: Proposal Date:
- Applicant chooses a rate not to exceed 10% of modified total direct costs, and declares it is eligible for the 10% rate. Until Amended:
- Applicant chooses not to include indirect costs.
- Grant program does not allow indirect costs.

Rate and Base	Year 1		Year 2		Year 3		Total		
	Grant Fund	Cost Share	Grant Fund	Cost Share	Grant Fund	Cost Share	Grant Fund	Cost Share	Grand Total
<b>Indirect Costs Subtotal</b>									

**10. Total Project Costs**

	Year 1		Year 2		Year 3		Total		
	Grant Fund	Cost Share	Grant Fund	Cost Share	Grant Fund	Cost Share	Grant Fund	Cost Share	Grand Total
<b>Total Direct &amp; Indirect Costs</b>									
<b>Total Costs (excluding student support)</b>									