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
Subtotal									

2. Fringe Benefits

Description (% or 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
Subtotal									

IMLS BUDGET FORM

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

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
Subtotal									

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
Subtotal									

5. Contracts and Subawards

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
Subtotal									

IMLS BUDGET FORM

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

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
Subtotal									

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
Subtotal									

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
Subtotals (Items 1-8)									

IMLS BUDGET FORM

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

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 negotiated. 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.
- ◯ Applicant chooses not to include 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
Indirect Costs Subtotal									

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
Total Direct & Indirect Costs									
Total Costs (excluding student support)									