**BUDGET FORM A**

**Total Project Costs from All Sources**

Please check one:

 Year 1 (July 1-June 30)

 Year 2 (July1-June 30)

 Year 3 (July 1-June 30)

**Employee Compensation**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Position**  **Title** | **Annual**  **Salary** | **FTE**  ***(on this project)*** | **Total Project**  **Costs** | **Other**  **Funding Sources** | **Amount Requested from Holt** |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| *Subtotal (salaries):* | $ |  | $ | $ | $ |
| Payroll Taxes ( %) | |  |  |  |  |
| Fringe Benefits ( %) | |  |  |  |  |
| *Subtotal (benefits):* | |  | $ | $ | $ |
|  | |  |  |  |  |
| Total Employee Compensation  (salaries + benefits): | |  | $ | $ | $ |

**Non-Employee Compensation**

|  |  |  |  |
| --- | --- | --- | --- |
| Total Non-Employee Compensation | $ | $ | $ |

**Operating Expenses**

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Total Project**  **Costs** | **Other Funding**  **Sources** | **Amount Requested from Holt** |
| Office Supplies |  |  |  |
| Equipment |  |  |  |
| Copying and Printing |  |  |  |
| Telephone and Fax |  |  |  |
| Postage and Delivery |  |  |  |
| Rent |  |  |  |
| Utilities |  |  |  |
| Office Maintenance |  |  |  |
| Program Advertising |  |  |  |
| Staff Travel |  |  |  |
| Training and Educational Supplies |  |  |  |
| Staff Training |  |  |  |
| Evaluation |  |  |  |
| Other Expenses *(list and explain on Budget Form B)* |  |  |  |
| Total Operating Expenses: | $ | $ | $ |
|  |  |  |  |
| Total Direct Expenses *(Total Employee Compensation + Total Non-Employee Compensation +Total Operating Expenses):* | $ | $ | $ |
| Total Indirect Expense *(may not exceed 20% of Direct Expenses)* | $ | $ | $ |
| **GRAND TOTAL** | $ | $ | $ |

**BUDGET FORM B**

**JUSTIFICATION OF PROGRAM EXPENSES REQUESTED FROM THE HOLT FUND**

**and**

**IDENTIFICATION OF OTHER FUNDING SOURCES**

Please list and explain all project costs to be funded by the Holt Fund. Include additional pages if necessary.

Employee Compensation:

*Position Explanation*

**Non-Employee Compensation:**

*Position* *Explanation*

**Operating Expenses (including other expenses):**

*Item Explanation*

**Other Funding Sources:**

***4/01***

List ALL other current and pending funding sources related to this project. Please include the amount funded or requested and identify all that are in-kind.