**Sample - Line-item Budget Utilizing Matching Funds**

**July 1, 201X - June 30, 201X**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Budget Category** | **Line Item Description** | **Requested Funds** | | | | | **Matching Funds AND Source** | **Total Cost** |
| **PERSONNEL SERVICES** | | | | | | **Personnel Services Total** | | $ |
| Salaries |  |  | | | | |  |  |
| **EMPLOYEE RELATED EXPENSES** | | | | **Employee Related Expenses Total** | | | | $ |
| Fringe Benefits or Other ERE |  |  | | | | |  |  |
| **PROFESSIONAL AND OUTSIDE SERVICES** |  | | **Professional and Outside Services Total** | | | | | $ |
| Contracted Services |  |  | | | | |  |  |
| **TRAVEL** | | | | | | | **Travel Total** | $ |
| In-State Travel  Out-of-State Travel |  |  | | | | |  |  |
| **AID TO ORGANIZATIONS OR INDIVIDUALS** | | | **Total Aid to Organizations or Individuals** | | | | | $ |
| Subgrants or Subcontracts to organizations/agencies/entities |  |  | | | | |  |  |
| **OTHER OPERATING EXPENSES** | | | | | **Other Operating Expenses Total** | | | $ |
| * Telephones/Communications Services * Internet Access * General Office Supplies * Food * Rent/Occupancy * Utilities * Furniture * Postage * Software (including IT supplies) * Dues/Subscriptions * Advertising * Printing/Copying * Equipment Maintenance * Professional Development (Staff Training, Conferences, Workshops, Training Fees for Staff) * Insurance * Program Materials * Program Supplies * Scholarships * Program Incentives |  |  | | | | |  |  |
| **CAPITAL OUTLAY** | | | | | | | **Capital Outlay Total** | $ |
| Construction/Land or Building Improvements/Purchase of Land or Building |  |  | | | | |  |  |
| **CAPITAL EQUIPMENT** | | | | | | **Capital Equipment Total** | | $ |
| Equipment $5,000 or greater in value |  |  | | | | |  |  |
| **NON-CAPITAL EQUIPMENT** | | | | | | | **Non-Capital Total** | $ |
| Equipment $4,999 or less in value |  |  | | | | |  |  |
| **Subtotal Direct Program Costs:** | | $ | | | | | $ | $ |
| **ADMINISTRATIVE/INDIRECT COSTS** | | | | | | | **Total Admin/Indirect** | $ |
| Indirect/Admin Costs |  |  | | | | |  | $ |
| **Total** | | $ | | | | | $ | $ |

Authorized Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_