

Sample - Line-Item Budget with 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 | \$ |
| <ul style="list-style-type: none"> • 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 _____