**Project Management Budget Summary**

Please enter all estimated project costs, whether or not you are requesting grant reimbursement for those items. If necessary, you may add additional lines under any category.

|  |  |  |
| --- | --- | --- |
| **Expense Category** | **Total Cost for Project ($)** | **Amount Sought for this Grant ($)** |
| **Personnel** |  |  |
| **Equipment** |  |  |
| **Consultants/Contractors** |  |  |
| **Supplies** |  |  |
| **Product Development** |  |  |
| **Marketing/Sales** |  |  |
| **Other (Travel, Education, Construction, etc.)** |  |  |
| **Total** |  |  |

|  |
| --- |
| **Expense Category** |
| **Personnel- Employees Related to the Project** |
| Position or Title | # Hrs./Week | Hourly Rate | Total Cost | Amount Sought for this Grant |
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| **Equipment- Purchases, Materials, Installation, etc.** |
| Description | # of Units | Unit Cost | Total Cost | Amount Sought for this Grant |
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| **Consultant Services/Contractors** |
| Service Professional/Description | # of Hours | Hourly Rate | Total Cost | Amount Sought for this Grant |
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| **Supplies**  |
| Description | # of Units | Unit Cost | Total Cost | Amount Sought for this Grant |
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| **Product Development** |
| Description | # of Units | Unit Cost | Total Cost | Amount Sought for this Grant |
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| **Marketing/Sales** |
| Activity Description | # of Units | Unit Cost | Total Cost | Amount Sought for this Grant |
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|  |
| **Other (Travel, Education, Construction, etc.)** |
| Activity Description | # of Units | Unit Cost | Total Cost | Amount Sought for this Grant |
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