NONPROFIT GRANT PROPOSAL BUDGET BREAKDOWN

ITEMIZED PROGRAM COSTS: PERSONNEL, DIRECT OPERATING, COST-SHARE MATCHING & INDIRECT OVERHEAD

NONPROFIT ORG: _____ **GRANT PROJECT TITLE:** _____ **GRANT PERIOD:** ___/___ to ___/___/20__

GRANTMAKER / FOUNDATION: _____ **REQUESTED GRANT: $** _____ **TOTAL PROJECT COST: $** _____

1. PERSONNEL, SALARIES & FRINGE BENEFITS

POSITION TITLE / ROLE	FTE %	BASE SALARY	FRINGE (____%)	GRANT REQ ($)	ORG MATCH ($)
Executive Director / Project Lead	____ %	$ _____	$ _____	$ _____	$ _____
Lead Program Coordinator	____ %	$ _____	$ _____	$ _____	$ _____
Case Manager / Social Worker	____ %	$ _____	$ _____	$ _____	$ _____
Data Analyst / Evaluation Lead	____ %	$ _____	$ _____	$ _____	$ _____
SUBTOTAL PERSONNEL & FRINGE BENEFITS:				**$ _____**	**$ _____**

2. DIRECT PROGRAM & OPERATIONAL EXPENDITURES

BUDGET LINE ITEM / EXPENSE CATEGORY	NARRATIVE JUSTIFICATION & CALCULATION	GRANT REQ ($)	ORG MATCH ($)
Program Materials, Kits & Supplies	Participant workbooks, supplies, training tools.	$ _____	$ _____
Local Travel & Mileage Reimbursement	Staff site visits (Est. _____ mi @ standard rate).	$ _____	$ _____
Client Subsidies & Food Assistance	Direct client transportation passes & meals.	$ _____	$ _____
Evaluation & Compliance Consultant	Third-party programmatic outcome evaluation.	$ _____	$ _____
Program Software & Database Hosting	Dedicated client database licenses & cloud hosting.	$ _____	$ _____
SUBTOTAL DIRECT PROGRAM EXPENDITURES:		**$ _____**	**$ _____**

3. INDIRECT ADMINISTRATIVE OVERHEAD & TOTAL PROJECT BUDGET

GRAND TOTAL BUDGET (REQUESTED GRANT + MATCHING COST-SHARE):	**$ _____**	**$ _____**

NONPROFIT EXECUTIVE & FISCAL SPONSOR BUDGET ATTESTATION:

Executive Director Signature: _____ Chief Financial Officer (CFO): _____

Date Certified: _____/_____/20____ Date Certified: _____/_____/20____