GENERAL LINE-ITEM BUDGET

Organization's Name:

		Unit Cost				Requested Federal Funds
		Unit	Number	Rate	Amount	
A	**Personnel**	# of Months	Monthly Salary	% effort	Cost	
	(description)					
A.1					**0.00**	-
A.2					**0.00**	-
A.3					**0.00**	-
A.4					**0.00**	-
Subtotal Personnel						**0.00**
B	**Fringe Benefits**					
B.1	N/A					
Subtotal Fringe Benefits						**0.00**
C	**Travel**	# people	# days	Cost per person/day	Total Cost	
	(description)					
C.1					**0.00**	-
C.2					**0.00**	-
C.3					**0.00**	-
C.4					**0.00**	-
Subtotal Travel						**-**
D	**Equipment** **(> $5,000 per unit)**	# units	unit cost		Total Cost	
	(description)					
D.1					**0.00**	-
D.2					**0.00**	-
D.3					**0.00**	-
D.4					**0.00**	-
Subtotal Equipment						**-**
E	**Supplies** **(< $5,000 per unit)**	# units	unit cost		Total Cost	
	(description)					
E.1					**0.00**	-
E.2					**0.00**	-
E.3					**0.00**	-
E.4					**0.00**	-
Subtotal Supplies						**-**
F	**Contractual** **(Consultant fees)**					
	(description)	# people	# days	Rate	Cost	
F.1					**0.00**	-
F.2					**0.00**	-
F.3					**0.00**	-
F.4					**0.00**	-
Subtotal Contractual (all sub grantees)						**0.00**
G	**Construction**					
G.1	N/A					**0.00**
H	**Other Direct Costs**	# units	unit cost		Total Cost	
	(description)					
H.1					**0.00**	-
H.2					**0.00**	-

H.3				**0.00**	-
H.4				**0.00**	-
Subtotal Other Direct Costs					**-**
I	**Total Project Costs**				**0.00**
J	**Administrative Cost (10%)**	The Default Administrative expenses should not exceed 10% of the total budget			
Award Amount				**Fedral Requested Amount + Administarative Cost**	

Cost-Share by Applicant	Program Total (CFA)
-	-
-	-
-	-
-	-
-	**0.00**
	0.00
0.00	**0.00**
0.00	**0.00**
0.00	**0.00**
0.00	**0.00**
0.00	**0.00**
0.00	**0.00**

0.00	0.00
0.00	0.00
	0.00
	0