

PROJECT BUDGET

NAME OF PROJECT _____
 NAME OF APPLICANT _____

PROJECT EXPENSES

Year 1 - Expense

Year 2 - Expense

Year 3 - Expense

PROJECT EXPENSES	Year 1 - Expense	Year 2 - Expense	Year 3 - Expense
Wages and Salaries (itemize by # of employees)			
Employee 1			
Employee 2			
Employee 3			
Consultant/Contractual Fees (itemize)			
Consultant 1			
Consultant 2			
Educational/Marketing Materials			
Equipment and supplies (Itemize expenses over \$5000)			
Construction/Capital Costs (itemize by category)			
Other (itemize by category)			
Indirect Costs (itemize)			
TOTAL	\$ -	\$ -	\$ -

* Please note: If grant request is for more than 1 year, please provide an estimated budget for each year not to exceed three years

Wages & Salaries: This line-item should capture information regarding IU Health personnel needed to achieve proposed project activities. **Please itemize by number of employees, if applicable.**

Consultant/Contractual Fees: This line-item should be completed if the applicant requires a third party to help achieve proposed project objectives. Consultants are persons or organizations that offer specific expertise not provided by project staff. Subcontractors have substantive involvement with a specific portion of the project, often providing services not provided by the applicant. **Please itemize expenses by consultant, if applicable.**

Educational/Marketing Materials: This line-item is meant to capture production, printing, copying and other related costs associated with materials used for training, educating and/or marketing needs associated with the project.

Equipment & Supplies: This line-item should capture the aggregate cost of equipment, materials and/or supplies needed to support completion of the project's objectives. **Any equipment, materials and/or supplies that cost in excess of \$5,000 will require a brief narrative of how they relate to the project's objectives and how it will be used.**

Construction/Capital Costs: This line-item should capture any expected construction and building modification expenses and any cost per square foot detail. **Please itemize these expenses by category.**

Other: This line-item should only be used for items that are directly attributable to the project but cannot be included in the existing budget sections. **Please itemize these expenses.**

Indirect Costs: This line-item should capture those allocated costs incurred in support of the project, including, but not limited to, facilities rental, technology support, communication expenses and administrative support. **Please itemize these expenses.**