

### BUDGET FORM

**Personnel Costs:** (List principles by name and future employees by title. Provide hourly rate and number of hours in the narrative description of the budget plan.)

Personnel Name	Hourly Rate and Number of Hours	Grantee's Contribution		Requested Funds	Extended Total
		Monetary	In-Kind		
<b>Total</b>					

**Equipment Costs:** (List all items of equipment to be purchased valued greater than \$50.)

Equipment	Grantee's Contribution		Requested Funds	Extended Total
	Monetary	In-Kind		
<b>Total</b>				

**Other Direct Costs:** (List services such as consultant, materials, supplies, etc. Call (602) 771-5613 if you have questions on acceptable charges.)

Type	Grantee's Contribution		Requested Funds	Extended Total
	Monetary	In-Kind		
<b>Total</b>				

**Total Budget:** (Total the following columns: Monetary, In-Kind, Requested Funds and Project Total)

	Grantee's Contribution		Requested Funds	Project Total
	Monetary	In-Kind		
<b>Grand Totals</b>				

**REMINDER: Private enterprises must provide 100% monetary match. In-kind match will not be accepted.**