



**Instructions:** Applicants applying for **SUBRECIPIENT GRANT FUNDING** are required to complete and submit this worksheet with their application. Applicants are to fill out the budget according to the specifics of their proposed program. Please review the budget category description prompts to assist in filling out your own unique program budget. If a budget line item does not apply to your program, please fill in the Applicant description and budget columns with "N/A". Incomplete budget templates are terms for application rejection. If funding is awarded, applicant will be required to submit evidence of actual cost expenditures/invoices to receive reimbursement. At the expiration of the period of performance, unused budget amounts or unsubstantiated costs will be returned to the city.

If you are also applying for a capital expenditure (construction project that may include a renovation, remodel, etc. to directly support your program), please complete the additional capital expenditure worksheet which can be found in ZoomGrants.

A	B	C	D	E
Budget Category	Budget Category Description Prompts	Applicant Budget Description	Total Estimated Budget of the Program for <u>12 months</u> (Total Need \$)	Requested Grant Amount for this Budget Line Item (\$)
<b>Administration/Personnel Costs</b>	Salary and benefits for personnel directly involved with delivering and/or administering the program services.			
<b>Professional Services</b>	Financial, consultant, or other professional services related to directly delivering the program services.			
<b>Attorney Fees</b>	Legal costs associated with directly administering the program services.			
<b>Training</b>	Training costs associated with directly delivering the program services.			
<b>Supplies/Equipment</b>	Supplies and equipment needed to directly administer, manage, or implement the program			
<b>Other Soft Costs</b>	Other program service expenses (permits, licenses, required certifications, etc.) directly related to the program.			
<b>Direct Beneficiary Awards</b>	Direct awards to eligible residents or beneficiaries in the community.			
<b>Other</b>	Please specify:			
<b>SUBTOTAL</b>				
<b>Indirect Costs (10% de minimis amount only)</b>	Shared indirect costs and general expenses not directly related to the program (facility rent, maintenance, utilities, etc.)	Subject to the provisions of 2CFR200.414 "Indirect Costs", you may include a 10% amount of the subtotal above.		
<b>TOTAL</b>				

Name of Organization: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_