**HOWTO Grant Budget Table**

| **Project Name:** | **Year 1** | **Year 2\*** | **Year 3\*** | **TOTAL** |
| --- | --- | --- | --- | --- |
| **REVENUE** | | | | |
| PROGRAM INCOME (fees, premiums, 3rd party reimbursements, and payments generated from the projected delivery of services) |  |  |  |  |
| LOCAL & STATE FUNDS (including local, foundation, and state grants) |  |  |  |  |
| OTHER SUPPORT (including contributions and fundraising) |  |  |  |  |
| FEDERAL 330 GRANT |  |  |  |  |
| OTHER FEDERAL FUNDING (break out by source — e.g., HUD, CDC) |  |  |  |  |
| **TOTAL REVENUE** |  |  |  |  |
| **EXPENSES** – *Object class totals should be consistent with those presented in Budget Justification* | | | | |
| **PERSONNEL –** *Identified personnel and total costs of staff salaries and wages, excluding benefits.* | **Year 1** | **Year 2\*** | **Year 3\*** | **TOTAL** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **TOTAL PERSONNEL** |  |  |  |  |
| **FRINGE BENEFITS** | **Year 1** | **Year 2\*** | **Year 3\*** | **TOTAL** |
| FICA |  |  |  |  |
| Medical |  |  |  |  |
| Retirement |  |  |  |  |
| Dental |  |  |  |  |
| Unemployment and Workers Compensation |  |  |  |  |
| **TOTAL FRINGE** |  |  |  |  |
| **TRAVEL** | **Year 1** | **Year 2\*** | **Year 3\*** | **TOTAL** |
|  |  |  |  |  |
|  |  |  |  |  |
| **TOTAL TRAVEL** |  |  |  |  |
| **EQUIPMENT** | **Year 1** | **Year 2\*** | **Year 3\*** | **TOTAL** |
|  |  |  |  |  |
|  |  |  |  |  |
| **TOTAL EQUIPMENT** |  |  |  |  |
| **SUPPLIES** | **Year 1** | **Year 2\*** | **Year 3\*** | **TOTAL** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **TOTAL SUPPLIES** |  |  |  |  |
| **CONTRACTUAL –** *Include sufficient detail to justify costs. Summaries of new and revised contracts must be included* | **Year 1** | **Year 2\*** | **Year 3\*** | **TOTAL** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **TOTAL CONTRACTUAL** |  |  |  |  |
| **OTHER –** *Include sufficient detail to justify each item. Note: Funding CANNOT support grant-writing, fundraising, or lobbying costs.* | **Year 1** | **Year 2\*** | **Year 3\*** | **TOTAL** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **TOTAL OTHER** |  |  |  |  |
| **TOTAL DIRECT CHARES** (Sum of all TOTAL Expenses rows above (e.g. Travel, Equipment, etc.) |  |  |  |  |
| **INDIRECT CHARGES –** *Include approved indirect cost rate.* | **Year 1** | **Year 2\*** | **Year 3\*** | **TOTAL** |
|  |  |  |  |  |
| **TOTALS** (Total of TOTAL DIRECT CHARGES and INDIRECT CHARGES above) |  |  |  |  |

\*Use only if needed