

2. Fringe Benefits

If more than one rate is used, list each rate and salary base.

Rate (% OF)	Salary Base	Year 1		Year 2		Year 3		Total		
		NHPRC Funds	Cost Share	NHPRC Funds	Cost Share	NHPRC Funds	Cost Share	NHPRC Funds	Cost Share	Grand Total
Subtotal										

3. Consultant Fees

Include payments for professional and technical consultants and honoraria.

Name or type of consultant	No of Days on Project	Daily Rate of Compensation	Year 1		Year 2		Year 3		Total		
			NHPRC Funds	Cost Share	NHPRC Funds	Cost Share	NHPRC Funds	Cost Share	NHPRC Fund	Cost Share	Grand Total
Subtotal											

4. Travel

For each trip, indicate the number of persons traveling, the total days they will be in travel status, and the total subsistence and transportation costs for that trip. When a project will involve the travel of a number of people to conference, institutes, etc., these costs may be summarized on one line by indicating the point of origin as "various", ALL foreign travel must be listed separately.

From/To and Purpose	#	*	Subsistence & Transportation Costs	Year 1		Year 2		Year 3		Total		
				NHPRC Funds	Cost Share	NHPRC Funds	Cost Share	NHPRC Funds	Cost Share	NHPRC Fund	Cost Share	Grand Total
Subtotal												

- Number of persons * - Total travel days

5. Supplies and Materials

Include consumable supplies, materials to be used in the project and items of expendable equipment (i.e., equipment items costing less than \$5,000 and with an estimated useful life of less than a year)

Item	Basis/Method of Cost Computation	Year 1		Year 2		Year 3		Total		
		NHPRC Funds	Cost Share	NHPRC Funds	Cost Share	NHPRC Funds	Cost Share	NHPRC Funds	Cost Share	Grand Total
Subtotal										

6. Services

Include the cost of duplication and printing, long distance telephone calls, equipment rental, postage, and other service related to project objectives – not included under other budget categories. For subcontracts, provide an itemization of subcontract costs as an attachment.

Item	Basis/Method of Cost Computation	Year 1		Year 2		Year 3		Total		
		NHPRC Funds	Cost Share	NHPRC Funds	Cost Share	NHPRC Funds	Cost Share	NHPRC Funds	Cost Share	Grand Total
Subtotal										

7. Other Costs

Include participant stipends and room and board, equipment purchases, and other items not previously listed. Please note that “miscellaneous” and “contingency” are not acceptable budget categories. Refer to the budget instructions for the restriction on the purchase of permanent equipment.

Item	Basis/Method of Cost Computation	Year 1		Year 2		Year 3		Total		
		NHPRC Funds	Cost Share	NHPRC Funds	Cost Share	NHPRC Funds	Cost Share	NHPRC Funds	Cost Share	Grand Total
Subtotal										

8. Total Project Costs

Add totals of items 1 to 7.

	Year 1		Year 2		Year 3		Total		Grand Total
	NHPRC Funds	Cost Share	NHPRC Funds	Cost Share	NHPRC Funds	Cost Share	NHPRC Funds	Cost Share	
Subtotals (Items 1-7)									

9. Indirect Costs

If indirect costs are to be charged to this project, CHECK THE APPROPRIATE BOX BELOW and provide the Information requested. Refer to the budget instructions for explanations of these options.

Note: NHPRC only accepts indirect costs as cost share See 2 CFR 2600.1

- Current indirect cost rate(s) has/have been negotiated with Federal agency (complete items A and B).
- Indirect cost proposal has been submitted to a Federal agency, but not yet negotiated (indicate the name of the agency in Item A and show proposed rate(s) and base(s) and the amount(s) of indirect costs in item B).
- Applicant chooses to use a rate not to exceed 10% of direct costs, less distorting items (under item B, enter the proposed rate, the base against which the rate will be changed, and the computation of indirect costs per year).

Item A. Name of Federal agency: _____

Date of agreement: _____

Item B.	Rate(s)		Base(s)		Cost Sharing		Total
	_____%	of	\$ _____		\$ _____		\$ _____
	_____%	of	\$ _____		\$ _____		\$ _____
	_____%	of	\$ _____		\$ _____		\$ _____
	TOTAL INDIRECT COSTS				\$ _____		\$ _____

10. Total Costs (Cost Sharing and Project). _____ \$ _____

SUMMARY BUDGET

Enter the period of each year of the proposed grant.

Budget Categories	Year 1	Year 2	Year 3	TOTAL COSTS FOR ENTIRE GRANT PERIOD
	from: thru:	from: thru:	from: thru:	
1.) Salaries & Wages	\$	\$	\$	= \$
2.) Fringe Benefits	\$	\$	\$	= \$
3.) Consultant fees	\$	\$	\$	= \$
4.) Travel	\$	\$	\$	= \$
5.) Supplies & Materials	\$	\$	\$	= \$
6.) Services	\$	\$	\$	= \$
7.) Other Costs	\$	\$	\$	= \$
8.) Total project costs	\$	\$	\$	= \$
9.) Indirect Costs	\$	\$	\$	= \$
10.) Total direct/indirect costs	\$	\$	\$	= \$

PROJECT FUNDING FOR ENTIRE GRANT PERIOD

1. Indicate the amount of outright and/or Federal matching funds that is requested from NHPRC.
2. Indicate the amount of cash contributions that will be made by the applicant and cash, and in-kind contributions made by third parties to support project expenses that appear in the budget. Cash gift that will be raised to release Federal matching funds should be included under “Third-party contributions”. (Consult the program guidelines for information on cost sharing requirements.) When a project will generate income that will be used during the grant period to support expenses listed in the budget, indicate the amount of income that will be expended on budgeted project activities. Indicate funding received from other agencies.
3. Total Project Funding should equal Total Project Costs.

	Outright	Federal Matching		TOTAL FUNDING
1. REQUESTED	\$	\$	=	\$

	Applicant’s contribution	Third-party contributions	Project Income	Other Federal agencies		TOTAL COST SHARING
2. COST SHARING	\$	\$	\$	\$	=	\$

3. TOTAL PROJECT FUNDING (Total Funding + Total Cost sharing): = \$

Submission of a revised budget

When submitting a revised budget, the Institutional Grant Administrator or Individual Applicant should provide the information requested below. The signature of this person indicates approval of the budget submission and the agreement of the organization/individual to cost share project expenses at the level under "Project Funding."

Name/Title: _____

Telephone: _____ Email: _____

Signature: _____ Date: _____

PAPERWORK REDUCTION ACT PUBLIC BURDEN STATEMENT

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