

VALUE ADDED/REGIONAL FOOD SYSTEM GRANT Budget Page – Form “A”

Name of Applicant/Project: _____

	Grant	Match	In Kind	Total
Personnel				
Contractual				
Travel				
Equipment				
Supplies				
Other				

Budget Narrative	Grant	Match	In Kind
PERSONNEL			
Project Manager	\$	\$	\$
Time hrs Total = \$			
Project Support Staff	\$	\$	\$
Time hrs Total = \$			
Personnel Sub-Total	\$	\$	\$
FRINGE BENEFITS (%)	\$	\$	\$
TRAVEL			
Mileage, \$0. per mile x miles	\$	\$	\$
EQUIPMENT			
Rental fees	\$	\$	\$
Purchases	\$	\$	\$
SUPPLIES			
Materials (paper, copies, posters, postage, etc.)	\$	\$	\$
	\$	\$	\$
OTHER			
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Total Direct Charges			
TOTALS	\$	\$	\$