

Form E

Budget Summary – Regional Coalition Lead Grant

SECTION I - Contractor Information		
Contractor Name and Address:		
Telephone Number:	Federal ID Number:	
SECTION II		
MiLEAP DOLLAR AMOUNT		
LISTED LINE ITEM BUDGET (Listed as specified in approved Grant Agreement.)	FY25 Budget	FY26 Budget
Personnel		
Fringe Benefits		
Supplies		
Travel/Transportation		
Contracted Services		
Miscellaneous/Other		
Indirect Cost Expenses (capped at 15%)		
Totals	\$	\$
SECTION III- Contractor Certification and Signature		
DATE	ORGANIZATION CHIEF FINANCIAL OFFICER (PRINT OR TYPE)	SIGNATURE
DATE	PROJECT MAIN CONTACT PERSON (PRINT OR TYPE)	SIGNATURE
DATE	MiLEAP CONTACT PERSON (PRINT OR TYPE)	SIGNATURE

Please use this sheet to Detail Expenses

	Budget	Budget
	FY25	FY26
<u>Personnel</u>	\$	\$
	\$	\$
<u>Fringe Benefits</u>	\$	\$
	\$	\$
<u>Supplies</u>	\$	\$
<u>Consumable Supplies</u>	\$	\$
	\$	\$
<u>Non-consumable Supplies (with a unit cost of less than \$5,000)</u>	\$	\$
	\$	\$
<u>Travel/Transportation</u>	\$	\$
	\$	\$
<u>Contracted Services</u>	\$	\$
	\$	\$
<u>Miscellaneous/Other</u>	\$	\$
	\$	\$
Subtotal	\$	\$
Indirect Costs	\$	\$
Total Expenses This Period	\$	\$

FY25 Indirect Calculation				
		FY2025		Remaining
General Fund		CCDF Budget	Exclusions	CCDF Budget
Personnel		-		-
Fringe Benefits				-
Supplies		-		-
Travel		-		-
Contracted Services				-
Other		-		-
			B	
				-
		Budget		Indirect
Contracted Services:		Amount	Exclusions	Threshold
	A	-		-
				B