# **BUDGET FORM**

Project Director Chery Mel	tzer		revised budget n/grant number	, indicate the N	HPRC
Applicant Organization	Grant Period	to 9/30/0	31 ?		
The three-column budget has be charged to Commission funds an are required to complete is Coluto allow for a better understandifor each budget item was determined to paper.	d those that will be cost shared. Imn C, although applicants ma ng of their budget request. The	In accordance with y wish to complete ( e method of cost comp	Federal regulation Columns A & B ir outation should cle	is, the only column in order to provide early indicate how	that applicants sufficient detail the total charge
When the requested grant perio developed on duplicated copies o	d is eighteen months or longer f the budget form.	, separate budgets fo	r each twelve-mo	nth period of the	project must be
SECTION A budg	get detail for the	period from	10/1/90	to _9/	30/91
1. Salaries and Wag Provide the names and titles of p the number of persons who will b charge for work done outside the	principal project personnel. For	r support staff, inclu or persons employed	de the title of each	h position and indi ear basis, list separ	cate in brackets
name/title of position Lichard Brown ASST. City Clerk	method of cos no. 12 months		NHPRC Funds (a)	Cost Sharing (b) \$ 3767.37	Total (c) 3.767.3
Admin Asst. I.	[1] \$27,683.76 pe		\$		13,841.88
microfilm helper	11 7240.93 p		\$	\$ 7240.93	7,240.9
1	[]		\$	\$	3
	[]		\$	\$ \$	s
	[]		\$	\$ 94,850.18	21/2541
2. Fringe Benefits		SUBTOTAL	\$	\$	×4,850.10
f more than one rate is used, lis	st each rate and salary base. rate	salary base	(a)	(b)	(c)
Tammy)	20 % of \$ 2	4 850.18	\$	\$ 4970.04	4970,0
	% of \$	SUBTOTAL	\$ \$	\$ \$ \$ \$	S
B. Consultant Fees	l and technical consultants and	d honoraria.			
name or type of consultant	no. of days on project	daily rate of compensation	(a)	(b)	(c)
		\$	\$	\$	s
		\$	\$	\$	·
		\$	\$	\$	<b></b>

Photographer Helper 1448185.

## NHPRC Budget Form

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 a conference, institute, etc., these costs may be summarized on one line by indicating the point of origin as "various." All foreign travel must be listed separately.

item	_		_				ocputatory.
Society of ELACTS	no. of persons	total travel days	subsistence costs + 40 × 3	25-995 +	NHPRC Funds (a)	(p)	(c)
conference	[ / ]	[3]	\$ 120	\$ <u>190</u>	\$ 310	\$	<b>\$</b>
	[ ]				\$		
	[ ]				\$		
	[ ]				\$		
	[ ]	[ ]	\$	\$	\$	\$	\$
	[ ]				\$		
	[ ]	[ ]	\$	\$		\$	\$
				SUBTOTAL	\$ 310	š	\$

# Supplies and Materials

Include consumable supplies, materials to be used in the project, and items of expendable equipment, i.e., equipment items costing less

<b>item</b>	basis/method of cost computation	(a)	(b)	(c)
office supplies	3824,00 7 9	\$ \$	\$ 425.44X	\$ \$ <u>4 25.44</u>
Microfilm cabinets	16 mm 5 drawer saburet	\$	\$ 999.00X	\$ 999.50 \$
			\$	\$
		\$ \$	\$ \$	\$ \$
		\$ \$	\$ \$	
		\$	\$	\$
	SUBTOTAL	\$ \$	\$ s	\$

#### 6. Services

Include the cost of duplication and printing, long distance telephone, equipment rental, postage, and other services related to project objectives that are not included under other budget categories or in the indirect cost pool.

The state of the s	a other budget categories or in the indirect c	ost pool.		• •	
item Microfilm Preparation	basis/method of cost computation See a Hacked.	(a)	<b>(b)</b>	(c)	open gri
nicrofim - Filming & froces	Sirk	\$ 57.915.00\$		\$ \$	27,687.00
MICROFILM - Duplicating	\ <sup>6</sup>	_ \$ \$ _ \$ _53 3.0%	<del></del>	\$	
victoria Reader Profer_ Long Distance	Service/Maint Agreemen		1769	s <u>1769</u>	×
Lung Dis wife	40 calls @ 3,00 SUBTOTA	AL \$\$	150	\$	

Page 2

120

7	<b>n</b>	41_	er	<b>~</b> -	
<b>7</b> . (	u	Ln	er '	La	RIR

Include equipment purchases of \$5,000 or more per unit, training costs and registration fees, 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 Workshof Registratio		20015	of cost con	80	(a) \$ \frac{80}{}	ds Cost Sharing (b)  \$	\$ _	Total (c) &O
					_ \$ \$	\$ \$	\$ . \$	<del>,</del>
						\$	* - \$	
						\$	_	
					_ \$	\$	\$_	
					_ \$	\$	\$_	
					_ \$	\$	\$_	
					L \$ <u>80</u>	\$	\$_	80
Total Direct Costs	add subtotals	of items	s 1 through	7)	\$	\$	\$_	
Current indirect cost rate(s) has Indirect cost proposal has been and show proposed rate(s) and	submitted to	e Feder	al accomor h	ut not unt nom	stinted (Indicate		ager	ncy in ite
Indirect cost proposal has been and show proposed rate(s) and Applicant chooses to use a rate proposed rate, the base against less.)	submitted to base(s), and t	a Federa he amou	al agency but int(s) of inc	ut not yet nego direct costs in s sts up to a ma- and the compu	etiated. (Indicate item B.) ximum charge of tation of indirect	the name of the	itam	B enter
Indirect cost proposal has been and show proposed rate(s) and Applicant chooses to use a rate proposed rate, the base against	submitted to base(s), and t	a Federa he amou	al agency but int(s) of inc	ut not yet nego	etiated. (Indicate item B.) ximum charge of tation of indirect	the name of the	itam	B enter
Indirect cost proposal has been and show proposed rate(s) and Applicant chooses to use a rate proposed rate, the base against less.)	submitted to base(s), and t	a Federa he amou	al agency by unt(s) of inc of direct cos e charged, a	ut not yet nego direct costs in s sts up to a ma- and the compu	etiated. (Indicate item B.)  ximum charge of tation of indirect	the name of the	item whic	B enter
Indirect cost proposal has been and show proposed rate(s) and Applicant chooses to use a rate proposed rate, the base against less.)	submitted to base(s), and t not to excee which the ra	a Federa he amou	al agency by unt(s) of inc of direct cos e charged, a	ut not yet nego direct costs in s sts up to a ma- and the compu- date of ag	otiated. (Indicate item B.)  ximum charge of tation of indirect  reement  NHPRC Funds	\$5,000. (Under costs or \$5,000,	item whic	B, enter hever su Total
Indirect cost proposal has been and show proposed rate(s) and Applicant chooses to use a rate proposed rate, the base against less.)	submitted to base(s), and t e not to excee which the ra	a Federahe amou	al agency by int(s) of income charged, and by the charged by the c	ut not yet nego direct costs in sets up to a man and the computed	otiated. (Indicate item B.)  eximum charge of tation of indirect  reement  NHPRC Funda (a)	\$5,000. (Under costs or \$5,000,	item which	B, enter hever sur
Indirect cost proposal has been and show proposed rate(s) and Applicant chooses to use a rate proposed rate, the base against less.)	submitted to base(s), and to excee which the rate	a Federahe amounted 10% of	al agency by int(s) of income of direct cose charged, a	ut not yet nego direct costs in sets up to a mand and the computed date of ag	otiated. (Indicate item B.)  eximum charge of tation of indirect  reement  NHPRC Funds (a)  \$	\$5,000. (Under costs or \$5,000,  Cost Sharing (b)	item which	B, enter hever sur

## **BUDGET FORM**

			D	UDGI	T FORW	1		
Project Director					If this is	a revised budget	indicate the	NHPRC
Richard Brown					application	on/grant number:		
Applicant Organization	'n				,	d Grant Period		
City of Miami Bea	.ch					From <u>10/90</u> mo/yr	to9/91 mo/yr	
The three-column budget has be charged to Commission funds an are required to complete is Colt to allow for a better understandifor each budget item was determined to paper.	d those umn C, ng of th	that will although eir budge	be cost applica t reque	shared. In ants may wants. The m	n accordance with vish to complete tethod of cost con	n Federal regulation Columns A & B in nputation should cle	s, the only column order to provide arly indicate how	nn that applicant le sufficient detai w the total charg
When the requested grant periodeveloped on duplicated copies of	d is eigi f the bu	hteen mo idget forr	nths or	r longer, s	eparate budgets	for each twelve-mor	nth period of th	e project must b
SECTION A bud	get d	letail	for	the no	eriod from	10/00	to	
	9		101	uno p		mo/yr		mo/yr
Provide the names and titles of the number of persons who will charge for work done outside th	be empl	oved in th	nat capa	acity. For	upport staff, incle persons employed computation	d on an academic ye	a position and in ar basis, list sep Cost Sharing	arately any salar
name/title of position Richard Brown/Assista	no.	12 mo		(see sam x 10%	ple)	(a)	(b)	(c)
City Clerk	[1]	\$37,6	73.74	4 per y	ear	\$	<b>\$</b> 3,767.37	\$ <u>3,767.</u> 37
Cheryl Meltzer/Record <u>Manager (A.A.I)</u> Phil Novick/Photograp	[1]	\$27.6	83.7	x 50% <u>6 per y</u> x 100%	ear	\$	<b>\$13,841.</b> 88	\$1 <u>3,841.88</u>
Helper - part-time	[1]			per ye		\$	<b>\$</b> <u>7,240.</u> 93	\$ <u>7,240.</u> 93
	[ ]					\$	\$	\$
	[ ]	-				\$	\$	\$
	[ ]					\$	\$	\$
					SUBTOTAL	\$	<b>£</b> 4,850.18	<b>\$</b> 24,850.18
2. Fringe Benefits If more than one rate is used, li	st each	mata and	anlam:	hasa				
in more than one race is used, in	st cacii	rate	salary		salary base	(a)	<b>(b)</b>	(c)
	2	0%	of	\$ <u>24</u> ,	850.18	. \$	\$ <u>4.970.0</u> 4	\$ <u>4,970</u> .04
		%	of	\$		_ \$	\$	\$
					SUBTOTAL	\$	\$	\$
3. Consultant Fees Include payments for professions	d and te	echnical o	consults	ants and h	onoraria.			
name or type of consultant	no.	of days	on proje	ect	daily rate of compensation	(a)	<b>(b)</b>	(c)
-	-				\$	\$	\$	\$
	-	-			\$	\$	\$	\$
					_	•		e

\$ \_\_\_\_\_

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 a conference, institute, etc., these costs may be summarized on one line by indicating the point of origin as "various." All foreign travel must be listed separately.

item	70		4-4-1	• • .		•		a sopuracij.
Society of Florida Archivists Conference	no. of persor		total travel days	subsistence costs +	transportation costs =	NHPRC Fund (a)	s Cost Sharing (b)	Total (c)
	[1	] [	3 ]	<b>\$</b> <u>120.00</u>	<b>\$</b> 190.00	<b>\$</b> 310.00	\$	\$ 310.00
	[	] [	]	\$	\$	\$	\$	\$
	[	] [					\$	
	[	] [					\$	
	[	] [	]	\$	\$	\$	\$	\$
		] [	]	\$	\$	\$	\$	\$
	[	] [	1	\$	\$		\$	\$
<b>.</b>					SUBTOTAL	\$ 310.00	\$	<b>\$</b> 310.00

# 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 per unit.

item Office Supplies	basis/method of cost computation \$3829.00/9 in office	(a) \$	(b) \$ 425.44	(c) \$ 425.44
Microfilm Cabinet				•
				\$ <u>999.0</u> 0
		\$	\$	\$
		\$	\$	\$
		_ \$	\$	\$
		_ \$	\$	\$
		. \$	\$	\$
		_ \$	\$	\$
		_ \$	\$	\$
	SUBTOTA	L \$	\$ 1,424.44	<b>\$</b> 1,424.44

#### 6. Services

Include the cost of duplication and printing, long distance telephone, equipment rental, postage, and other services related to project objectives that are not included under other budget categories or in the indirect cost pool.

item	basis/method of cost compu	ıtation	(a)	(b)	(c)
<u>Microfilm Preparation</u>	see attached		\$27,687.00 \$	;	27,687.00
Microfilm Filming & Proc	cessing "		\$57,915.00		57,915.00
Microfilm Duplicating	11		\$ 5,313.00 \$		5,313.00
Reader/Printer Service N	Maint. Agreement		\$ .	1.769.99	1,769.00
Long Distance Calls 40	) calls @ \$3.00 each		\$\$	120.00	
		SUBTOTAL	\$90,915.00\$	1,889.00	92,804.00

<b>7.</b>	$\mathbf{O}$	her	$c_{\sim}$	-+-
	Vu	uer	CU	il.

Include equipment purchases of \$5,000 or more p	er unit, training costs and registra	ation fees, and other items	not previously listed.
trouse note what himscendieous and contingence	" ATP NOT accompable budget enter	ories. Refer to the hudge	t instructions for the
restriction on the purchase of permanent equipme	nt.	bilds isside as alle badge.	, mistractions for the

	item	basi	is/meth	od of cos	st computation	NHPRC Funds (a)	Cost Sharing (b)	Total (c)
	Society of Florida & <del>Archivists meetin</del> g &			40.00	+ \$80.00	\$ 120.00	\$	<b>\$</b> 120.00
	0		-			\$	\$	\$
							\$	, ·
							\$	\$
						\$	\$	\$
							\$	\$
						· •	\$	•
					SUBTOTAL	\$ 120.00	\$	\$120.00
8.	<b>Total Direct Costs</b>	(add subtotal	s of ite	ms 1 thi			\$33,133.66	\$125,078.66
for	ndirect costs are included, check explanations of these options.  Current indirect cost rate(s) has been and show proposed rate(s) and Applicant chooses to use a raproposed rate, the base agains less.)	as/have been a submitted to base(s), and	negotiano a Fed the an	ated with leral age: nount(s)	n a Federal agency. (Concy but not yet negotion in it	Complete items A inted. (Indicate them B.)	and B.) he name of the	agency in item A
<b>· •</b> -	name of Federal agency				date of agr	eement		
B.								
		rate			base(s)	NHPRC Funds (a)	Cost Sharing (b)	Total (c)
		%	of	\$		\$	\$	\$
		%	of	\$		\$	\$	\$
10.	. Total Project Cost	s (direct	and	indi	rect) for Budg	get Period		
						\$	\$	\$

# SECTION B - Summary Budget and Project Funding

# **SUMMARY BUDGET**

Transfer from section A the total costs (column c) for each category of project expense. When the proposed grant period is eighteen months or longer, project expenses for each twelve-month period are to be listed separately and totaled in the last column of the summary budget. For projects that will run less than eighteen months, only the last column of the summary budget should be completed.

	Budget Categories	First Year/ from: to:	Second Year/ from: to:	Third Year/ from: to:	TOTAL COSIS FOR ENTIRE GRANT PERIOD
1.	Salaries and Wages	\$24,850.1	8	\$	<b>24,850.18</b>
2.	Fringe Benefits	\$ 4,970.0	4\$	\$	= \$ 4,970.04
3.	Consultant Fees	\$	\$	\$	= \$
4.	Travel	<b>\$</b> 310.0	0\$	\$	= \$ 310.00
5.	Supplies and Materials	<b>\$</b> 1,424.4	4\$	\$	<b>1,424.44</b>
6.	Services	\$92,804.0	0,	\$	= \$ 92,804.00
7.	Other Costs	<b>\$</b> 120.0	05	\$	= \$ 120.00
8.	Total Direct Costs (items 1-7)	<b>\$</b> 125,078.	646	\$	<b>=</b> \$ 125,078.66
9.	Indirect Costs	\$	\$	\$	= \$
10.	Total Project Costs (Direct & Indirect)	\$125,078.	6\$	\$	<b>=</b> \$ 125.078.66

# PROJECT FUNDING FOR ENTIRE GRANT PERIOD

Requested from NHPRC:1		Cost Sharing: <sup>2</sup>	
Outright	<u>\$ 91,345.00</u>	Cash Contributions	<b>\$</b> 1,424.44
Matching	\$	In-Kind Contributions	
		Project Income	\$
		Other Federal Grants <sup>3</sup>	
TOTAL NHPRC FUNDING	<u>\$ 91,345.00</u>	TOTAL COST SHARING	\$ 33,133.66
Total Project Fun	ding (NHPRC Funds + Cost	Sharing) <sup>4</sup> = \$ 125.078.66	
<sup>1</sup> Indicate the amount of outright and/or F	ederal matching funds that is	s requested from the Commission.	
<sup>2</sup> Indicate the amount of cash contributions	that will be made by the ap	plicant or third parties to support project experies to release Federal matching funds. (Cons	nses that appear sult the program
<sup>3</sup> Indicate the amount of actual or anticipat	ted awards from other Federa	al agencies for this project and this grant perio	d only.
<sup>4</sup> Total Project Funding should equal Total			•
Institutional Grant Administrator			
Indicate the name, title, address, and phone grant if the award is madee.g., ensuring of	e number of the person who compliance with the terms a	will be responsible for the actual financial admi nd conditions of the award, submitting financia	nistration of the l status reports.
Name and Title (please type or print)		Telephone (	
Address		Date	

# SECTION B -- Summary Budget and Project Funding

Address

# **SUMMARY BUDGET**

Transfer from section A the total costs (column c) for each category of project expense. When the proposed grant period is eighteen months or longer, project expenses for each twelve-month period are to be listed separately and totaled in the last column of the summary budget. For projects that will run less than eighteen months, only the last column of the summary budget should be completed.

PROJECT FUNDING FOR ENTIRE GRANT PERIOD  Requested from NHPRC:  Outright  Matching  In-Kind Contributions  Project Income  Other Federal Grants <sup>3</sup> TOTAL NHPRC FUNDING  Total Project Funding (NHPRC Funds + Cost Sharing) <sup>4</sup> = \$  Total Project Funding (NHPRC Funds + Cost Sharing) <sup>4</sup> = \$  Indicate the amount of outright and/or Federal matching funds that is requested from the Commission.  Indicate the amount of cash contributions that will be made by the applicant or third parties to support project expenses that appet the budget. Include in this amount third-party cash gifts that will be raised to release Federal matching funds. (Consult the progratical project information on cost-sharing requirements.)  Indicate the amount of actual or anticipated awards from other Federal agencies for this project and this grant period only. Include Project Funding should equal Total Project Costs.	<b>Budget Categories</b>	First Year/ from:	Second Year/ from:	Third Year/ from:	TOTAL COSTS FOR ENTIRE GRANT
2. Fringe Benefits \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	1. Salaries and Wages				
3. Consultant Fees \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	-				
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	_	<b>*</b>			
Supplies and Materials  Services  Services Services Services  Services  Services  Services  Services  Services  Serv		<b>&gt;</b>			
Services  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		\$		-	
S. Total Direct Costs (items 1-7)  D. Indirect Costs (items 1-7)  D. Indirect Costs (Direct & Indirect)  ROJECT FUNDING FOR ENTIRE GRANT PERIOD  Requested from NHPRC.¹  Cost Sharing.²  Outright  Matching  Cash Contributions  Project Income  Total Project Funding (NHPRC Funds + Cost Sharing)⁴  Total Project Funding (NHPRC Funds + Cost Sharing)⁴  Total Project Funding (NHPRC Funds + Cost Sharing)⁴  Total Project Funding in this amount third-party cash gifts that will be raised to release Federal matching funds. (Consult the prograticellens for information on cost-sharing requirements.)  Indicate the amount of cash contributions that will be made by the applicant or third parties to support project expenses that appethe budget. Include in this amount third-party cash gifts that will be raised to release Federal matching funds. (Consult the prograticellense for information on cost-sharing requirements).  Indicate the amount of actual or anticipated awards from other Federal agencies for this project and this grant period only. In the stitutional Grant Administrator  dicate the name, title, address, and phone number of the person who will be responsible for the actual financial administration of that if the award is made—e.g., ensuring compliance with the terms and conditions of the award, submitting financial status report  Telephone (		\$			
Total Direct Costs (items 1-7)  Indirect Costs  Indirect Costs  Indirect Costs  Indirect Costs  Indirect Costs  Indirect Costs (Direct & Indirect)  ROJECT FUNDING FOR ENTIRE GRANT PERIOD  Requested from NHPRC:  Cost Sharing-  Outright  In-Kind Contributions  Project Income \$  Other Federal Grants-  Total Project Funding (NHPRC Funds + Cost Sharing)-  Indicate the amount of cash contributions that will be made by the applicant or third parties to support project expenses that appe the budget. Include in this amount third-party cash gifts that will be raised to release Federal matching funds. (Consult the progra idelines for information on cost-sharing requirements.)  Indicate the amount of actual or anticipated awards from other Federal agencies for this project and this grant period only. Include in this amount third-party cash gifts that will be raised to release Federal matching funds. (Consult the progra idelines for information on cost-sharing requirements.)  Indicate the amount of actual or anticipated awards from other Federal agencies for this project and this grant period only. Include in this amount third-party cash gifts that will be responsible for the actual financial administration of the actual financial administration of the award, submitting financial status report and if the award is made-e.g., ensuring compliance with the terms and conditions of the award, submitting financial status report		\$		\$	
Indirect Costs \$ \$ \$ \$ \$ = \$  Total Project Costs (Direct & Indirect) \$ \$ \$ \$ \$ = \$  ROJECT FUNDING FOR ENTIRE GRANT PERIOD  Requested from NHPRC:		\$	\$	\$	= \$
ROJECT FUNDING FOR ENTIRE GRANT PERIOD  Requested from NHPRC:  Outright  Matching  In-Kind Contributions  Project Income  Other Federal Grants <sup>3</sup> TOTAL NHPRC FUNDING  Total Project Funding (NHPRC Funds + Cost Sharing) <sup>4</sup> = \$  Total Project Funding (NHPRC Funds + tost Sharing) <sup>4</sup> = \$  Indicate the amount of outright and/or Federal matching funds that is requested from the Commission.  Indicate the amount of cash contributions that will be made by the applicant or third parties to support project expenses that apper the budget. Include in this amount third-party cash gifts that will be raised to release Federal matching funds. (Consult the progra idelines for information on cost-sharing requirements.)  Indicate the amount of actual or anticipated awards from other Federal agencies for this project and this grant period only. Include In this amount third-party cash gifts that will be responsible for the actual financial administrator dicate the amount of actual or anticipated awards from other Federal agencies for this project and this grant period only. Include In this amount of actual or anticipated awards from other Federal agencies for the actual financial administrator dicate the name, title, address, and phone number of the person who will be responsible for the actual financial administration of the amount of the award is made—e.g., ensuring compliance with the terms and conditions of the award, submitting financial status report  Telephone ( )		\$	\$	\$	= \$
ROJECT FUNDING FOR ENTIRE GRANT PERIOD  Requested from NHPRC:  Outright  Matching  In-Kind Contributions  Project Income  Other Federal Grants <sup>3</sup> TOTAL NHPRC FUNDING \$  Total Project Funding (NHPRC Funds + Cost Sharing) <sup>4</sup> = \$  Indicate the amount of outright and/or Federal matching funds that is requested from the Commission.  Indicate the amount of cash contributions that will be made by the applicant or third parties to support project expenses that appethe budget. Include in this amount third-party cash gifts that will be raised to release Federal matching funds. (Consult the prograticate the amount of actual or anticipated awards from other Federal agencies for this project and this grant period only.  Indicate the amount of actual or anticipated awards from other Federal agencies for this project and this grant period only.  Indicate the amount of actual or anticipated awards from other Federal agencies for the actual financial administrator dicate the name, title, address, and phone number of the person who will be responsible for the actual financial administration of the total financial status report and if the award is made—e.g., ensuring compliance with the terms and conditions of the award, submitting financial status report  Telephone ( )	9. Indirect Costs	\$	\$	\$	= \$
Requested from NHPRC:  Outright \$ Cash Contributions \$  Matching \$ In-Kind Contributions \$  Project Income \$  Other Federal Grants <sup>3</sup> \$  TOTAL NHPRC FUNDING \$ TOTAL COST SHARING \$  Total Project Funding (NHPRC Funds + Cost Sharing) <sup>4</sup> = \$  ndicate the amount of outright and/or Federal matching funds that is requested from the Commission.  Indicate the amount of cash contributions that will be made by the applicant or third parties to support project expenses that appethe budget. Include in this amount third-party cash gifts that will be raised to release Federal matching funds. (Consult the progratical information on cost-sharing requirements.)  Indicate the amount of actual or anticipated awards from other Federal agencies for this project and this grant period only.  Indicate the amount of actual or anticipated awards from other Federal agencies for this project and this grant period only.  Indicate the amount of actual or anticipated awards from other Federal agencies for the project and this grant period only.  Indicate the amount of actual or anticipated awards from other Federal agencies for this project and this grant period only.  Indicate the amount of actual or anticipated awards from other Federal agencies for the actual financial administration of the actual financial administration of the award is made—e.g., ensuring compliance with the terms and conditions of the award, submitting financial status report that if the award is made—e.g., ensuring compliance with the terms and conditions of the award, submitting financial status report	0. Total Project Costs (Direct & Indirect)	\$	\$	\$	= \$
Project Income \$ Other Federal Grants <sup>3</sup> \$ TOTAL NHPRC FUNDING \$ Total Project Funding (NHPRC Funds + Cost Sharing) <sup>4</sup> = \$ Indicate the amount of outright and/or Federal matching funds that is requested from the Commission. Indicate the amount of cash contributions that will be made by the applicant or third parties to support project expenses that appethe budget. Include in this amount third-party cash gifts that will be raised to release Federal matching funds. (Consult the progratice information on cost-sharing requirements.) Indicate the amount of actual or anticipated awards from other Federal agencies for this project and this grant period only.  Indicate the amount of actual or anticipated awards from other Federal agencies for this project and this grant period only.  Indicate the amount of actual or anticipated awards from other Federal agencies for this project and this grant period only.  Indicate the amount of actual or anticipated awards from other Federal agencies for this project and this grant period only.  Indicate the amount of actual or anticipated awards from other Federal agencies for this project and this grant period only.  Indicate the amount of actual or anticipated awards from other Federal agencies for this project and this grant period only.  Indicate the amount of actual or anticipated awards from other Federal agencies for this project and this grant period only.  Indicate the amount of actual or anticipated awards from other Federal agencies for this project and this grant period only.	Outright \$	_		Cash Contr	ibutions \$
Outright \$ Cash Contributions \$ Matching \$ In-Kind Contributions \$ Project Income \$ Other Federal Grants³ \$ TOTAL NHPRC FUNDING \$ TOTAL COST SHARING \$ ndicate the amount of outright and/or Federal matching funds that is requested from the Commission.  Indicate the amount of cash contributions that will be made by the applicant or third parties to support project expenses that appet the budget. Include in this amount third-party cash gifts that will be raised to release Federal matching funds. (Consult the progratical information on cost-sharing requirements.)  Indicate the amount of actual or anticipated awards from other Federal agencies for this project and this grant period only. Indicate the amount of actual or anticipated awards from other Federal agencies for this project and this grant period only. Indicate the amount of actual or anticipated awards from other Federal agencies for this project and this grant period only. Indicate the amount of actual or anticipated awards from other Federal agencies for this project and this grant period only. Indicate the amount of actual or anticipated awards from other Federal agencies for this project and this grant period only. Indicate the amount of actual or anticipated awards from other Federal agencies for this project and this grant period only. Indicate the amount of actual or anticipated awards from other Federal agencies for this project and this grant period only. Indicate the amount of actual or anticipated awards from other Federal agencies for this project and this grant period only.	Requested from NHPRC: <sup>1</sup>		Cost Sharin	o. <sup>2</sup>	
Other Federal Grants <sup>3</sup> \$  TOTAL NHPRC FUNDING \$  Total Project Funding (NHPRC Funds + Cost Sharing) <sup>4</sup> = \$  Indicate the amount of outright and/or Federal matching funds that is requested from the Commission.  Indicate the amount of cash contributions that will be made by the applicant or third parties to support project expenses that appet the budget. Include in this amount third-party cash gifts that will be raised to release Federal matching funds. (Consult the progratic information on cost-sharing requirements.)  Indicate the amount of actual or anticipated awards from other Federal agencies for this project and this grant period only. In this project Funding should equal Total Project Costs.  Stitutional Grant Administrator  dicate the name, title, address, and phone number of the person who will be responsible for the actual financial administration of the award is madee.g., ensuring compliance with the terms and conditions of the award, submitting financial status reports.	Outright \$	_		Cash Contr	ibutions \$
Other Federal Grants <sup>3</sup> \$  TOTAL NHPRC FUNDING \$  Total Project Funding (NHPRC Funds + Cost Sharing) <sup>4</sup> = \$  Indicate the amount of outright and/or Federal matching funds that is requested from the Commission.  Indicate the amount of cash contributions that will be made by the applicant or third parties to support project expenses that appertice the budget. Include in this amount third-party cash gifts that will be raised to release Federal matching funds. (Consult the prograticelines for information on cost-sharing requirements.)  Indicate the amount of actual or anticipated awards from other Federal agencies for this project and this grant period only. Indicate the amount of actual or anticipated awards from other Federal agencies for this project and this grant period only. In otal Project Funding should equal Total Project Costs.  Stitutional Grant Administrator  dicate the name, title, address, and phone number of the person who will be responsible for the actual financial administration of the award is made—e.g., ensuring compliance with the terms and conditions of the award, submitting financial status report Telephone (	Matching \$	_		In-Kind Contr	ibutions \$
Total Project Funding (NHPRC Funds + Cost Sharing) <sup>4</sup> = \$  Total Project Funding (NHPRC Funds + Cost Sharing) <sup>4</sup> = \$  Indicate the amount of outright and/or Federal matching funds that is requested from the Commission.  Indicate the amount of cash contributions that will be made by the applicant or third parties to support project expenses that appet the budget. Include in this amount third-party cash gifts that will be raised to release Federal matching funds. (Consult the progratical delines for information on cost-sharing requirements.)  Indicate the amount of actual or anticipated awards from other Federal agencies for this project and this grant period only. Indicate the amount of actual or anticipated awards from other Federal agencies for this project and this grant period only. Indicate the name, title, address, and phone number of the person who will be responsible for the actual financial administration of the award is made—e.g., ensuring compliance with the terms and conditions of the award, submitting financial status report and the award is made—e.g., ensuring compliance with the terms and conditions of the award, submitting financial status report and the award is made—e.g., ensuring compliance with the terms and conditions of the award, submitting financial status report and the award is made—e.g., ensuring compliance with the terms and conditions of the award, submitting financial status report				Project	Income \$
Total Project Funding (NHPRC Funds + Cost Sharing) <sup>4</sup> = \$  Indicate the amount of outright and/or Federal matching funds that is requested from the Commission.  Indicate the amount of cash contributions that will be made by the applicant or third parties to support project expenses that apper the budget. Include in this amount third-party cash gifts that will be raised to release Federal matching funds. (Consult the progratice information on cost-sharing requirements.)  Indicate the amount of actual or anticipated awards from other Federal agencies for this project and this grant period only.  Indicate the amount of actual or anticipated awards from other Federal agencies for this project and this grant period only.  Indicate the amount of actual or anticipated awards from other Federal agencies for this project and this grant period only.  Indicate the amount of actual or anticipated awards from other Federal agencies for this project and this grant period only.  Indicate the amount of actual or anticipated awards from other Federal agencies for this project and this grant period only.  Indicate the amount of actual or anticipated awards from other Federal agencies for this project and this grant period only.  Indicate the amount of actual or anticipated awards from other Federal agencies for the project and this grant period only.  Indicate the amount of actual or anticipated awards from other Federal agencies for the actual financial administration of the award is made-e.g., ensuring compliance with the terms and conditions of the award, submitting financial status report anticipated awards from the commission.				Other Federal	Grants <sup>3</sup> \$
ndicate the amount of outright and/or Federal matching funds that is requested from the Commission.  Indicate the amount of cash contributions that will be made by the applicant or third parties to support project expenses that appear the budget. Include in this amount third-party cash gifts that will be raised to release Federal matching funds. (Consult the progratical delines for information on cost-sharing requirements.)  Indicate the amount of actual or anticipated awards from other Federal agencies for this project and this grant period only.  Indicate the amount of actual or anticipated awards from other Federal agencies for this project and this grant period only.  Indicate the amount of actual or anticipated awards from other Federal agencies for this project and this grant period only.  Indicate the amount of actual or anticipated awards from other Federal agencies for the project and this grant period only.  Indicate the amount of actual or anticipated awards from other Federal agencies for the project and this grant period only.  Indicate the amount of actual or anticipated awards from other Federal agencies for the project and this grant period only.  Indicate the amount of actual or anticipated awards from other Federal agencies for the project and this grant period only.  Indicate the amount of actual or anticipated awards from other Federal agencies for the project and this grant period only.  Indicate the amount of actual or anticipated awards from other Federal agencies for the project and this grant period only.	TOTAL NHPRC FUNDING \$	_	TO	OTAL COST SH	IARING \$
adicate the amount of outright and/or Federal matching funds that is requested from the Commission.  Indicate the amount of cash contributions that will be made by the applicant or third parties to support project expenses that appear the budget. Include in this amount third-party cash gifts that will be raised to release Federal matching funds. (Consult the progratical delines for information on cost-sharing requirements.)  Indicate the amount of actual or anticipated awards from other Federal agencies for this project and this grant period only.  Indicate the amount of actual or anticipated awards from other Federal agencies for this project and this grant period only.  Indicate the amount of actual or anticipated awards from other Federal agencies for this project and this grant period only.  Indicate the amount of actual or anticipated awards from other Federal agencies for the project and this grant period only.  Indicate the amount of actual or anticipated awards from other Federal agencies for the project and this grant period only.  Indicate the amount of actual or anticipated awards from other Federal agencies for the project and this grant period only.  Indicate the amount of actual or anticipated awards from other Federal agencies for the project and this grant period only.  Indicate the amount of actual or anticipated awards from other Federal agencies for the project and this grant period only.  Indicate the amount of actual or anticipated awards from other Federal agencies for the project and this grant period only.	Total Project Funding (NHPRC)	Funds + Cost Shari	ing) <sup>4</sup> = \$		
dicate the amount of cash contributions that will be made by the applicant or third parties to support project expenses that appet the budget. Include in this amount third-party cash gifts that will be raised to release Federal matching funds. (Consult the progra idelines for information on cost-sharing requirements.)  dicate the amount of actual or anticipated awards from other Federal agencies for this project and this grant period only.  Detail Project Funding should equal Total Project Costs.  Stitutional Grant Administrator  dicate the name, title, address, and phone number of the person who will be responsible for the actual financial administration of the control of the award is made-e.g., ensuring compliance with the terms and conditions of the award, submitting financial status report Telephone (					-
stitutional Grant Administrator  dicate the name, title, address, and phone number of the person who will be responsible for the actual financial administration of the ant if the award is madee.g., ensuring compliance with the terms and conditions of the award, submitting financial status report  Telephone ()	ndicate the amount of cash contributions that will be m the budget. Include in this amount third-party cash gif	nade by the applican	it or third parties	s to support pro	oject expenses that appeared. (Consult the program
stitutional Grant Administrator  dicate the name, title, address, and phone number of the person who will be responsible for the actual financial administration of the ant if the award is madee.g., ensuring compliance with the terms and conditions of the award, submitting financial status report  Telephone ()	ndicate the amount of actual or anticipated awards from	n other Federal age	ncies for this pro	oject and this g	rant period only.
dicate the name, title, address, and phone number of the person who will be responsible for the actual financial administration of the ant if the award is madee.g., ensuring compliance with the terms and conditions of the award, submitting financial status report  Telephone ()	otal Project Funding should equal Total Project Costs.	_	_		
ant if the award is madee.g., ensuring compliance with the terms and conditions of the award, submitting financial status report  Telephone ()	stitutional Grant Administrator				
une and Title (please type or print)  Telephone () area code	dicate the name, title, address, and phone number of th ant if the award is madee.g., ensuring compliance wit	e person who will b h the terms and co	e responsible for nditions of the a	the actual fina ward, submittin	ncial administration of t g financial status report
mic and Time (broade the or brine) stess code				Telephone (	<b>,</b> .
	me and Title (nlease type or print)		-	Telephone 7	code

# National Historical Publications and Records Commission BUDGET INSTRUCTIONS

Before developing a project budget, applicants should review those sections of the program guidelines and application instructions that discuss cost-sharing requirements, the different kinds of Commission funding, and any restrictions on the types of costs that may appear in the project budget. Sample budget computations are also included in the guidelines.

# Requested Grant Period

Grant periods begin on the first day of the month and end on the last day of the month. All project activities must take place during the requested grant period.

#### **Project Costs**

The budget should include the project costs that will be charged to grant funds as well as those that will be supported by applicant or third-party cash and in-kind contributions.

All of the items listed, whether supported by grant funds or cost-sharing contributions, must be reasonable, necessary to accomplish project objectives, allowable in terms of the applicable federal cost principles, auditable, and incurred during the grant period. Charges to the project for items such as salaries, fringe benefits, travel, and contractual services must conform to the written policies and established practices of the applicant organization.

## Fringe Benefits

Fringe benefits may include contributions for social security, employee insurance, pension plans, etc. Only those benefits that are not included in an organization's indirect cost pool may be shown as direct costs.

#### **Travel Costs**

The most economical accommodations must be used and foreign travel must be undertaken on U.S. flag carriers when such services are available.

#### Equipment

Only when an applicant can demonstrate that the purchase of permanent equipment will be less expensive than rental may charges be made to the project for such purchases. Permanent equipment is defined as an item costing more than \$5,000 per unit.

## **Indirect Costs (Overhead)**

These are costs that are incurred for common or joint objectives and therefore cannot be readily identified with a specific project or activity of an organization. Typical examples of indirect cost type items are the salaries of executive officers, the costs of operating and maintaining facilities, local telephone service, office supplies, and accounting and legal services. Indirect costs are computed by applying a negotiated indirect cost rate to a distribution base (usually the direct costs of the project).

Care should be taken that expenses that are included in the organization's indirect cost pool are not charged to the project as direct costs.

The Commission will not require the formal negotiation of an indirect cost rate, provided the charge for indirect costs does not exceed 10 percent of direct costs, up to a maximum charge of \$5,000. (Applicants who choose this option should understand that they must maintain documentation to support overhead charges claimed as part of project costs.) The Commission does not negotiate indirect cost rates with its grantees, but does recognize rates negotiated between its applicants and other Federal agencies.

APPLICATI	ION FOF	ł				OMB Approval No. 0348-004	
FEDERAL	ASSISTA		2. DATE SUBMITTED 9/26/89		Applicant Identifier		
1. TYPE OF SUBMIS  Application  Construction	Pre	papplication Construction	3. DATE RECEIVED BY		State Application Identifier		
☑ Non-Constru	uction	Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier		
5. APPLICANT INFOR	<u> </u>	11011 0011011					
Legal Name: Eme	erald Cit	y Government		Organizational Uni	it:		
Address (give city, o				Name and telepho	Office of the Ci		
100 Yello	w Brick	Road		this application (g	one number of the person to be co give area code)	ontacted on matters involving	
Emerald C OZ 0000	City, Kan 00-1234	sas County		T. Wood (100) 1	ds Mann 11-2222		
6. EMPLOYER IDENTI	FICATION NUME	3ER (EIN):		7. TYPE OF APPLIC	ANT: (enter appropriate letter in	box) C	
1	2 –	3 4 5 6	7 8 9	A. State B. County	H. Independent Scho	ool Dist.	
8. TYPE OF APPLICAT	TON:			C. Municipal	State Controlled In     Private University	Institution of Higher Learning	
	<b>Ģ</b> New	Continuation	n Revision	D. Township E. Interstate	K. Indian Tribe L. Individual		
If Revision, enter app				F. Intermunicip	pal M. Profit Organizatio	on	
A. Increase Award	d B. Decre	ease Award C. I	Increase Duration	G. Special Distr	rict N. Other (Specify):		
D. Decrease Dura	ition Other (s			9. NAME OF FEDERA			
				National Historical Publications and Records Commission			
10. CATALOG OF FEDE ASSISTANCE NUM	ERAL DOMESTIC IBER:	8 9	0 0 3	1	TLE OF APPLICANT'S PROJECT:		
TITLE: Natio	onal Hist ds Grants	corical Publi	cations	Emerald ( Project	City Archives Prog	ram Development	
		ities, counties, states.	etc.):				
Emerald C Kansas Co	City		·				
13. PROPOSED PROJE	CT:	14. CONGRESSIO	NAL DISTRICTS OF:				
Start Date	Ending Date				b. Project		
4/1/90	3/31/91		39		39, 40		
15. ESTIMATED FUNDIN	<del></del>				W BY STATE EXECUTIVE ORDER 123		
a. Federal	\$ 37,70		a. YES. THIS	IS PREAPPLICATION	N/APPLICATION WAS MADE AVA IDER 12372 PROCESS FOR REV	AILABLE TO THE	
b. Applicant	\$ 33,06	65 . <b>00</b>	DAT	TE			
c. State	\$	.00	b NO. 🗷	PROGRAM IS NOT	T COVERED BY E.O. 12372		
d. Local	\$	.00	7	OR PROGRAM HA	AS NOT BEEN SELECTED BY STA	ATE FOR REVIEW	
e. Other	\$	.00	7				
f. Program Income	. 8	.00		ANT DELINQUENT ON	ANY FEDERAL DEBT?		
g TOTAL	\$ 70,76	.00	Yes If	"Yes," attach an exp	alanation.	₩ No	
18. TO THE BEST OF MY AUTHORIZED BY THE G	KNOWLEDGE A	ND BELIEF. ALL DATA II	N THIS APPLICATION PRI ND THE APPLICANT WILI	EAPPLICATION ARE TO	TRUE AND CORRECT, THE DOCUME ATTACHED ASSURANCES IF THE AS	NT HAS BEEN DULY SSISTANCE IS AWARDED	
a. Typed Name of Auth C. Wardly	horized Represe			o. Title City C		c. Telephone number	
d. Signature of Author	rized Represent	tative /	. 1			e. Date Signed	
	<u>C</u>	Ware	dly hy	you	-	9/25/89	

Previous Editions Not Usable

# **BUDGET FORM**

Project Director T. Woods Mann	If this is a revised budget, indicate the NHPRC application/grant number:			
Applicant Organization	Requested Grant Period			
Emerald City Government	From 4/1/90 to 3/31/91 mo/yr			

The three-column budget has been developed for the convenience of those applicants who wish to identify the project costs that will be charged to Commission funds and those that will be cost shared. In accordance with Federal regulations, the only column that applicants are required to complete is Column C, although applicants may wish to complete Columns A & B in order to provide sufficient detail to allow for a better understanding of their budget request. The method of cost computation should clearly indicate how the total charge for each budget item was determined. If more space is needed for any budget category, please follow the budget format on a separate sheet of paper.

					4 /7 /00	4	07 (07
get d	etai	1 for	the	period from	$\frac{4}{1}$	to $\frac{3}{2}$	31/91
(es					, ,		, -
be emplo	yed in	that cap	nel. : acity.	For support staff, inc For persons employe	lude the title of each	n position and i ear basis, list se	ndicate in brac parately any sa
no.	12	month	(see	sample) 25% @	NHPRC Funds (a)	Cost Sharin (b)	g Total (c)
[1]	\$28	3,000	per	year	\$	\$ <u>7,000</u>	\$ <u>7,000</u>
[1]			s x	100% @	\$ 22,000	\$	\$ <u>22,000</u>
(1)					\$ 8,000	\$ 8,000	\$ <u>16,000</u>
[]					\$	\$	\$
[ ]					\$	\$	\$
[ ]					\$	\$	\$
				SUBTOTAL	\$ 30,000	\$ <u>15,000</u>	\$ <u>45,000</u>
st each :	rate ar	nd salary	base.				
1	rate			salary base	(a)	(b)	(c)
_15	_%	of	\$_	45,000	\$ 4,500	\$ 2,250	\$ 6,750
	_%	of	\$_		\$	\$	\$
				SUBTOTAL	\$ <u>4,500</u>	\$ <u>2,250</u>	\$ <u>6,750</u>
d and te	chnica	l consult	ants a	and honoraria.			
				daily rate of	(a)	(b)	(c)
no.	of days	s on proj	ect	compensation	(4)	(5)	(0)
no.	of day:	s on proj	ect	•	\$		\$
	yes principal pe emplo e acaden  no.  [1]  [1]  [1]  [1]  [1]  [1]	rincipal project per employed in e academic year no. 12 [1] \$28 12 [1] \$16 [1]	rate    Columbia   Col	rate    Columbia   Col	principal project personnel. For support staff, income employed in that capacity. For persons employed academic year.  method of cost computation  no.  12 months x 25% @  [1] \$28,000 per year  12 months x 100% @  [1] \$22,000  12 months x 100% @  [1] \$16,000  [1] \$SUBTOTAL  st each rate and salary base.  rate salary base  15 % of \$ 45,000  SUBTOTAL	Substitute   Sub	principal project personnel. For support staff, include the title of each position and in the employed in that capacity. For persons employed on an academic year basis, list see a academic year.    method of cost computation   NHPRC Funds   Cost Sharing (a)   (b)

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 a conference, institute, etc., these costs may be summarized on one line by indicating the point of origin as "various." All foreign travel must be listed separately.

						_		orporation.
item	no. of persons		el s	subsistence costs +	costs =	(-)	Cost Sharing (b)	<b>Total</b> (c)
Emerald City/Nome	[ 1 ]	ι 5	] \$	325	<b>\$</b> <u>340</u>	\$	<b>\$</b> _665	<b>\$</b> _665
	[ ]	[	] \$	<u> </u>	\$	\$	\$	\$
	[ ]	[	] \$		\$	\$	\$	\$
	[ ]	[	] \$		\$	\$	\$	\$
	[ ]	[	] \$		\$	\$	\$	\$
	[ ]	[	] \$		\$	\$	\$	\$
	[ ]	[	] \$		\$	\$	\$	\$
					SUBTOTAL	\$	<b>\$</b> _665	<b>\$</b> 665

# 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 per unit.

Mighty Munchkin	basis/method of cost computation	(a)	<b>(b)</b>	(c)
Microcomputer	1 @ \$4,000	\$	\$ _4,000	\$_4,000
Whirlwind KS printer	1 @ \$500	\$	<b>\$</b> 500	<b>s</b> 500
Computer supplies	12 mos. @\$16.66 per month	\$	\$ 200	s 200
Shelving for stacks	10 units @\$75 per unit	\$	<b>\$</b> 750	<b>s</b> 750
Acid-free archives box	kes 2,000 @\$1 each	\$ 2,000	\$	\$ 2,000
Acid-free folders	12,000 @\$100 per thousand	\$ 1,200	\$	\$ 1,200
Office supplies	12 mos. @\$25 per month	\$	\$300	\$ 300
		\$	\$	\$
		\$	\$	\$
	THE PROPERTY OF THE PROPERTY O	\$	\$	\$
	w.s	\$	\$	\$
	SUBTOTAL	\$ 3,200	\$ 5,750	<b>\$</b> 8,950

### 6. Services

Include the cost of duplication and printing, long distance telephone, equipment rental, postage, and other services related to project objectives that are not included under other budget categories or in the indirect cost pool.

item	basis/method of cost computation	(a)	(b)	(c)
Long-distance telephone	est. 50 toll calls @\$3 each	\$	<b>\$</b> <u>150</u>	<b>\$</b> <u>150</u>
		\$	\$	\$
· .		\$	\$	\$
		\$	\$	. \$
		\$	\$	\$
	SUBTOTAL	\$	<b>\$</b> 150_	<b>\$</b> 150_

7. C	)ther	Costs
------	-------	-------

Include equipment purchases of \$5,000 or more per unit, training costs and registration fees, 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.

estriction on the purchase of peri	nanent equipment	L.			
item	basis/me	thod of cost computation		S Cost Sharing (b)	Total (c)
Workshop registration	l course (	\$250	\$	<b>\$</b> <u>250</u>	\$ _250
				\$	\$
				\$	\$
				\$	\$
			_	\$	\$
				\$	\$
			*	\$	\$
		<del></del>			\$
			*		\$ 250
		SU	BTOTAL \$		
3. Total Direct Costs	(add subtotals of	items 1 through 7)	\$	<b>\$</b> <u>250</u>	<b>\$</b> <u>250</u>
f indirect costs are included, chec or explanations of these options.					budget instructi
Current indirect cost rate(s)	has/have been neg	gotiated with a Federal a	agency. (Complete items	A and D.)	
Indirect cost proposal has been and show proposed rate(s) an	en submitted to a d base(s), and the	Federal agency but not amount(s) of indirect c	yet negotiated. (Indicate osts in item B.)	the name of the	e agency in ite
Applicant chooses to use a reproposed rate, the base again less.)	ate not to exceed st which the rate	10% of direct costs up will be charged, and the	to a maximum charge of e computation of indirect	f \$5,000. (Under costs or \$5,000	item B, enter , whichever su
A. Department of Wiza	rdry		/1/89		
name of Federal agency		d	ate of agreement		
В.					m-4-1
	rate	base(s)		ds <b>Cost Sharin</b> (b)	g Total (c)
	20 %	of \$ 45,000	\$	\$ 9,000	\$ 9,000

rate		base(s)	NHPRC Fund (a)	ls Cost Sharing (b)	Total (c)
_20_%	of	\$ 45,000	. \$	\$ 9,000	\$ 9,000
%	of	\$	. \$	\$	\$

# 10. Total Project Costs (direct and indirect) for Budget Period

**\$** <u>33,065</u> **\$** <u>70,765</u> \$ 37,700

# SECTION B -- Summary Budget and Project Funding

## **SUMMARY BUDGET**

Transfer from section A the total costs (column c) for each category of project expense. When the proposed grant period is eighteen months or longer, project expenses for each twelve-month period are to be listed separately and totaled in the last column of the summary budget. For projects that will run less than eighteen months, only the last column of the summary budget should be completed.

	Budget Categories	First Year/1/90 Secon from: 4/1/90 from to: 3/31/91 to:	nd Year/ Third Year/: from: to:	TOTAL COSTS FOR ENTIRE GRANT PERIOD
1.	Salaries and Wages	\$ <u>45,000</u> \$	\$	= \$ <u>45,000</u>
2.	Fringe Benefits	\$ <u>6,750</u> \$	\$	= \$ _6,750
3.	Consultant Fees	\$       \$	\$	= \$
4.	Travel	\$665	\$	= \$665
5.	Supplies and Materials	\$ 8,950 <b>\$</b>	 \$	= \$ 8,950
6.	Services	\$ <u>150</u> \$		= \$150
<b>7</b> .	Other Costs	\$250 _\$	**************************************	= \$ 250
8.	Total Direct Costs (items 1-7)	\$ 61,765 <b>\$</b>	\$	= \$ 61,765
9.	Indirect Costs	\$ 9,000 \$	 \$	= \$ 9,000
10.	Total Project Costs (Direct & Indirect)	<b>\$</b> 70,765 <b>\$</b>	<b>\$</b>	= \$ 70,765
		·		- \$ <u>10/103</u>

10. Total Project Costs (Direct	et & Indirect) \$ 70	<u>,765</u> \$ = \$ <u>7</u>	0,765		
PROJECT FUNDING	FOR ENTIRE GRANT	PERIOD			
Requested from NHPRC:1		Cost Sharing: <sup>2</sup>			
Outright	<b>\$</b> _37,700	Cash Contributions	\$		
Matching	\$	In-Kind Contributions	\$ 33,065		
		Project Income	\$		
		Other Federal Grants <sup>3</sup>	\$		
TOTAL NHPRC F	UNDING \$_37,700	TOTAL COST SHARING	\$ 33,065		
Total Pro	ject Funding (NHPRC Funds + Cos	st Sharing) <sup>4</sup> = \$ <u>70,765</u>			
<sup>1</sup> Indicate the amount of outright	and/or Federal matching funds that	is requested from the Commission.			
<sup>2</sup> Indicate the amount of cash cont in the budget. Include in this amo guidelines for information on cost	Unt inirg-darty cash offis that will h	applicant or third parties to support project expense raised to release Federal matching funds. (Cons	ses that appear ult the program		
<sup>3</sup> Indicate the amount of actual or	anticipated awards from other Fede	ral agencies for this project and this grant period	l only.		
<sup>4</sup> Total Project Funding should equ			•		
Institutional Grant Administra	tor				
Indicate the name, title, address, a grant if the award is madee.g., e	nd phone number of the person who nsuring compliance with the terms	o will be responsible for the actual financial admir and conditions of the award, submitting financial	nistration of the status reports.		
S. C. Row, Assistant Name and Title (please type or pr	Comptroller	Telephone (100) 222	Telephone ( 100 ) 222-4444 area code		
100 Yellow Brick Road	d, Emerald City, OZ OO	0000 page 9/25/89			

Address