

BUDGET FORM

Project Director <i>Cheryl Meltzer</i>	If this is a revised budget, indicate the NHPRC application/grant number:
Applicant Organization <i>City of Miami Beach</i>	Requested Grant Period From <u>10/1/90</u> to <u>9/30/91</u> ? <small>mo/yr mo/yr</small>

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.

When the requested grant period is eighteen months or longer, separate budgets for each twelve-month period of the project must be developed on duplicated copies of the budget form.

SECTION A -- budget detail for the period from 10/1/90 to 9/30/91 mo/yr mo/yr

1. Salaries and Wages

Provide the names and titles of principal project personnel. For support staff, include the title of each position and indicate in brackets the number of persons who will be employed in that capacity. For persons employed on an academic year basis, list separately any salary charge for work done outside the academic year.

1,448.99 bi weekly
1,064.76 bi weekly

name/title of position	no.	method of cost computation (see sample)	NHPRC Funds (a)	Cost Sharing (b)	Total (c)
<i>Richard Brown</i> <i>Asst. City Clerk</i>	[1]	<i>12 months x 10% (a)</i> <i>\$37,673.74 per year</i>	\$ _____	\$ <i>3,767.37</i>	\$ <i>3,767.37</i>
<i>Cheryl Meltzer</i> <i>Admin. Asst. I</i>	[1]	<i>12 months x 50% (a)</i> <i>\$27,683.76 per year</i>	\$ _____	\$ <i>13,841.88</i>	\$ <i>13,841.88</i>
<i>part-time microfilm helper</i>	[1]	<i>12 months x 100% (a)</i> <i>7240.93 per year</i>	\$ _____	\$ <i>7,240.93</i>	\$ <i>7,240.93</i>
_____	[]	_____	\$ _____	\$ _____	\$ _____
_____	[]	_____	\$ _____	\$ _____	\$ _____
_____	[]	_____	\$ _____	\$ _____	\$ _____
SUBTOTAL			\$ _____	\$ <i>24,850.18</i>	\$ <i>24,850.18</i>

2. Fringe Benefits

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

rate	salary base	(a)	(b)	(c)
<i>(Tammy)</i> <u>20</u> % of \$ <u>24,850.18</u>		\$ _____	\$ <i>4,970.04</i>	\$ <i>4,970.04</i>
_____ % of \$ _____		\$ _____	\$ _____	\$ _____
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	(a)	(b)	(c)
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
SUBTOTAL			\$ _____	\$ _____	\$ _____

Photographer Helper
annual - 1448.85

7. Other 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.

item	basis/method of cost computation	NHPRC Funds (a)	Cost Sharing (b)	Total (c)
Workshop Registration	1 course @ 80	\$ 80	\$ _____	\$ 80
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
SUBTOTAL		\$ 80	\$ _____	\$ 80

8. Total Direct Costs (add subtotals of items 1 through 7) \$ _____ \$ _____ \$ _____

9. Indirect Costs [This budget item applies only to institutional applicants.]

If indirect costs are included, check the appropriate box below and provide the information requested. Refer to the budget instructions for explanations of these options.

- Current indirect cost rate(s) has/have been negotiated with a 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 up to a maximum charge of \$5,000. (Under item B, enter the proposed rate, the base against which the rate will be charged, and the computation of indirect costs or \$5,000, whichever sum is less.)

A. _____ name of Federal agency _____ date of agreement

B.

rate	base(s)	NHPRC Funds (a)	Cost Sharing (b)	Total (c)
_____%	of \$ _____	\$ _____	\$ _____	\$ _____
_____%	of \$ _____	\$ _____	\$ _____	\$ _____

10. Total Project Costs (direct and indirect) for Budget Period
 \$ _____ \$ _____ \$ _____

BUDGET FORM

Project Director Richard Brown	If this is a revised budget, indicate the NHPRC application/grant number:
Applicant Organization City of Miami Beach	Requested Grant Period From <u>10/90</u> to <u>9/91</u> <small style="display: block; text-align: center;">mo/yr mo/yr</small>

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.

When the requested grant period is eighteen months or longer, separate budgets for each twelve-month period of the project must be developed on duplicated copies of the budget form.

SECTION A -- budget detail for the period from 10/90 to 9/91 mo/yr mo/yr

1. Salaries and Wages

Provide the names and titles of principal project personnel. For support staff, include the title of each position and indicate in brackets the number of persons who will be employed in that capacity. For persons employed on an academic year basis, list separately any salary charge for work done outside the academic year.

name/title of position	no.	method of cost computation (see sample)	NHPRC Funds (a)	Cost Sharing (b)	Total (c)
Richard Brown/Assistant City Clerk	[1]	12 months x 10% @ \$37,673.74 per year	\$ _____	\$ 3,767.37	\$ 3,767.37
Cheryl Meltzer/Records Manager (A.A.I)	[1]	12 months x 50% @ \$27,683.76 per year	\$ _____	\$13,841.88	\$13,841.88
Phil Novick/Photographer Helper - part-time	[1]	12 months x 100% @ \$7,240.93 per year	\$ _____	\$ 7,240.93	\$ 7,240.93
_____	[]	_____	\$ _____	\$ _____	\$ _____
_____	[]	_____	\$ _____	\$ _____	\$ _____
_____	[]	_____	\$ _____	\$ _____	\$ _____
SUBTOTAL			\$ _____	\$24,850.18	\$ 24,850.18

2. Fringe Benefits

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

rate	salary base	(a)	(b)	(c)
20%	of \$ 24,850.18	\$ _____	\$ 4,970.04	\$ 4,970.04
_____ %	of \$ _____	\$ _____	\$ _____	\$ _____
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	(a)	(b)	(c)
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
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	no. of persons	total travel days	subsistence costs +	transportation costs =	NHPRC Funds (a)	Cost Sharing (b)	Total (c)
Society of Florida Archivists Conference	[1]	[3]	\$ 120.00	\$ 190.00	\$ 310.00	\$ _____	\$ 310.00
_____	[]	[]	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	[]	[]	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	[]	[]	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	[]	[]	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	[]	[]	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	[]	[]	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
SUBTOTAL					\$ 310.00	\$ _____	\$ 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	basis/method of cost computation	(a)	(b)	(c)
Office Supplies	\$3829.00/9 in office	\$ _____	\$ 425.44	\$ 425.44
Microfilm Cabinet	_____	\$ _____	\$ 999.00	\$ 999.00
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
SUBTOTAL		\$ _____	\$ 1,424.44	\$ 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 computation	(a)	(b)	(c)
Microfilm Preparation	see attached	\$ 27,687.00	\$ _____	\$ 27,687.00
Microfilm Filming & Processing	"	\$ 57,915.00	\$ _____	\$ 57,915.00
Microfilm Duplicating	"	\$ 5,313.00	\$ _____	\$ 5,313.00
Reader/Printer Service Maint. Agreement	_____	\$ _____	\$ 1,769.99	\$ 1,769.00
Long Distance Calls	40 calls @ \$3.00 each	\$ _____	\$ 120.00	\$ 120.00
SUBTOTAL		\$ 90,915.00	\$ 1,889.00	\$ 92,804.00

7. Other 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.

item	basis/method of cost computation	NHPRC Funds (a)	Cost Sharing (b)	Total (c)
Society of Florida & American Archivists meeting & workshop	\$40.00 + \$80.00	\$ 120.00	\$ _____	\$ 120.00
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
SUBTOTAL		\$ 120.00	\$ _____	\$ 120.00

8. Total Direct Costs (add subtotals of items 1 through 7) \$ 91,345.00 \$ 33,133.66 \$ 125,078.66

9. Indirect Costs [This budget item applies only to institutional applicants.]

If indirect costs are included, check the appropriate box below and provide the information requested. Refer to the budget instructions for explanations of these options.

- Current indirect cost rate(s) has/have been negotiated with a 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 up to a maximum charge of \$5,000. (Under item B, enter the proposed rate, the base against which the rate will be charged, and the computation of indirect costs or \$5,000, whichever sum is less.)

A. _____
 name of Federal agency _____
date of agreement

B.

rate	base(s)	NHPRC Funds (a)	Cost Sharing (b)	Total (c)
_____ %	of \$ _____	\$ _____	\$ _____	\$ _____
_____ %	of \$ _____	\$ _____	\$ _____	\$ _____

10. Total Project Costs (direct and indirect) for Budget 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 COSTS FOR ENTIRE GRANT PERIOD
1. Salaries and Wages	\$ 24,850.18	\$ _____	\$ _____	= \$ 24,850.18
2. Fringe Benefits	\$ 4,970.04	\$ _____	\$ _____	= \$ 4,970.04
3. Consultant Fees	\$ _____	\$ _____	\$ _____	= \$ _____
4. Travel	\$ 310.00	\$ _____	\$ _____	= \$ 310.00
5. Supplies and Materials	\$ 1,424.44	\$ _____	\$ _____	= \$ 1,424.44
6. Services	\$ 92,804.00	\$ _____	\$ _____	= \$ 92,804.00
7. Other Costs	\$ 120.00	\$ _____	\$ _____	= \$ 120.00
8. Total Direct Costs (items 1-7)	\$ 125,078.66	\$ _____	\$ _____	= \$ 125,078.66
9. Indirect Costs	\$ _____	\$ _____	\$ _____	= \$ _____
10. Total Project Costs (Direct & Indirect)	\$ 125,078.66	\$ _____	\$ _____	= \$ 125,078.66

PROJECT FUNDING FOR ENTIRE GRANT PERIOD

Requested from NHPRC:¹

Cost Sharing:²

Outright \$ 91,345.00
 Matching \$ _____

Cash Contributions \$ 1,424.44
 In-Kind Contributions \$ 29,820.22
 Project Income \$ _____
 Other Federal Grants³ \$ _____

TOTAL NHPRC FUNDING \$ 91,345.00

TOTAL COST SHARING \$ 33,133.66

Total Project Funding (NHPRC Funds + Cost Sharing)⁴ = \$ 125,078.66

¹Indicate the amount of outright and/or Federal matching funds that is requested from the Commission.

²Indicate the amount of cash contributions that will be made by the applicant or third parties to support project expenses that appear in the budget. Include in this amount third-party cash gifts that will be raised to release Federal matching funds. (Consult the program guidelines for information on cost-sharing requirements.)

³Indicate the amount of actual or anticipated awards from other Federal agencies for this project and this grant period only.

⁴Total Project Funding should equal Total Project Costs.

Institutional Grant Administrator

Indicate the name, title, address, and phone number of the person who will be responsible for the actual financial administration of the grant if the award is made--e.g., ensuring compliance with the terms and conditions of the award, submitting financial status reports.

Name and Title (please type or print) _____

Telephone (_____) _____
 area code

Address _____

Date _____

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 COSTS FOR ENTIRE GRANT PERIOD
1. Salaries and Wages	\$ _____	\$ _____	\$ _____	= \$ _____
2. Fringe Benefits	\$ _____	\$ _____	\$ _____	= \$ _____
3. Consultant Fees	\$ _____	\$ _____	\$ _____	= \$ _____
4. Travel	\$ _____	\$ _____	\$ _____	= \$ _____
5. Supplies and Materials	\$ _____	\$ _____	\$ _____	= \$ _____
6. Services	\$ _____	\$ _____	\$ _____	= \$ _____
7. Other Costs	\$ _____	\$ _____	\$ _____	= \$ _____
8. Total Direct Costs (items 1-7)	\$ _____	\$ _____	\$ _____	= \$ _____
9. Indirect Costs	\$ _____	\$ _____	\$ _____	= \$ _____
10. Total Project Costs (Direct & Indirect)	\$ _____	\$ _____	\$ _____	= \$ _____

PROJECT FUNDING FOR ENTIRE GRANT PERIOD

Requested from NHPRC:¹

Outright \$ _____
 Matching \$ _____

TOTAL NHPRC FUNDING \$ _____

Cost Sharing:²

Cash Contributions \$ _____
 In-Kind Contributions \$ _____
 Project Income \$ _____
 Other Federal Grants³ \$ _____

TOTAL COST SHARING \$ _____

Total Project Funding (NHPRC Funds + Cost Sharing)⁴ = \$ _____

¹Indicate the amount of outright and/or Federal matching funds that is requested from the Commission.

²Indicate the amount of cash contributions that will be made by the applicant or third parties to support project expenses that appear in the budget. Include in this amount third-party cash gifts that will be raised to release Federal matching funds. (Consult the program guidelines for information on cost-sharing requirements.)

³Indicate the amount of actual or anticipated awards from other Federal agencies for this project and this grant period only.

⁴Total Project Funding should equal Total Project Costs.

Institutional Grant Administrator

Indicate the name, title, address, and phone number of the person who will be responsible for the actual financial administration of the grant if the award is made--e.g., ensuring compliance with the terms and conditions of the award, submitting financial status reports.

 Name and Title (please type or print)

 Telephone ()
 area code

 Address

 Date

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.

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

2. DATE SUBMITTED 9/26/89	Applicant Identifier
3. DATE RECEIVED BY STATE	State Application Identifier
4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

1. TYPE OF SUBMISSION:

Application
 Construction Construction
 Non-Construction Non-Construction

5. APPLICANT INFORMATION

Legal Name: Emerald City Government	Organizational Unit: Office of the City Clerk
Address (give city, county, state, and zip code): 100 Yellow Brick Road Emerald City, Kansas County OZ 00000-1234	Name and telephone number of the person to be contacted on matters involving this application (give area code) T. Woods Mann (100) 111-2222

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

1	2	—	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

7. TYPE OF APPLICANT: (enter appropriate letter in box) C

A. State	H. Independent School Dist.
B. County	I. State Controlled Institution of Higher Learning
C. Municipal	J. Private University
D. Township	K. Indian Tribe
E. Interstate	L. Individual
F. Intermunicipal	M. Profit Organization
G. Special District	N. Other (Specify): _____

8. TYPE OF APPLICATION:

New Continuation Revision

If Revision, enter appropriate letter(s) in box(es):

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify): _____

9. NAME OF FEDERAL AGENCY:
National Historical Publications and Records Commission

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

8	9	.	0	0	3
---	---	---	---	---	---

TITLE: National Historical Publications and Records Grants

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
Emerald City Archives Program Development Project

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):
Emerald City
Kansas County

13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 4/1/90	Ending Date 3/31/91	a. Applicant 39	b. Project 39, 40

15. ESTIMATED FUNDING:

a. Federal	\$ 37,700	.00
b. Applicant	\$ 33,065	.00
c. State	\$.00
d. Local	\$.00
e. Other	\$.00
f. Program Income	\$.00
g TOTAL	\$ 70,765	.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

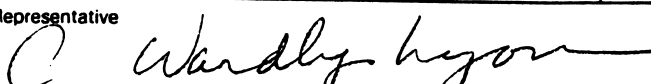
a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE _____

b. NO. PROGRAM IS NOT COVERED BY E.O. 12372
 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

Yes If "Yes," attach an explanation. No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a. Typed Name of Authorized Representative C. Wardly Lyon	b. Title City Clerk	c. Telephone number (100) 222-3333
d. Signature of Authorized Representative 		e. Date Signed 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 Emerald City Government	Requested Grant Period From <u>4/1/90</u> to <u>3/31/91</u> <div style="text-align: center; font-size: small;"> mo/yr mo/yr </div>

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.

When the requested grant period is eighteen months or longer, separate budgets for each twelve-month period of the project must be developed on duplicated copies of the budget form.

SECTION A -- budget detail for the period from 4/1/90 to 3/31/91

mo/yr mo/yr

1. Salaries and Wages

Provide the names and titles of principal project personnel. For support staff, include the title of each position and indicate in brackets the number of persons who will be employed in that capacity. For persons employed on an academic year basis, list separately any salary charge for work done outside the academic year.

name/title of position	no.	method of cost computation (see sample)	NHPRC Funds (a)	Cost Sharing (b)	Total (c)
T. Woods Mann, Project Director	[1]	12 months x 25% @ \$28,000 per year	\$ _____	\$ 7,000	\$ 7,000
Archivist	[1]	12 months x 100% @ \$22,000	\$ 22,000	\$ _____	\$ 22,000
Archives Technician	[1]	12 months x 100% @ \$16,000	\$ 8,000	\$ 8,000	\$ 16,000
_____	[]	_____	\$ _____	\$ _____	\$ _____
_____	[]	_____	\$ _____	\$ _____	\$ _____
_____	[]	_____	\$ _____	\$ _____	\$ _____
SUBTOTAL			\$ 30,000	\$ 15,000	\$ 45,000

2. Fringe Benefits

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

rate	salary base	(a)	(b)	(c)
15 %	of \$ 45,000	\$ 4,500	\$ 2,250	\$ 6,750
_____ %	of \$ _____	\$ _____	\$ _____	\$ _____
SUBTOTAL		\$ 4,500	\$ 2,250	\$ 6,750

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	(a)	(b)	(c)
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____	\$ _____
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	no. of persons	total travel days	subsistence costs +	transportation costs =	NHPRC Funds (a)	Cost Sharing (b)	Total (c)
<u>Emerald City/Nome</u>	[1]	[5]	\$ 325	\$ 340	\$ _____	\$ 665	\$ 665
_____	[]	[]	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	[]	[]	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	[]	[]	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	[]	[]	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	[]	[]	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	[]	[]	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
SUBTOTAL					\$ _____	\$ 665	\$ 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.

item	basis/method of cost computation	(a)	(b)	(c)
<u>Mighty Munchkin Microcomputer</u>	1 @ \$4,000	\$ _____	\$ 4,000	\$ 4,000
<u>Whirlwind KS printer</u>	1 @ \$500	\$ _____	\$ 500	\$ 500
<u>Computer supplies</u>	12 mos. @\$16.66 per month	\$ _____	\$ 200	\$ 200
<u>Shelving for stacks</u>	10 units @\$75 per unit	\$ _____	\$ 750	\$ 750
<u>Acid-free archives boxes</u>	2,000 @\$1 each	\$ 2,000	\$ _____	\$ 2,000
<u>Acid-free folders</u>	12,000 @\$100 per thousand	\$ 1,200	\$ _____	\$ 1,200
<u>Office supplies</u>	12 mos. @\$25 per month	\$ _____	\$ 300	\$ 300
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
SUBTOTAL		\$ 3,200	\$ 5,750	\$ 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)
<u>Long-distance telephone</u>	est. 50 toll calls @\$3 each	\$ _____	\$ 150	\$ 150
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
SUBTOTAL		\$ _____	\$ 150	\$ 150

7. Other 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.

item	basis/method of cost computation	NHPRC Funds (a)	Cost Sharing (b)	Total (c)
Workshop registration	1 course @\$250	\$ _____	\$ 250	\$ 250
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____	\$ _____
SUBTOTAL		\$ _____	\$ 250	\$ 250
8. Total Direct Costs (add subtotals of items 1 through 7)		\$ _____	\$ 250	\$ 250

9. Indirect Costs [This budget item applies only to institutional applicants.]

If indirect costs are included, check the appropriate box below and provide the information requested. Refer to the budget instructions for explanations of these options.

- Current indirect cost rate(s) has/have been negotiated with a 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 up to a maximum charge of \$5,000. (Under item B, enter the proposed rate, the base against which the rate will be charged, and the computation of indirect costs or \$5,000, whichever sum is less.)

A. Department of Wizardry 2/1/89
 name of Federal agency date of agreement

B.

rate	base(s)	NHPRC Funds (a)	Cost Sharing (b)	Total (c)
<u>20 %</u>	of \$ <u>45,000</u>	\$ _____	\$ <u>9,000</u>	\$ <u>9,000</u>
_____ %	of \$ _____	\$ _____	\$ _____	\$ _____

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

\$ 37,700 \$ 33,065 \$ 70,765

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: 4/1/90 to: 3/31/91	Second Year/ from: to:	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>	\$ _____	\$ _____	= \$ <u>6,750</u>
3. Consultant Fees	\$ _____	\$ _____	\$ _____	= \$ _____
4. Travel	\$ <u>665</u>	\$ _____	\$ _____	= \$ <u>665</u>
5. Supplies and Materials	\$ <u>8,950</u>	\$ _____	\$ _____	= \$ <u>8,950</u>
6. Services	\$ <u>150</u>	\$ _____	\$ _____	= \$ <u>150</u>
7. Other Costs	\$ <u>250</u>	\$ _____	\$ _____	= \$ <u>250</u>
8. Total Direct Costs (items 1-7)	\$ <u>61,765</u>	\$ _____	\$ _____	= \$ <u>61,765</u>
9. Indirect Costs	\$ <u>9,000</u>	\$ _____	\$ _____	= \$ <u>9,000</u>
10. Total Project Costs (Direct & Indirect)	\$ <u>70,765</u>	\$ _____	\$ _____	= \$ <u>70,765</u>

PROJECT FUNDING FOR ENTIRE GRANT PERIOD

Requested from NHPRC:¹

Outright \$ 37,700
 Matching \$ _____

TOTAL NHPRC FUNDING \$ 37,700

Cost Sharing:²

Cash Contributions \$ _____
 In-Kind Contributions \$ 33,065
 Project Income \$ _____
 Other Federal Grants³ \$ _____
 TOTAL COST SHARING \$ 33,065

Total Project Funding (NHPRC Funds + Cost Sharing)⁴ = \$ 70,765

¹Indicate the amount of outright and/or Federal matching funds that is requested from the Commission.

²Indicate the amount of cash contributions that will be made by the applicant or third parties to support project expenses that appear in the budget. Include in this amount third-party cash gifts that will be raised to release Federal matching funds. (Consult the program guidelines for information on cost-sharing requirements.)

³Indicate the amount of actual or anticipated awards from other Federal agencies for this project and this grant period only.

⁴Total Project Funding should equal Total Project Costs.

Institutional Grant Administrator

Indicate the name, title, address, and phone number of the person who will be responsible for the actual financial administration of the grant if the award is made--e.g., ensuring compliance with the terms and conditions of the award, submitting financial status reports.

S. C. Row, Assistant Comptroller
 Name and Title (please type or print)

Telephone (100) 222-4444
 area code

100 Yellow Brick Road, Emerald City, OZ 00000
 Address

Date 9/25/89