

**Resiliency In the Face of Trauma:  *Grant Project Budget Form***

Agency:        Amount Requested:      (*Request may not be more than $5,000)*

*Below is a listing of standard budget items.  Please provide the program/project budget on this form and upload to the grant portal.*

A.  **Organizations fiscal year**:

B.  **Time period this budget covers**:       to

C.  **Expenses**: include the total amount for each of the following budget categories:

|  |  |  |
| --- | --- | --- |
|   | **Amount Requested**  | **Total Program Expense**  |
| Salaries  |         |         |
| Payroll Taxes  |         |         |
| Fringe Benefits  |         |         |
| Consultants & Professional Fees  |         |         |
| Stipends  |         |         |
| Insurance  |         |         |
| Travel  |         |         |
| Equipment  |         |         |
| Supplies  |         |         |
| Printing & Copying  |         |         |
| Telephone & Fax  |         |         |
| Rent  |         |         |
| Utilities  |         |         |
| Maintenance  |         |         |
| Evaluation  |         |         |
| Marketing  |         |         |
| Other (specify)       |         |         |
| Other (specify)       |         |         |
| **Totals**  |         |         |