

**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** |  |  |