

**Public Purpose Grant
Appendix D
Program/Project Budget**

SUMMARY

PROJECT NAME: _____

APPLICANT NAME: _____

CATEGORY OF EXPENSE	GRANT FUNDS	OTHER FUNDS	TOTAL
1. Personal Services			
a) Salary			
b) Fringe			
Subtotal			
2. Non Personal Services			
a) Contractual Services			
b) Travel			
c) Equipment			
d) Space/Property & Utilities			
e) Operating Expenses			
f) Other			
Subtotal			
TOTAL			

RIOC Staff Only	
Contract Number:	
Original	Amended
Approved Date:	

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PERSONAL SERVICES DETAIL

SALARY			
POSITION TITLE	ANNUALIZED SALARY PER POSITION	STANDARD WORKWEEK HOURS	GRANT FUNDING REQUESTED
			Subtotal
FRINGE - TYPE/DESCRIPTION			
PERSONAL SERVICES TOTAL			

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NON-PERSONAL SERVICES DETAIL

CONTRACTUAL SERVICES - TYPE/DESCRIPTION	TOTAL
TOTAL	

TRAVEL - TYPE/DESCRIPTION	TOTAL
TOTAL	

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EQUIPMENT - TYPE/DESCRIPTION	TOTAL
TOTAL	

SPACE/PROPERTY EXPENSES: RENT - TYPE/DESCRIPTION	TOTAL
TOTAL	

SPACE/PROPERTY EXPENSES: OWNED - TYPE/DESCRIPTION	TOTAL
TOTAL	

TYPE/DESCRIPTION OF UTILITY EXPENSES	TOTAL
TOTAL	

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OPERATING EXPENSES - TYPE/DESCRIPTION	TOTAL
TOTAL	

OTHER - TYPE/DESCRIPTION	TOTAL
TOTAL	