

## **Budget Grid - SWP Round 8**

| Name of person completing this form:<br>Email of person completing this form: |
|---|
| Institution Name:   |
| Which RFA is this budget associated with?                                     |

Date:

**Budget:** Please provide a detailed budget, which includes budget items by object code.

| Object               | Classification                        | Itemized List of Budgeted Expenses | Total |  |
|----------------------|---------------------------------------|------------------------------------|-------|--|
| 1000                 | Instructional Salaries                |                                    |       |  |
| 2000                 | Non-instructional Salaries            |                                    |       |  |
| 3000                 | Employee Benefits                     |                                    |       |  |
| 4000                 | Supplies and materials                |                                    |       |  |
| 5000                 | Other Operating Expenses and Services |                                    |       |  |
| Total Program Costs* |                                       |                                    |       |  |

<sup>\*</sup>Indirect is not permitted on this project

## **Additional Comments:**