

This form can be used to submit your initial application budget and any subsequent budget revisions.

Detailed instructions for this form are available on our website at www.arts.gov/manageaward.

Unless you are informed otherwise, you must match the NEA funds dollar for dollar.

- All costs included in this budget, whether paid for with NEA funds or your cost share, must be directly allocable to the project activity, allowable, and adequately documented per the [General Terms & Conditions for NEA Awards](#). Actual, allowable expenditures must be reported on all payment requests and financial reports.
- Only include costs expected to be incurred within the period of performance, which can begin no earlier than the earliest allowable start date noted in the guidelines for this NEA funding opportunity. Costs such as salaries, wages, fringe benefits, and administrative overhead may need to be pro-rated to reflect this period.
- Provide a detailed breakdown of any large line items.
- For equipment, clearly note items to be rented or leased versus those to be purchased. For purchases, you must provide specific written justification for items with a unit value of \$5,000 or more, and a useful life of more than one year.
- Do not include unallowable costs such as receptions/parties, alcoholic beverages, cash prizes, construction, visa fees paid to the U.S. Government, unspecified foreign travel, or miscellaneous. Unallowable costs cannot be supported with NEA funds OR with matching funds. Learn more about unallowable costs in the [How to Manage Your NEA Award Handbook](#).
- This budget cannot include overlapping project costs with any other Federal award, or include matching funds originating from a Federal source.

If you are revising your initial application, consider streamlining your project budget to help ease your administrative burden associated with managing a Federal award. See the Project Description block on the next page for more information. Form begins on page 2.

IMPORTANT: All changes are subject to NEA approval.

Paperwork Reduction Act Statement

The public reporting burden for this collection of information is estimated at an average of one hour per response. This includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. We welcome any suggestions that you might have on improving the guidelines and making them as easy to use as possible. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: webmgr@arts.gov, Attention: Reporting Burden. Note: applicant/awardees are not required to respond to the collection of information unless it displays a currently valid U.S. Office of Management and Budget (OMB) control number.

Project Budget Form

Rev. 10/10/19

Applicants, Offerees, and Current Awardees:	Submit this form via REACH . For awards issued before 9/30/2017, email to grants@arts.gov
Organization. Provide your legal name and SAM.gov address. Legal Name: Address:	Application/Award #
	Date
	Period of Performance Requested (MM/DD/YYYY) <div style="display: flex; justify-content: space-around; width: 100%;"> From To </div> <div style="display: flex; justify-content: space-around; width: 100%; margin-top: 5px;"> / / / / </div>
PROJECT DESCRIPTION. <p><u>Applicants:</u> if this is your initial application budget provide a brief summary of your project. If you have provided narrative information in another format, you may attach that. If you are responding to a notification of recommended/offer funding then describe any change(s) from your application, including changes in project activity. If there are no changes to the project scope, state that here.</p> <p>Current recipients requesting an amendment: review How to Manage Your NEA Award Handbook for more information. Attach additional pages as needed.</p>	
Authorizing Official. Identify the person who has the legal authority to approve this budget on behalf of your organization. Name (Last, First) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____ Title E-mail Telephone () -	
Project Director. Identify the person who can answer specific questions about this project. Name (Last, First) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____ Title E-mail Telephone () -	
Primary Contact. Identify the person who can answer specific questions about this budget. Name (Last, First) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____ Title E-mail Telephone () -	

Project Budget Form

Rev. 5/31/16

PROJECT COSTS

A. DIRECT COSTS

Salaries and Wages. Include salaried employees. Pro-rate salaries to reflect only those incurred within the period of performance. (List artists, consultants, and contractors under Other Costs.)

Title/Type of personnel	# of personnel	Annual salary/range	% of time allocated	Amount
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Total Salaries and Wages \$ _____

Fringe Benefits (%)

Total Fringe Benefits \$ _____

Total Salaries, Wages, and Fringe Benefits \$ _____

Travel. Include transportation, lodging, and required subsistence during travel. Airfare charged to the award may not exceed the value of the least expensive class (e.g. coach) available. All foreign travel must be identified by country of origin/destination.

Travelers (name, role, or number of people)	Origin	Destination	Amount
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Total Travel \$ _____

Other COSTS. Include all other direct project costs here and continuing on the next page, such as artist or consultant fees, marketing/promotion, supplies and materials, publications, distribution, access accommodations such as sign language interpretation or braille (no construction/renovation costs), shipping/cartage, rental of venues or equipment etc. If you are not claiming Indirect Costs below, you may also include a pro-rated portion of administrative overhead.

Item	Amount
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Total Other COSTS \$ _____

Total DIRECT COSTS (Total Salaries, Wages, and Fringe Benefits + Total Travel + Total Other COSTS) **\$** _____

Project Budget Form

Rev. 5/31/16

B. INDIRECT COSTS.				
If applicable, include indirect costs as,				
<input type="checkbox"/> A de minimis rate , not to exceed 10% of modified total direct costs. See 2 CFR 200.414 (f) for eligibility.				
<input type="checkbox"/> Approved as part of a current Federally-negotiated Indirect Cost Rate Agreement (provide copy of agreement).				
Cognizant Agency	Type	Rate (%)	Effective Period (From/To)	Base \$
Total INDIRECT COSTS				\$ _____
TOTAL PROJECT COSTS (Total DIRECT COSTS + Total INDIRECT COSTS)				\$ _____

PROJECT INCOME	
ORGANIZATION SHARE: CASH. Include your organization's contributions, cash donations, non-Federal grants, and revenues such as ticket income or tuition fees. Federal funds subgranted from a state arts agency, regional arts organization, or local arts agency cannot be used as match.	
Source	Amount
Total Cash \$ _____	
THIRD-PARTY IN-KIND. Include goods or services provided by individuals/entities outside of your organization (third-party contributions). All items listed here must correspond directly to a project cost line item to determine allowability.	
Item and Source	Fair Market Value
Total In-Kind \$ _____	
Total Recipient Share for this Project \$ _____	
NEA AMOUNT \$ _____	
TOTAL PROJECT INCOME (RECIPIENT SHARE + NEA AMOUNT) \$ _____	