OMB No. 3135-0112 Expires 12/31/19

Project Budget Form

Rev. 5/31/16

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.

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Nev. 0/01/10					
Applicants and Recommended Applicants: Return this form and additional pages (if necessary) as directed.	Current Award Recipients: Submit this form to the Office of Grants Management via REACH or for earlier awards (FY17 & earlier) to grants@arts.gov				
Organization. Provide your legal name and SAM.gov address.	Application/Award #				
Legal Name: Address:	Project Budget Date				
Addi 655.	Period of Performance Requested (MM/DD/YYYY)				
	From To				
Is This a New Address?	/ /				
PROJECT DESCRIPTION.					
Applicants: if this is your initial application budget provide a brief sum another format, you may attach that. If you are responding to a notific your application, including changes in project activity. If there are no Current recipients requesting an amendment: review How to Managadditional pages as needed.	cation of recommended funding then describe any change(s) from changes to the project scope, state that here.				
Authorizing Official. Identify the person who has the legal authori	ity to approve this budget on behalf of your organization.				
Name (Last, First)	☐ Mr. ☐ Ms. ☐ Other				
Title					
E-mail	Telephone () -				
Project Director. Identify the person who can answer specific questions about this project.					
Name (Last, First)	☐ Mr. ☐ Ms. ☐ Other				
Title					
E-mail	Telephone () -				
Primary Contact. Identify the person who can answer specific questions about this budget. If the same as either above, leave blank.					
Name (Last, First)	☐ Mr. ☐ Ms. ☐ Other				
Title					
E-mail	Telephone () -				

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PROJECT COSTS						
A. DIRECT COSTS						
Salaries and Wages. Include salaried employees. Proconsultants, and contractors under Other Costs.)	o-rate salaries to re	flect only those incurred	within the period of perform	nance. (List artists,		
Title/Type of personnel	# of personnel	Annual salary/range	% of time allocated	Amount		
		-				
Fringe Benefits (%)	Total Salaries and Wages \$ Total Fringe Benefits \$					
	Total Salaries, Wages, and Fringe Benefits \$					
Travel. Include transportation, lodging, and required subs expensive class (e.g. coach) available. All foreign travel mu				value of the least		
Travelers (name, role, or number of people)	Origin		estination	Amount		
	- · · · · · · · · · · · · · · · · · · ·					
			Total Travel \$ _			
Other COSTS. Include all other direct project costs here supplies and materials, publications, distribution, access acc shipping/cartage, rental of venues or equipment etc. If you a overhead.	commodations sucl	h as sign language interp	retation or braille (no const	ruction/renovation costs),		
Item				Amount		
		Tota	Il Other COSTS \$			
Total DIRECT COSTS (Total Salaries, Wages, and F	ringe Benefits + To	otal Travel + Total Other C	COSTS) \$			

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B. INDIRECT COSTS.							
If applicable, include indirect costs as,							
A de minimis rate, not to exceed 10% of modified total direct costs. See 2 CFR 200.414 (f) for eligibility.							
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 \$			ase \$				
Total INDIRECT COSTS		\$					
TOTAL PROJECT COSTS (Total DIRECT COSTS +	Total INDIRECT COSTS)	\$					
PROJECT INCOME							
ORGANIZATION SHARE: CASH. Include your organiza							
income or tuition fees. Federal funds subgranted from a state art							
Source			Amount				
Total Cash \$							
THIRD-PARTY IN-KIND. Include goods or services provide		anization (third-part	y contributions). All items				
listed here must correspond directly to a project cost line item to	determine allowability.						
Item and Source			Fair Market Value				
	То	tal In-Kind \$					
Total Recipient Share for this Project \$							
	NEA AMOL						
		¥					
TOTAL PROJECT INCOME (RECIPIENT SHARE + I		<u> </u>					