

NEA Revised Project Budget

OMB No. 3135-0112
Expires 11/30/16

Application # (pre-award changes): _____ **or** **Award # (post-award changes):** _____

1. Applicant (official IRS name/ mailing address): 	2. Period of Performance Requested (Use numbers): <div style="text-align: center; margin-top: 10px;"> Starting <input style="width: 50px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 50px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 50px; height: 20px; border: 1px solid black;" type="text"/> </div> <div style="text-align: center; margin-top: 10px;"> Ending <input style="width: 50px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 50px; height: 20px; border: 1px solid black;" type="text"/> / <input style="width: 50px; height: 20px; border: 1px solid black;" type="text"/> </div>
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3. Revised Project Description. If it is necessary to revise your project, clearly describe how the recommended grant and matching funds would be spent. Give a justification for the change (e.g., reduced amount of funding recommended as conveyed by the Endowment).

4. Authorizing Official (Last, First): _____ Mr. Ms.

Title: _____

Telephone: () - ext. _____ Fax: () - _____

E-Mail: _____ Date: / / _____

5. Project Director (Last, First): _____ Mr. Ms.

Title: _____ E-Mail: _____

Telephone: () - ext. _____ Fax: () - _____

INCOME

6. Total MATCH for this project. Be as specific as possible. Asterisk (*) those funds that are committed or secured.

CASH (Refers to the cash donations, grants, and revenues that are expected or received for this project.) _____ Amount

Total cash a. \$ _____

IN-KIND (These same items also must be listed as direct costs under "Expenses" below so we can determine allowability.) _____ Amount

Total in-kind b. \$ _____

Total MATCH for this project (a. + b.) \$ _____

7. NEA Recommended Amount \$ _____

8. TOTAL PROJECT INCOME (6. + 7.) \$ _____

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EXPENSES

9. Direct costs: SALARIES AND WAGES

Title and/or type of personnel	Number of personnel	Annual or average salary range	% of time devoted to this project	Amount
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Total salaries and wages a. \$ _____

Fringe benefits

Total fringe benefits b. \$ _____

Total salaries, wages, and fringe benefits (a. + b.) \$ _____

10. Direct costs: TRAVEL (Include subsistence.)

# of travelers	From	To	Amount
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Total travel \$ _____

11. Direct costs: OTHER EXPENSES (Such as artist or consultant fees, specific contractual services, telephone, utilities, copying, postage, supplies and materials, publication, distribution, transportation of items other than personnel, rental of space or equipment, etc.)

Amount

Total other expenses \$ _____

12. Total DIRECT COSTS (9.+10.+11.) \$ _____

13. INDIRECT COSTS (If applicable. Include a copy of your current federal indirect cost rate agreement):

Federal Agency: Rate (%) x Base = \$ _____

14. TOTAL PROJECT COSTS (12. + 13.) \$ _____