

National Endowment for the Arts Revised Project Budget

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

A Revised Project Budget is required for all recommended applicants as well as for current NEA award recipients requesting approval of post-award scope and budget changes. Detailed instructions for this form are available on our website at www.arts.gov/manageaward.

If there are any changes to project activities, participants, or to the project timeline/period of performance, describe them here or attach additional pages as needed.

Unless you are informed otherwise, you must match the NEA funding dollar for dollar. If your total project costs are far greater, you may consider streamlining your NEA project budget to help ease the administrative burden associated with managing a Federal award. If you do this, confirm that the scope of the project remains the same, but the budget is revised for administrative purposes only.

- ✓ 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.
- ✓ Your project budget must 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 must be pro-rated to reflect this period.
- ✓ Provide a detailed breakdown of any large line items.
- ✓ For equipment, clearly note items to be rented/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. Attach additional pages as needed.
- ✓ 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.
- ✓ Total Project Costs and Total Project Income must balance.

IMPORTANT: All changes are subject to NEA approval.

Recommended Applicants:

Return this form and additional pages (if necessary) to the program specialist identified in your notification email.

Current Recipients:

Submit this form to the Grants & Contracts Office at grants@arts.gov

<p>Applicant/Recipient. Provide your official IRS name/mailling address.</p> <p>New Address? <input type="checkbox"/></p>	Application/Award #
	Revised Project Budget Date
	<p>Period of Performance Requested (MM/DD/YYYY)</p> <p style="text-align: center;">From To</p> <p style="text-align: center;">/ / / /</p>

Revised Project Description. Applicants: Describe any change(s) from your application, including significant changes in project activity. Current recipients requesting an amendment: Review the *How To Manage Your NEA Award Handbook* for more information. If there are no changes to the project scope, state that here. Attach additional pages as needed.

National Endowment for the Arts **Revised Project Budget**

Authorizing Official. Identify the person who has the legal authority to approve this budget on behalf of your organization.

Name (Last, First) Mr. Ms. Other

Title

E-mail **Telephone** () -

Project Director / Primary Contact. Identify the person who can answer specific questions about this budget.

Name (Last, First) Mr. Ms. Other

Title

E-mail **Telephone** () -

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

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

Total Travel \$ _____

Other COSTS. Include all other direct project costs here, 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

National Endowment for the Arts **Revised Project Budget**

	Total Other COSTS \$	
Total DIRECT COSTS <i>(Total Salaries, Wages, and Fringe Benefits + Total Travel + Total Other COSTS)</i>	\$	
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 <i>(Total DIRECT COSTS + Total INDIRECT COSTS)</i>	\$	

PROJECT INCOME	
RECIPIENT 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 \$ _____
RECIPIENT SHARE: IN-KIND. Include goods or services provided by individuals/entities <i>outside</i> 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 RECOMMENDED / AWARDED AMOUNT	\$ _____
TOTAL PROJECT INCOME <i>(RECIPIENT SHARE + NEA RECOMMENDED / AWARDED AMOUNT)</i>	\$ _____