# **Urban Agriculture Community Partner**

# **Sub-grantee Budget**

### **Organization Name:**

## **Project budget**

**Instructions:** Please complete the budget information below. Not all sections may be relevant to your project so feel free to leave sections blank or delete if they are not relevant to your project. Once completed, please upload this document to the budget question on the Google Form Application.

1. Complete **Table 1** below with details on staff with anticipated project involvement, including their name, hourly compensation rate, anticipated total hours on the project, and total cost. Add additional rows as needed.

**Table 1. Personnel Budget Details**

|  |  |  |  |
| --- | --- | --- | --- |
| **Personnel** | **Rate ($/hour)** | **Total Hours** | **Total Cost** |
| Staff 1: |  |  | $ |
| Staff 2: |  |  | $ |
| Staff 3: |  |  | $ |
| Fringe Benefits |  |  | $ |
| **Total Personnel** |  |  | **$** |

1. List the anticipated equipment needed in **Table 2** below. Add additional rows as needed.

**Table 2. Equipment Budget Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Equipment Item** | **Price/Unit** | **# Needed** | **Total Cost** | **Application to Project** |
|  |  |  | $ |  |
|  |  |  | $ |  |
|  |  |  | $ |  |
| **Total Equipment** |  |  | **$** |  |

1. List the anticipated supplies needed in **Table 3** below. Add additional rows as needed.

**Table 3. Supplies Budget Details**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Supply Item** | **Price/Unit** | **# Needed** | **Total Cost** | **Application to Project** |
|  |  |  | $ |  |
|  |  |  | $ |  |
|  |  |  | $ |  |
| **Total Supplies** |  |  | **$** |  |

1. List travel budget details in **Table 4** below, including the total number of miles, reimbursement rate, and total cost.

**Table 4. Travel Budget Details**

|  |  |  |
| --- | --- | --- |
| **# Miles** | **Rate** | **Total Cost** |
|  |  |  |
|  |  |  |

1. Complete **Table 5** below with details on contractor needs for the project. Add additional rows as needed.

**Table 5. Contractor Services**

|  |  |  |
| --- | --- | --- |
| **Contractor Service** | **Cost** | **Application to Project** |
|  |  |  |

1. You may request up to 30% of the total budget as indirect charges. If requesting indirect, please explain what those indirect costs will cover for your organization.

**Table 6. Indirect Budget Details**

|  |  |
| --- | --- |
| **Indirect Rate %** | **Explanation of what indirect costs will cover** |
|  |  |

1. Complete **Table 7** below to summarize budget details, including those costs in **Tables 1-6**.

**Table 7. Budget Summary**

|  |  |
| --- | --- |
| **Budget Item** | **Amount** |
| Personnel | $ |
| Fringe Benefits | $ |
| Equipment | $ |
| Supplies | $ |
| Travel | $ |
| Contractor | $ |
| Indirect | $ |
|  |  |
| **Total Requested Budget** | **$** |