FORM 4 – Applicant Budget

A budget template is provided but is not exhaustive: your budget might have additional items not listed here. Applicants may edit the template to reflect planned expenditures. All electronic documents must be submitted in Portable Document Format (PDF).

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| **SUMMARY BUDGET** |
| Organization Name |  |
| Project Title |  |
| Project Duration |  |

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|  | **Requested Funds** |  | Applicant’s Indirect Rate Being Claimed is (select one): |
| **A** | **Personnel** | $ |  |  [ ]  Federally Approved Indirect Rate |
| **B** | **Fringe Benefits** | $ |  |  [ ]  State Approved Indirect Rate |
| **C** | **Travel** | $ |  |  [ ]  State Approved Cost Allocation Plan |
| **F** | **Equipment** | $ |  |  [ ]  De Minimis Rate |
| **E** | **Supplies** | $ |  |  [ ]  No Indirect Rate Claimed |
| **F** | **Consultants/Contracts** | $ |  |  |
| **G** | **Other Direct Costs** | $ |  | The following Rate Agreement is Attached (Required) |
| **H** | **Total Direct Costs** | $ |  |  [ ]  Federally Approved Indirect Cost  Agreement |
| **I** | **Total Indirect Costs** | $ |  |  [ ]  State of Nebraska Approved Indirect Cost  Agreement |
| **J** | **Total (Sum H+I)** | **$** |  |  [ ]  State of Nebraska Approved Cost  Allocation Plan |
|  |  [ ]  None (De Minimis/No Indirect Claimed) |

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| **Budget Justification** |

Include a brief budget justification narrative to explain expenses listed and how you arrived at the requested amounts. Provide explanations as to why each item is necessary for the success of the project.

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