



**GRANT BUDGET**  
State Form 54237 (R2 / 9-14)

**INDIANA STATE HISTORIC RECORDS ADVISORY BOARD**  
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Type (Please check one) <input type="checkbox"/> New <input type="checkbox"/> Final (for reimbursement only)		Name of applicant organization	
Address (number and street, city, state, and, ZIP code)			
Name of project director		Title of project director	
E-mail address		Telephone number (        )	Fax number (        )
Name of contact person		Title of contact person	
E-mail address		Telephone number (        )	Fax number (        )
Beginning date of requested grant period (month, day, year)		Ending date of requested grant period (month, day, year)	Application / grant number (if revised budget)

The three-column budget has been developed for the convenience of those applicants who wish to identify the project costs that will be charged to State funds and those that will be cost shared. The method of cost computation should clearly indicate how the total charge for each budget item was determined.

**SECTION A - BUDGET DETAIL**

**1. Salaries and Wages**

Provide the names and titles of the principal project personnel. For support staff, include the title of each position and indicate in brackets the number of persons who will be employed in that capacity. For persons employed on an academic year basis, list separately any salary charge for work done outside the academic year.

Name / Title of Position	Number	Method of Cost Computation	Grant Funds (a)	Cost Sharing (b)	Total (c)
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
<b>Subtotals</b>			\$	\$	\$

**2. Fringe Benefits**

If more than one rate is used, list each rate and salary base.

Rate (Percentage of Salary Base)	Salary Base	Grant Funds (a)	Cost Sharing (b)	Total (c)
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
<b>Subtotals</b>		\$	\$	\$

**3. Consultant Fees**

Include payments for professional and technical consultants and honoraria.

Name or Type of Consultant	Number of Days on Project	Daily Rate of Compensation	Grant Funds (a)	Cost Sharing (b)	Total (c)
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
<b>Subtotals</b>			\$	\$	\$

**SECTION A - BUDGET DETAIL (continued)**

**4. Travel**

*For each trip, indicate the number of persons traveling, the total days they will be in travel status, and the total subsistence and transportation costs for that trip. When a project will involve the travel of a number of people to a conference, institute, etc., these costs may be summarized on one line by indicating the point of origin as "various."*

From / To	Number of Persons	Total Travel Days	Subsistence Costs	Transportation Costs	Grant Funds (a)	Cost Sharing (b)	Total (c)
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
<b>Subtotals</b>					\$	\$	\$

**5. Supplies and Materials**

*Include consumable supplies, materials to be used in the project and items of expendable equipment (i.e., equipment items costing less than \$5,000 and with an estimated useful life of less than a year).*

Item	Basis / Method of Cost Computation	Grant Funds (a)	Cost Sharing (b)	Total (c)
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
<b>Subtotals</b>		\$	\$	\$

**6. Services**

*Include the cost of duplication and printing, long distance telephone calls, equipment rental, postage, and other services related to project objectives that are not included under other budget categories or in the indirect cost pool. For subcontracts, provide an itemization of subcontract costs as an attachment on the summary page.*

Item	Basis / Method of Cost Computation	Grant Funds (a)	Cost Sharing (b)	Total (c)
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
<b>Subtotals</b>		\$	\$	\$

**SECTION A - BUDGET DETAIL (continued)**

**7. Other Costs**

*Include participant stipends and room and board, equipment purchases of \$5,000 or more per unit, training costs and registration fees, and other items not previously listed. Please note that "miscellaneous" and "contingency" are not acceptable budget categories.*

Item	Basis / Method of Cost Computation	Grant Funds (a)	Cost Sharing (b)	Total (c)
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
<b>Subtotals</b>		\$	\$	\$
<b>8. Total Project Costs for Budget Period (Add subtotals of Items 1 through 7.)</b>		\$	\$	\$

**SECTION B**

**Summary Budget**

*Transfer from Section A the total costs (column C) for each category of project expense.*

	Grant Funds (a)	Cost Sharing (b)	Total Costs for Entire Grant Period
1. Salaries and Wages	\$	\$	\$
2. Fringe Benefits	\$	\$	\$
3. Consultant Fees	\$	\$	\$
4. Travel	\$	\$	\$
5. Supplies and Materials	\$	\$	\$
6. Services	\$	\$	\$
7. Other Costs	\$	\$	\$
<b>8. Total Project Costs (Items 1-7)</b>	\$	\$	\$

**Project Funding for the Entire Grant Period**

1. Indicate the amount of outright funds requested.

2. Indicate the amount of cash contributions that will be made by the applicant, as well as cash and in-kind contributions made by third parties to support project expenses that appear in the budget. Cash gifts that will be raised to release State matching funds should be included under "Third-party contributions." (Consult the program guidelines for information on cost sharing requirements.) When a project will generate income that will be used during the grant period to support expenses listed in the budget, indicate the amount of income that will be expended on budgeted project activities. Indicate the amount of actual or anticipated awards from other agencies for this project and this grant period only.

3. Total Project Funding should equal Total Project Costs.

**1. Grant Funds Requested**

Outright	<b>Total Funding</b>
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**2. Cost Sharing**

Applicant's Contributions	Third-Party Contributions	Project Income	Other Agencies	<b>Total Cost Sharing</b>
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**3. TOTAL PROJECT FUNDING (Total State Funding + Total Cost Sharing)**

\$