Total Project Budget:  
  
Title of Project:   
  
Institution:  
   
Project Duration:   
  
Primary Contact Name:   
  
Primary Contact Email:

|  |  |  |
| --- | --- | --- |
| **Sources of External Funds** | **Cost** | **Notes** |
| In-Kind contributions |  |  |
| Other External / Institutional Funding |  |  |
| **TOTAL** |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ALLOWABLE EXPENSES** | | **Cost** | | **Notes** |
| Facilitators/Consultants/Speakers |  | |  | |
| Statistical Consultants/IT or  Web Programmers |  | |  | |
| Software for Qualitative Analysis |  | |  | |
| Course Materials/Posters |  | |  | |
| Travel |  | |  | |
| Marketing |  | |  | |
| Food and Beverage |  | |  | |
| Other Expenses |  | |  | |
| **TOTAL EXPENSES** | |  | |  |

**Unallowable costs:** Indirect costs, computer hardware, alcohol, or institutional overhead costs.

**Limited costs (no more than 25 percent of total budget):** Travel costs; direct salary support *(Faculty and exempt staff salary should not be more than base hourly rates paid by the institution.)*