

MINIGRANT BUDGET FORM*

Personnel Cost		Minigrant	Other Sources	Department	Personal	Total
Student:	_____ hrs. @ \$ 0.00 /hr	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Fringe Benefits: 0% of student costs		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Other Personnel (identify): _____		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Fringe Benefits: 29% of Other Costs		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Total Personnel Costs		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Travel (indicate if <input checked="" type="radio"/> domestic or <input type="radio"/> foreign)		Minigrant	Other Sources	Department	Personal	Total
Airfare from	ELP to EWR	\$ 0.00	\$ 0.00	\$ 0.00	\$ 510.00	\$ 510.00
Fringe Benefits: 0% of student costs		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Per diem	10 days @ \$ 123.00 /day:	\$ 1,230.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 1,230.00
Mileage	_____ miles @ \$ 0.00 /mile:	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Total Travel Costs		\$ 1,230.00	\$ 0.00	\$ 0.00	\$ 510.00	\$ 1,740.00

Supplies (identify and give unit costs if know, use separate sheet if necessary)		Minigrant	Other Sources	Department	Personal	Total
_____ @	\$ 0.00 each	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
_____ @	\$ 0.00 each	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
_____ @	\$ 0.00 each	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
_____ @	\$ 0.00 each	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
_____ @	\$ 0.00 each	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
_____ @	\$ 0.00 each	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Total Supplies		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Other Cost		Minigrant	Other Sources	Department	Personal	Total
Registration Fee		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Telephone		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Freight		\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Postage	_____ units @ \$ 0.00 /unit	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Animal Care	_____ days @ \$ 0.00 /day	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Copier Costs	_____ copies @ \$ 0.00 /copy	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Machining	_____ hours @ \$ 0.00 /hour	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
Other (identify)	Rental Car	\$ 0.00	\$ 0.00	\$ 150.00	\$ 305.00	\$ 455.00
Total Other Costs		\$ 0.00	\$ 0.00	\$ 150.00	\$ 305.00	\$ 455.00

Total Project Costs	\$1,230.00	\$ 0.00	\$ 150.00	\$ 815.00	\$2,195.00
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* Indicate if cost share contribution is provided by other sources (i.e. other grants or startup costs), your department or from personal sources.

The budget form is official. The categories listed are costs you will include in your project. Please use this form, taking care that the detail clearly identifies your needs and breaks out any source of cost sharing. By submitting this budget you are indicating approval by you department head for the expenditures of any listed departmental funds.