

PROJECT BUDGET FORM

	A	B	C
	CITI REQUEST	OTHER FUNDING & IN-KIND CONTRIBUTIONS	TOTAL DIRECT EXPENSES
DIRECT EXPENSES			
Salaries & Wages			
Employee Benefits/ Payroll Taxes			
Consultants & Contract Services			
Supplies			
Telephone			
Postage & Shipping			
Occupancy			
Rent/Maintain Equipment			
Printing & Publications			
Conferences, Meetings			
Insurance			
Local Transportation			
Indirect Expense (max. allowable 10% of direct expenses)			
TOTAL EXPENSES	\$	\$	\$

1. Please include a separate budget narrative/justification for each line item for which funding is requested as an attachment to the project budget form.
2. Please note that columns A and B must total column C. Please check your math as errors will be taken into consideration during the proposal review process.