Budget Summary Worksheet

ORGANIZATION NAME:	
PROJECT TITLE:	
PROJECT DATES:	**September 21, 2016-August 31, 2017**

Instructions:

- Please complete the following tables to disclose costs related to your program.
- Please attach a separate document that provides grantee's description for each category listed.

PROGRAM EXPENDITURES:			**REQUESTED AMOUNT (LEAP)**	**REQUESTED AMOUNT (WESA)**	**GRANTEE MATCH***
Personnel Supported by Grant:	**Compensation/Month:**	**% Full Time or Part Time**			
1. **2.** **3**	**$** **$** **$**				
Equipment					
Supplies					
Printing/Copying Services					
Telephone/Fax					
Travel					
Postage/Delivery					
Consultants and Professional Fees					
Participant Support					
Indirect Costs (Cannot Exceed 8% of total grant allotment) **- Payroll Services** **- Rent/Utilities** **- Office support**					
Other ***(specify)***					
Other ***(specify)***					
TOTAL					

***Grantee Match**: Grantees must make financial sheets showing their match available upon request by the Department of Labor and Industry at any time during the fiscal year.