

State Sexual Risk Avoidance Education Grant Budget Summary

Applicant Name: _____

Budget Category	Amount Requested
A. Personnel	Click or tap here to enter text.
B. Fringe Benefits	Click or tap here to enter text.
Subtotal Personnel	Click or tap here to enter text.
C. Staff Travel	Click or tap here to enter text.
D. Training and Seminars	Click or tap here to enter text.
E. Equipment (\$1000 and under)	Click or tap here to enter text.
F. Equipment (Over \$1,000)	Click or tap here to enter text.
G. Consumable Office Supplies	Click or tap here to enter text.
H. Rent/Telephone/Utilities	Click or tap here to enter text.
I. Curricula/Educational Materials	Click or tap here to enter text.
J. Field Trips	Click or tap here to enter text.
K. Community Events	Click or tap here to enter text.
L. Background Screening	Click or tap here to enter text.
M. Insurance	Click or tap here to enter text.
N. Promotion and Marketing Materials	Click or tap here to enter text.
O. Media Advertising	Click or tap here to enter text.
P. Additional (with justification in narrative)	Click or tap here to enter text.
Subtotal Expenses	
TOTAL*	Click or tap here to enter text.

**Note: The budget summary total must not exceed the funding level amount requested as part of this application*