

**Proposition 39 RFA
 Form 1: Project Budget**

Applicant: _____

	Expense Item	Amount Requested	Amount Leveraged	Total	Source of Leveraged Funds	In Kind or Cash Match
1.	Staff					
a.	Salaries					
b.	Fringe Benefits % of Salaries					
2.	Staff Travel					
3.	Communications					
4.	Facilities Rent					
5.	Facilities Utilities					
6.	Facilities Maintenance					
7.	Office Supplies					
8.	Testing and Instructional Materials					
9.	Equipment Purchases					
10.	Equipment Leases/Use-Charge					
11.	Tools and Supplies					
12.	Support Services					
13.	Indirect Costs					
14.	Total Costs of Sub-Grant(s) to Other entity(ies) listed in Item 14 of Budget Detail					
15.	TOTAL					

