

# Project Budget Form

Rev. 5/31/16

**This form can be used to submit your initial application budget and any subsequent budget revisions.**

Detailed instructions for this form are available on our website at [www.arts.gov/manageaward](http://www.arts.gov/manageaward). Unless you are informed otherwise, you must match the NEA funds dollar for dollar.

- ✓ All costs included in this budget, whether paid for with NEA funds or your cost share, must be directly allocable to the project activity, allowable, and adequately documented per the [General Terms & Conditions for NEA Awards](#). Actual, allowable expenditures must be reported on all payment requests and financial reports.
- ✓ Only include costs expected to be incurred within the period of performance, which can begin no earlier than the earliest allowable start date noted in the guidelines for this NEA funding opportunity. Costs such as salaries, wages, fringe benefits, and administrative overhead may need to be pro-rated to reflect this period.
- ✓ Provide a detailed breakdown of any large line items.
- ✓ For equipment, clearly note items to be rented or leased versus those to be purchased. For purchases, you must provide specific written justification for items with a unit value of \$5,000 or more, and a useful life of more than one year.
- ✓ Do not include unallowable costs such as receptions/parties, alcoholic beverages, cash prizes, construction, visa fees paid to the U.S. Government, unspecified foreign travel, or miscellaneous. Unallowable costs cannot be supported with NEA funds OR with matching funds. Learn more about unallowable costs in the [How to Manage Your NEA Award Handbook](#).
- ✓ This budget cannot include overlapping project costs with any other Federal award, or include matching funds originating from a Federal source.

If you are revising your initial application, consider streamlining your project budget to help ease your administrative burden associated with managing a Federal award. See Project Description block below for more information.

IMPORTANT: All changes are subject to NEA approval.

**Applicants and Recommended Applicants:**

Return this form and additional pages (if necessary) as directed.

**Current Award Recipients:**

Submit this form to the Grants & Contracts Office at [grants@arts.gov](mailto:grants@arts.gov)

**Organization.** Provide your legal name and mailing address.

**Legal Name:**

**Address:**

Is This a New Address? ☐ Yes.

**Application/Award #**

**Project Budget Submission Date**

**Period of Performance Requested (MM/DD/YYYY)**

From

To

/ /

/ /

**Project Description.** Applicants: if this is your initial application budget provide a brief summary of your project. If you have provided narrative information in another format, you may attach that. If you are responding to a notification of recommended funding then describe any change(s) from your application, including changes in project activity. If there are no changes to the project scope, state that here. Current recipients requesting an amendment: review How To Manage Your NEA Award Handbook for more information. Attach additional pages as needed.

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**Authorizing Official.** Identify the person who has the legal authority to approve this budget on behalf of your organization.

**Name** (Last, First)

☐ Mr. ☐ Ms. ☐ Other \_\_\_\_\_

**Title**

**E-mail**

**Telephone** (    )    -

**Project Director.** Identify the person who can answer specific questions about this project.

**Name** (Last, First)

☐ Mr. ☐ Ms. ☐ Other \_\_\_\_\_

**Title**

**E-mail**

**Telephone** (    )    -

**Primary Contact.** Identify the person who can answer specific questions about this budget. If the same as either above, leave blank.

**Name** (Last, First)

☐ Mr. ☐ Ms. ☐ Other \_\_\_\_\_

**Title**

**E-mail**

**Telephone** (    )    -

## PROJECT COSTS

### A. DIRECT COSTS

**Salaries and Wages.** Include salaried employees. Pro-rate salaries to reflect only those incurred within the period of performance. (List artists, consultants, and contractors under Other Costs.)

Title/Type of personnel	# of personnel	Annual salary/range	% of time allocated	Amount
				<b>Total Salaries and Wages \$</b> _____
<b>Fringe Benefits (%)</b>				<b>Total Fringe Benefits \$</b> _____
				<b>Total Salaries, Wages, and Fringe Benefits \$</b> _____

**Travel.** Include transportation, lodging, and required subsistence during travel. Airfare charged to the award may not exceed the value of the least expensive class (e.g. coach) available. All foreign travel must be identified by country of origin/destination.

Travelers (name, role, or number of people)	Origin	Destination	Amount
			<b>Total Travel \$</b> _____

**Other COSTS.** Include all other direct project costs here and continuing on the next page, such as artist or consultant fees, marketing/promotion, supplies and materials, publications, distribution, access accommodations such as sign language interpretation or braille (no construction/renovation costs), shipping/cartage, rental of venues or equipment etc. If you are not claiming Indirect Costs below, you may also include a pro-rated portion of administrative overhead.

Item	Amount
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## Other COSTS (continued)

**Total Other COSTS \$** \_\_\_\_\_

**Total DIRECT COSTS** (Total Salaries, Wages, and Fringe Benefits + Total Travel + Total Other COSTS) **\$** \_\_\_\_\_

### B. INDIRECT COSTS. If applicable, include indirect costs as

- ☐ A de minimis rate, not to exceed 10% of modified total direct costs. See 2 CFR 200.414 (f) for eligibility.  
☐ Approved as part of a current Federally-negotiated Indirect Cost Rate Agreement (provide copy of agreement).

Cognizant Agency	Type	Rate (%)	Effective Period (From/To)	Base \$
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**Total INDIRECT COSTS** **\$** \_\_\_\_\_

**TOTAL PROJECT COSTS** (Total DIRECT COSTS + Total INDIRECT COSTS) **\$** \_\_\_\_\_

## PROJECT INCOME

**ORGANIZATION SHARE: CASH.** Include your organization's contributions, cash donations, non-Federal grants, and revenues such as ticket income or tuition fees. Federal funds subgranted from a state arts agency, regional arts organization, or local arts agency cannot be used as match.

Source	Amount
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**Total Cash \$** \_\_\_\_\_

**THIRD-PARTY IN-KIND.** Include goods or services provided by individuals/entities outside of your organization (third-party contributions). All items listed here must correspond directly to a project cost line item to determine allowability.

Item and Source	Fair Market Value
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**Total In-Kind \$** \_\_\_\_\_

**Total Recipient Share for this Project \$** \_\_\_\_\_

**NEA AMOUNT** **\$** \_\_\_\_\_

**TOTAL PROJECT INCOME** (RECIPIENT SHARE + NEA AMOUNT) **\$** \_\_\_\_\_