

Appendix B: New York State Pollution Prevention Institute Community Grants Program Budget Page

Category	Total Budget
Personnel	\$0.00
Benefits	\$0.00
Materials/Supplies	\$0.00
Travel	\$0.00
Other Direct Costs	\$0.00
Indirect Costs	\$0.00
Total Budget	\$0.00

Personnel	Time Period	Effort (%)	Salary*	Expense
Name A				\$0.00
Name B				\$0.00
Name C				\$0.00
Name D				\$0.00
Total Salary				\$0.00

* Salary represents individual's total salary over the time period noted above.

Benefits	Rate (%)	Personnel	Expense
		\$0.00	\$0.00
Total Benefits			\$0.00

Materials/Supplies	Qty	Unit Cost	Ext. Cost
Supply A			\$0.00
Supply B			\$0.00
Supply C			\$0.00
Supply D			\$0.00
Total Materials/Supplies			\$0.00

Travel	Location	# People	# Trips	Cost/Trip	Ext. Cost
	Location A				\$0.00
	Location B				\$0.00
	Location C				\$0.00
	Location D				\$0.00
Total Travel					\$0.00

Other Direct Costs	Qty	Unit Cost	Ext. Cost
ODC A			\$0.00
ODC B			\$0.00
ODC C			\$0.00
ODC D			\$0.00
Total Materials/Supplies			\$0.00

Indirect Costs	Rate	Direct Costs	Expense
	5%	\$0.00	\$0.00
Total Indirect Costs			\$0.00

Total Project Cost **\$0.00**

* Please include a brief description and justification of expenses on the following page