

Revision for Grant Project Number:

Date:

BUDGET SUMMARY FORM

BUDGET CATEGORY	CURRENT APPROVED BUDGET	PROPOSED REVISION
PERSONNEL: (LIST EACH POSITION TO BE FUNDED) A. _____ N or E B. _____ N or E C. _____ N or E D. _____ N or E SUBTOTAL		
FRINGE BENEFITS: A. FICA B. Unemployment Insurance C. Health Insurance D. Other (Specify) _____ SUBTOTAL		
TRAVEL: A. Local Transportation B. Other (Specify) _____ SUBTOTAL		
SUPPLIES AND COMMUNICATIONS: A. Supplies (Specify in budget narrative) B. Telephone Expense C. Postage D. Printing SUBTOTAL		
FACILITY COSTS: A. Rent B. Utilities C. Other (Specify) _____ SUBTOTAL		
EQUIPMENT: A. Equipment/Other Fixed Assets B. Equipment Repair & Maintenance C. Furniture SUBTOTAL		
CONTRACTUAL SERVICES: A. _____ B. _____ C. _____ SUBTOTAL		
OTHER: A. Direct Assistance to Victims (Specify in budget narrative) B. Training Costs (Specify in budget narrative) C. _____ SUBTOTAL		
TOTAL REQUEST:		

Signature of Authorized Agency Representative