

Maryland Developmental Disabilities Council
Proposed Budget - One-Time-Only Grant Project

Name of individual/Family/Organization: _____

Project Title: _____

Project Completion Date: _____

Federal Identification # or SS #: _____

	Project Expenses		Total Budget
	DDC Funds	Other Sources	
Salaries			\$0.00
Fringe			\$0.00
Supplies & Materials			\$0.00
Printing			\$0.00
Registration			\$0.00
Travel			\$0.00
Lodging			\$0.00
Meals			\$0.00
Other Specify: _____			\$0.00
Other Specify: _____			\$0.00
Other Specify: _____			\$0.00
Total Expenses	\$0.00	\$0.00	\$0.00

	Project Income		
DD Council - Grant	\$0.00		
Other Sources (Specify): _____	\$0.00		
Fees	\$0.00		
Total Project Income	\$0.00	Amount Requested from DD Council:	\$0.00

Authorized Signature: _____

Title: _____ Date: _____