

Maryland Developmental Disabilities Council
SMALL GRANT PROPOSAL – BUDGET

Name of Individual/Organization: _____ Date: _____

Project Title: _____ Federal ID #: _____

<u>Project Expenses</u>¹	<u>Total Expenses</u>²	<u>Council Funds</u>³	<u>Other Sources of funds</u>⁴	<u>Source</u>⁵
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
TOTALS:	_____	_____	_____	_____

¹ List all project-related expenses. **On a separate page, provide a brief explanation and justification for each expense.**

² This is the total cost for each project-related expense. Provide amounts for each expense.

³ This is the amount of funds, if any, you are requesting from the Council to help cover an expense.

⁴ This is the amount of funds you have obtained (or are applying for) from sources other than the Council, including what you/your organization will be contributing.

⁵ List the “other” source of funds noted in the third column.