

**Maryland Developmental Disabilities Council**  
**SMALL GRANT PROPOSAL – BUDGET**

Name of Individual/Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Project Title: \_\_\_\_\_

<b><u>Project Expenses<sup>1</sup></u></b>	<b><u>Total Expenses<sup>2</sup></u></b>	<b><u>Council Funds<sup>3</sup></u></b>	<b><u>Match Funds<sup>4</sup></u></b>	<b><u>Match In-Kind<sup>5</sup></u></b>	<b><u>Source<sup>6</sup></u></b>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
<b>TOTALS:</b>	_____	_____	_____	_____	_____

<sup>1</sup> List all project-related expenses. **On a separate page, provide a brief explanation and justification for each expense, including how you arrived at the amounts.** If you are requesting funding for food and/or beverages, the justification must explain why this is an integral and necessary part of the grant. See the Small Grant Policy for restrictions.

<sup>2</sup> This is the total cost for each grant-related expense. Provide amounts for each expense.

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

<sup>4</sup> This is the amount of non-federal funds you are contributing to grant costs or the amount of non-federal funds you have obtained from other sources and/or have applied for from other sources. ***The total match (funds + in-kind) must total 25% or more of the total project expenses (10% if the activities are solely in Baltimore City or Somerset County). See the Council's "How to Calculate Match" guidance on our website.***

<sup>5</sup> This is the value of different costs you or others are contributing such as volunteer time, donated meeting space, and donated supplies. MD volunteer time is valued at \$27.50/hour.

<sup>6</sup> List the source of funds noted in two Match columns.