

**Maryland Developmental Disabilities Council
Small Grant Budget**

Individual/Organization:

Date:

Project/Training Title:

Expenses**	Council Funds	+	Your Match	=	Total Cost
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Totals:

- Expenses: Expenses related to the project or training.
- Council Funds: The amount of funding you are requesting from the Council.
- Your Match: What you or others will contribute. See “Match Instructions” on our website for information about what is required and how to meet the requirements. You do not have to provide a match for every expense. Matching funds cannot be from federal sources.
- Total Cost: Council Funds + Your Match

****Provide more details about your budget expenses on the next page. This is required.**

Check here to confirm that none of the matching funds are from federal sources.

Budget Explanation

Individual/Organization:

Project/Training Title:

Expense: List each expense that is in your budget. Briefly describe.

Council Funding: Show how you calculated the amounts you are requesting from the Council.

Match: Show how you calculated your match AND what the source of the match is. See “Match Instructions.”

If you have questions, contact: Shawan Pearson at info@md-council.org or 410-767-6249.

Expense 1:

Council Funding:

Match:

Expense 2:

Council Funding:

Match:

Expense 3:

Council Funding:

Match:

Expense 4:

Council Funding:

Match:

Expense 5:

Council Funding:

Match:

Expense 6:

Council Funding:

Match:

Expense 7:

Council Funding:

Match: