

**Maryland Developmental Disabilities Council
Small Grant Budget**

Individual/Organization: _____ Date: _____

Project/Training Title: _____

Expenses**	Council Funds	+	Your Match	=	Total Cost
_____	_____		_____		_____
_____	_____		_____		_____
_____	_____		_____		_____
_____	_____		_____		_____
_____	_____		_____		_____
_____	_____		_____		_____
	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 the Council at info@md-council.org or 410-767-3670.

Expense:

Council Funding:

Match:

Expense:

Council Funding:

Match:

Expense:

Council Funding:

Match:

Expense:

Council Funding:

Match:

Expense:

Council Funding:

Match:

Expense:

Council Funding:

Match: