

**March of Dimes  
Chapter Community Grants Program  
BUDGET FORM**



Check One: [ ] Application [ ] Progress Report  
 Applicant Name:  
 Project Title:

Grant Period From: mm/dd/yy To: mm/dd/yy

<b>BUDGET</b> (see application guidelines for an explanation of allowable/not allowable expenses)	<b>APPLICATION</b> Total Budget	<b>EXPENDED</b> (Progress Rpts Only)
<b>A. Salaries</b> (include name, position, and FTE)		
<b>Sub-total A</b>	<b>\$0</b>	<b>\$0</b>
<b>B. Expendable Supplies</b>		
<b>Sub-total B</b>	<b>\$0</b>	<b>\$0</b>
<b>C. Equipment</b>		
<b>Sub-total C</b>	<b>\$0</b>	<b>\$0</b>
<b>D. Other Expenses/Fees</b>		
<b>Sub-total D</b>	<b>\$0</b>	<b>\$0</b>
<b>TOTAL COSTS (Sub-total A+B+C+D)</b>	<b>\$0</b>	<b>\$0</b>
<b>Indirect Costs 10%</b> (only for proposals \$25,000 or over)		
<b>TOTAL AMOUNT REQUESTED</b>	<b>\$0</b>	<b>\$0</b>

\_\_\_\_\_  
 Signature - Executive Director      Date

\_\_\_\_\_  
 Signature - Director of Operations      Date

*Please Check Budget Totals*