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| |  |  |  |  | | --- | --- | --- | --- | | **Mini Grant Budget** | | | | | **Grantee Name:** |  | | | | **Program Contact:** |  | **Financial Contact:** |  | | **Telephone:** |  | **Telephone:** |  | | **Mailing Address:** |  | **Tax ID:** |  | | **BUDGET** | **DESCRIPTION OF EXPENSES** | **UNIT** | **TOTAL** | | **CATEGORIES** | **PRICE** | **BUDGET** | | **Consultants** |  |  | **-** | |  |  | |  |  | |  |  | |  |  | | **Project Expenses** |  |  | **-** | |  |  | |  |  | |  |  | |  |  | | **Travel & Meeting Expenses** |  |  |  | |  |  | |  |  | |  |  | | **(.42 per mile & do not exceed 10% of Overall Budget)** |  | | **M & O / Supplies** |  |  |  | |  |  | |  |  | |  |  | |  |  | | **Other** |  |  |  | |  |  | |  |  | |  |  | | **(Use this category for costs that don't fit into any of the other categories and are not part of your direct costs. Items in this category should be limited.)** |  | | **Total Mini Grant Budget** | | | **-** | | |