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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** |  |   |  **-**  |
|   |   |
|   |   |
|   |   |
|   |   |
| **ProjectExpenses** |   |   |  **-**  |
|   |   |
|   |   |
|   |   |
|   |   |
| **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** |  **-**  |
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