Applicant:	
Project Name:	

Line Item	Expense Item	ERiCA Grant Funds	Amount Leveraged (Optional)	Total Project Budget	Source of Leveraged Funds (Optional)	In-Kind/ Cash (Optional)
Α.	Staff Salaries			\$0.00		□In-Kind □Cash
В.	Number of full-time equivalents					
C.	Staff Benefit Cost			\$0.00		□In-Kind □Cash
D.	Staff Benefit Rate (percent)					
E.	Staff Travel			\$0.00		□In-Kind □Cash
F.	Operating Expenses			\$0.00		□In-Kind □Cash
G.	Furniture and Equipment					
1.	Small Purchase (unit cost of under \$5,000)			\$0.00		□In-Kind □Cash
2.	Large Purchase (unit cost of over \$5,000)			\$0.00		□In-Kind □Cash
3.	Equipment Lease			\$0.00		□In-Kind □Cash
Η.	Childcare stipends			\$0.00		□In-Kind □Cash
I.	Other childcare related costs			\$0.00		□In-Kind □Cash
J.	Outreach and community building costs			\$0.00		□In-Kind □Cash
K.	Participant Support Services			\$0.00		□In-Kind □Cash
L.	Contractual Services			\$0.00		□In-Kind □Cash
M.	Indirect Costs*(complete items 1 and 2 below – Indirect Costs and Grant Award)			\$0.00		□In-Kind □Cash

Line Item	Expense Item	ERiCA Grant Funds	Amount Leveraged (Optional)	Total Project Budget	Source of Leveraged Funds (Optional)	In-Kind/ Cash (Optional)
N.	Other (describe):			\$0.00		□In-Kind □Cash
0.	TOTAL FUNDING	\$ 0.00	\$ 0.00	\$ 0.00		
					Total Award	\$ 0.00
					1. Indirect Costs	\$
					2. Grant Award	\$

* A maximum of 15% of the total project budget will be allowed for indirect costs.