

Exhibit E – Budget Summary

Organization Name:
Proposal Title:
Grant Type:

Line Item	Expense Item	COYA Grant Funds	Amount Leveraged (Optional)	Total Project Budget	Source of Leveraged Funds (Optional)	In-Kind/ Cash (Optional)
A.	Staff Salaries			\$0.00		<input type="checkbox"/> In-Kind <input type="checkbox"/> Cash
B.	Number of full-time equivalents					
C.	Staff Benefit Cost			\$0.00		<input type="checkbox"/> In-Kind <input type="checkbox"/> Cash
D.	Staff Benefit Rate (percent)					
E.	Staff Travel			\$0.00		<input type="checkbox"/> In-Kind <input type="checkbox"/> Cash
F.	Operating Expenses			\$0.00		<input type="checkbox"/> In-Kind <input type="checkbox"/> Cash
G.	Furniture and Equipment					
1.	Small Purchase (unit cost of under \$5,000)			\$0.00		<input type="checkbox"/> In-Kind <input type="checkbox"/> Cash
2.	Large Purchase (unit cost of over \$5,000)			\$0.00		<input type="checkbox"/> In-Kind <input type="checkbox"/> Cash
3.	Equipment Lease			\$0.00		<input type="checkbox"/> In-Kind <input type="checkbox"/> Cash
H.	Educational stipends			\$0.00		<input type="checkbox"/> In-Kind <input type="checkbox"/> Cash
I.	Employer Incentives			\$0.00		<input type="checkbox"/> In-Kind <input type="checkbox"/> Cash
J.	Instructional Costs			\$0.00		<input type="checkbox"/> In-Kind <input type="checkbox"/> Cash
K.	Participant Support Services			\$0.00		<input type="checkbox"/> In-Kind <input type="checkbox"/> Cash
L.	Contractual Services			\$0.00		<input type="checkbox"/> In-Kind <input type="checkbox"/> Cash

Line Item	Expense Item	COYA Grant Funds	Amount Leveraged (Optional)	Total Project Budget	Source of Leveraged Funds (Optional)	In-Kind/ Cash (Optional)
M.	Administrative *			\$0.00		<input type="checkbox"/> In-Kind <input type="checkbox"/> Cash
N.	Other (describe):			\$0.00		<input type="checkbox"/> In-Kind <input type="checkbox"/> Cash
O.	TOTAL FUNDING	\$ 0.00	\$ 0.00	\$ 0.00		
					Total Award	\$ 0.00

* A maximum of 10% of the total project budget will be allowed for administrative costs.