Applicant:

Project Name:

| **Line Item** | **Expense Item** | **SAEEI Grant Percent Funds** | **Amount Leveraged (Optional)** | **Total Project Budget** | **Source of Leveraged Funds**  **(Optional)** | **In-Kind/ Cash**  **(Optional)** |
| --- | --- | --- | --- | --- | --- | --- |
| A. | Staff Salaries |  |  | $0.00 |  | In-Kind Cash |
| B. | 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 |
| H. | Consumable Testing and Instructional Materials |  |  | $0.00 |  | In-Kind Cash |
| I. | Tuition Payments/Vouchers |  |  | $0.00 |  | In-Kind Cash |
| J. | On-The-Job Training |  |  | $0.00 |  | In-Kind Cash |
| K. | Participant Support Services |  |  | $0.00 |  | In-Kind Cash |
| L. | Contractual Services (Exhibit G, complete if applicable) |  |  | $0.00 |  | In-Kind Cash |
| M. | Indirect Costs\*(complete items 1 and 2 below – Administraitive Costs and Program Costs) |  |  | $0.00 |  | In-Kind Cash |
| N. | Other (describe): |  |  | $0.00 |  | In-Kind Cash |
| O. | **TOTAL FUNDING\*\*** | $ 0.00 | $ 0.00 | $ 0.00 |  |  |
|  |  |  |  |  | **Total Award** | $ 0.00 |
|  |  |  |  |  | Administrative Costs | $ |
|  |  |  |  |  | Program Costs | $ |

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

The definition of administrative costs is provided in Appendix B of the SFP.

|  |  |
| --- | --- |
| **STATE USE ONLY** | **EXHIBIT F** |
| Subgrant Number |  |
| Grant Code |  |
| Initial Plan |  |
| Modification Date |  |
| Subrecipient Code |  |