Attachment 5
Sample Detailed Budget

DETAILED BUDGET
Term: October 1, 20__ to October 1, 20__

A. Salaries (contractor's staff only; include more rows if applicable)

	Salary	percent of time	# months	Amount	
Position #1 (include staff name if known)	$x,xxx	xx%	xx	$xx,xxx	
Position #2	$x,xxx	xx%	xx	$xx,xxx	
Position #3	$x,xxx	xx%	xx	$xx,xxx	
Total Salaries					$_____

B. Fringe Benefits $_____

C. Operating Expenses (include more rows if applicable)

General expense	$xx,xxx	
Incentives	$xx,xxx	
Facilities Operations	$xx,xxx	
Total Operating Expenses		$_____

D. Equipment $_____
Itemize

E. Travel and Per Diem $_____

F. Subcontractors

Subcontract #1 (include detail budget)	$xx,xxx	
Subcontract #2 (include detail budget)	$xx,xxx	
Total subcontractors		$_____

G. Other Costs $_____
Itemize

H. Indirect Costs $_____
(limited to 15% of the total of A. Personnel plus B. Fringe Benefits)

Total Budget $