

**NEA Application**  
**Project Budget, Page 1 of 2**

Read the  
 instructions for  
 this form before  
 you start.

OMB No. 3135-0112  
 Expires 11/30/2016

Applicant (official IRS name): \_\_\_\_\_

**INCOME**

1. Amount requested from the Arts Endowment: \$ \_\_\_\_\_

2. Total match for this project Be as specific as possible. Asterisk (\*) those funds that are committed or secured.

**Cash** (Refers to the cash donations, grants, and revenues that are expected or received for this project) AMOUNT

Total cash a. \$ \_\_\_\_\_

**In-kind: Donated space, supplies, volunteer services** (These same items also must be listed as direct costs under "Expenses" below or in Page 2 of the Project Budget form; identify sources)

Total donations b. \$ \_\_\_\_\_

Total match for this project (2a. cash + 2b. donations) \$ \_\_\_\_\_

3. Total project income (1 + 2) \$ \_\_\_\_\_

**EXPENSES**

1. Direct costs: Salaries and wages

| TITLE AND/OR TYPE OF PERSONNEL | NUMBER OF PERSONNEL | ANNUAL OR AVERAGE SALARY RANGE | % OF TIME DEVOTED TO THIS PROJECT | AMOUNT |
|--------------------------------|---------------------|--------------------------------|-----------------------------------|--------|
|                                |                     |                                |                                   |        |
|                                |                     |                                |                                   |        |
|                                |                     |                                |                                   |        |
|                                |                     |                                |                                   |        |
|                                |                     |                                |                                   |        |
|                                |                     |                                |                                   |        |
|                                |                     |                                |                                   |        |
|                                |                     |                                |                                   |        |
|                                |                     |                                |                                   |        |

Total salaries and wages a. \$ \_\_\_\_\_

Fringe benefits Total fringe benefits b. \$ \_\_\_\_\_

Total salaries, wages, and fringe benefits (a. + b.) \$ \_\_\_\_\_

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**EXPENSES, CONTINUED**

**2. Direct costs: Travel** (Include subsistence)

| # OF TRAVELERS         | FROM | TO | AMOUNT |
|------------------------|------|----|--------|
|                        |      |    |        |
| <b>Total travel \$</b> |      |    | _____  |

**3. Direct costs: Other expenses** (Include consultant and artist fees, contractual services, promotion, acquisition fees, rights, evaluation and assessment fees, access accommodations, telephone, photocopying, postage, supplies and materials, publication, distribution, translation, transportation of items other than personnel, rental of space or equipment, and other project-specific costs)

AMOUNT

**Total other expenses \$** \_\_\_\_\_

**4. Total direct costs** (1. from Project Budget, Page 1 +2.+3.) \$ \_\_\_\_\_

**5. Indirect costs** (if applicable)

Federal Agency: \_\_\_\_\_ Rate (.0000) x Base = \$ \_\_\_\_\_

**6. Total project costs** (4.+5.) \$ \_\_\_\_\_  
 Must equal total project income (3. From Project Budget, Page 1)