



## PFC Awards Program Project Funding and Budget Information Form

**Project Funding: Have you received or applied for support for all or part of this project from any other agency?**

No

Yes

Source: \_\_\_\_\_ Amount: \_\_\_\_\_

**How many months does your budget cover?**

**Paid Personnel (includes temporary, contracted and consultants)**

Name (Position/Title)	Time Allocated to Project	Annual Salary/Benefits	Estimated Expenditures	
<b>Paid Personnel Sub-Total</b>				<b>\$</b>

**Travel Expenses (field travel)**

Location and Reason	Total Expenditures	
<b>Travel Sub-Total</b>		<b>\$</b>

Equipment Expenses			
Type & Quantity	Cost	Estimated Expenditures	
<b>Equipment Sub-Total</b>			<b>\$</b>
Supply Expenses			
Type & Quantity	Cost	Estimated Expenditures	
<b>Supplies Sub-Total</b>			<b>\$</b>
<b>Total Funds Requested</b>			<b>\$</b>
Justification for the Budget			