**BUDGET WORKSHEET AND JUSTIFICATION (2017)**

**MLK Day of Service “HBCU Spread the Service” Mini Grant Competition**

**2017 Sub Grantee Information and Budget**

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| **Instructions: Please complete the budget worksheet in its entirety. Once it’s completed save the file and make sure it’s accessible for uploading.**  |

|  |  |
| --- | --- |
| 1. Program Name: | MLK Day of Service “Spread the Service” Mini Grant Competition |
| 2. Lead Agency: | TENNESSEE STATE UNIVERSITYCenter for Service Learning and Civic Engagement |
| 3. Sub Grantee Period: |  | Mini Grant $Funding Request |
| 4. College/University Name |  | College/UniversityEIN Number:DUNS Number: |
| 5. Address |  |
| 6. City/Zip Code: |  | Total Number of Sites: (Est.) |
| 7. President orAuthorized Representative |  |
| 8. (If Different) |  |
| 9. (Area Code) Phone No. |  |
| 10. (Area Code) Phone No |  |
| 11. Budget Director/ Fiscal Officer |   |
| 12. Proposed State: (Select One.) |
| Alabama\_\_ Arkansas\_\_ Georgia\_\_ Florida\_\_ Kentucky\_\_ Louisiana\_\_ North Carolina\_\_ South Carolina\_\_ Tennessee\_\_ Texas\_\_ Virginia\_\_ Virgin Islands \_\_  |
| 13. HBCU Status (Check one) |
|  Private (4-year)\_\_\_\_ Public/State (4-year) \_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Private (2-year) \_\_\_\_ Public/State (2-year) \_\_\_\_ |
| 1. Focus Area(s): (Applicants must Check capacity building and at least one additional focus area):

 \_\_ Disaster Preparedness & Service \_\_ Economic Development \_\_ Education \_\_ Capacity Building |
| 1. Scope of Work: (Briefly describe MLK Day of Service activities including the number of volunteers to be reached, partners engaged, and number community members to be served/reached)
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**BUDGET FORM (2017)**

**APPLICABLE PERIOD: The Mini Grant budget line-item amounts below shall be applicable only to expense incurred during the period beginning November 15, 2016, and ending August 31, 2017.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Expense Object Line-item Category** | **Grant Contribution** | **Sub Grantee****Match** | **TOTAL AMOUNT** |
|  | **Section I Support Expenses** |  |  |  |
|  | Personnel Expenses (Salaries) |  |  |  |
|  | Fringe Benefits & Taxes |  |  |  |
|  | Travel |  |  |  |
|  | Equipment |  |  |  |
|  | Supplies |  |  |  |
|  | Contractual and Consultant Services |  |  |  |
|  | Other Support Costs |  |  |  |
|  | **Section II**  |  |  |  |
|  | Indirect Costs |  |  |  |
|  | **Section III** |  |  |  |
|  | Volunteer Costs |  |  |  |
|  | Other  |  |  |  |
|  | **Grand Total** |  |  |  |

**BUDGET FORM (2017)**