

EXHIBIT B
PROJECT BUDGET

GRANTEE NAME:

GRANTEE ADDRESS:

Please fill this form out for the initial submission of your grant agreement and for each subsequent reimbursement request and project update.

Budget Line Item	Description of Expenses:	Expenditure Amount	Budget
Labor Costs:			
Design and Architecture:			
Permits:			
Materials/Supplies:			
Equipment Rental/Purchase:			
Insurance Costs:			
Other:			
TOTAL:			

Grantee Initials: _____