

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:	Expected Cost
Labor Costs:		
Design and Architecture:		
Permits:		
Materials/Supplies:		
Equipment Rental/Purchase:		
Insurance Costs:		
Other:		
TOTAL:		

Grantee Initials: _____

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