

Miami Beach Rising Above Grant Budget Form

Name			
Organization			
Project			
A. Materials/Supplies	Item	Cost per Unit	Amount
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
<i>Subtotal</i>			
B. Equipment	Item	Cost per Unit	Amount
1			
2			
3			
4			
5			
<i>Subtotal</i>			
C. Travel	Item	Cost per Unit	Amount
1			
2			
3			
4			
5			
<i>Subtotal</i>			
D. Personnel	Item/Person	Cost per Unit	Amount
1			
2			
3			
4			
5			
<i>Subtotal</i>			
E. Other	Item	Cost per Unit	Amount
1			
2			
3			
4			
5			
<i>Subtotal</i>			
Total Budget			