

# MT GLCI Demonstration Project / Educational Mini-Grant Application

## Budget Form

Project Title: \_\_\_\_\_

| Expenditure Category            | Requested GLCI Funds | Matching Funds | In Kind | Total |
|---------------------------------|----------------------|----------------|---------|-------|
| Speaker/Consultant Services     |                      |                |         |       |
| Speaker/Consultant Travel       |                      |                |         |       |
| Materials & Supplies            |                      |                |         |       |
|                                 |                      |                |         |       |
|                                 |                      |                |         |       |
|                                 |                      |                |         |       |
| Lab Testing/Scientific Analysis |                      |                |         |       |
|                                 |                      |                |         |       |
| Salaries & Wages                |                      |                |         |       |
| Equipment                       |                      |                |         |       |
|                                 |                      |                |         |       |
| Other (Please Specify)          |                      |                |         |       |
|                                 |                      |                |         |       |
|                                 |                      |                |         |       |
|                                 |                      |                |         |       |
| <b>Total</b>                    |                      |                |         |       |

\*see below for definitions of expenditures

- 1. Other Funding Sources:** List any other fund sources, grants or applications, public or private that are considered matching funds for this proposal. Include description, source, type, and dollar amount provided or awarded or requested. Provide a description of any source that is already committed to full funding of the project. Explain how any other funding sources will augment or match, but not duplicate Montana GLCI funds.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 2.** If you are not funded at 100% of your request for funding from the Montana GLCI, will this project still move forward? \_\_\_\_\_

**Explanation of Budget and Costs:** Describe the basis for the budget amounts listed in the table above, as necessary. Also explain which tasks could be accomplished with partial funding or whether the project could be phased over multiple grant funding cycles.

**Speaker/Consultant Services:** Refers to the expense that is charged by the speaker to attend the event and do a presentation.

**Speaker/Consultant Travel:** Refers to the expenses incurred getting to and from the event, which include mileage, meals, per diem, and lodging, registration cost to attend, if not provided.

**Materials and Supplies:** Defined as consumable items that are normally used up during the course of the project. Examples of Materials and Supplies: Direct mail/postage (purchased solely for the project); office supplies (purchased solely for the project); grass seed, trees, shrub and plants; printing costs (to include advertising and promotional materials).

**Lab Testing/Scientific Analysis:** Refers to the expenses incurred for soil testing, animal nutrition analysis etc. and associated postal expenses.

**Salaries, Wages and Benefits:** Not funded by this grant, but should be noted for the purposes of matching funds, if applicable.

**Equipment:** Not funded by this grant but should be noted for the purposes of matching funds, if applicable.

**Food and Snacks are not funded by this grant. Registration fees should cover these expenses.**