

PROJECT TITLE	APPLICANT

BUDGET DETAIL

PLEASE COMPLETE PROJECT WORKSHEET(S) PRIOR TO COMPLETING THIS PAGE.

(A) PERSONAL SERVICES

Total Estimated Wages (Sum of all worksheets)	(1)	\$ _____
Overtime Fringe Benefit Rate @ _____._____% Multiply this rate (if applicable) times the Total Estimated Wages	(2)	\$ _____
Add Total Estimated Wages and Fringe Benefit Costs for Grand Total Amount	(3)	\$ _____
Please round up the Grand Total Amount to the next highest \$100.00 (i.e. \$1,852.11 to \$1,900.00)	(4)	\$ _____