Accessibility Project Grant 2019 Budget

Name of Organization	
Name of Project	
Requested Amount ($) (A)*	

Project Expenses: DABC Funding Only (MANDATORY)

Expenses	Details	Total ($)
Salaries (including FTE #, hourly rate, working hours; duration)		
Benefits		
Contract fees		
Project supplies		
Meeting and travel costs		
Administration fee (maximum 10%)		
Other (specify)		
Total (B) *		

*A and B should be the same amount

* Project Revenue Sources: Other than DABC (IF APPLICABLE):

Internal (From your orgainzation)	Details	Revenue ($)
Donations		
In-kind donations		
Partner organizations		
Total (C)		

External	Details	Revenue ($)
Government (be specific)		
Others (be specific)		
Total (D)		

* Providing full details of the project budget, including revenue sources other than DABC, is optional. Please submit a separate spreadsheet in addition to this mandatory template if needed. (Maximum one page)

Total Project Budget (all revenue sources including grant from DABC: A+C+D)	