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 detail of project budget, including expenses from the Revenue Source other than DABC is Optional. Please submit your own spreadsheet beside this mandatory template in needed. (Maximum one page)

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