

## ATTACHMENT B: Grant Budget Proposal

Applicant Name: \_\_\_\_\_

### Overall, One-Time Figures (100%)

	AMOUNT REQUESTED
<b>Non-Personnel</b>	
1) Wheelchair Vans	
2) Wheelchair Lifts	
*****	*****
Total Project Costs (100%) (1+2)	

**Non-Personnel Budget Equipment Detail Sheet**

Applicant Name: \_\_\_\_\_

Item Description	Quantity (a)	Estimate (100%) Cost Per Item (b)	Total (100%) Cost (a x b)	% Assigned to Project	Total Funds Requested
TOTAL					

List non-expendable personal property that has an acquisition of \$50.00 or more.

NOTE: Use additional sheets as needed. (Number each additional page.)

**Grant Budget Narrative**

Submit detailed narrative justification for each equipment item and how it will be used to achieve objectives of the project in accordance with Section III.B of the RFF main document.