

SUMMARY BUDGET FOR THE FUNDING PERIOD NOVEMBER 1 THROUGH OCTOBER 31

For each budget category shown below, please list the total anticipated expenditure of NEH outright funds, NEH federal matching funds, and cash cost sharing (including the gifts that will be certified to NEH for matching). **Do not include 1) We the People grant funds or other NEH grant funds, 2) third party in-kind contributions or 3) carry-over funds from a prior funding period on this budget form.** For regrants only, please itemize the amount budgeted for each of the three funding types. (A single red asterisk indicates required fields; for each, enter a numeric value or zero.)

If you do not use the budget categories below in your organizational budget, you may cross out these categories and replace them with the ones your council uses, or you may redo this form. However, the regrant expenditures must be itemized as shown below and the Executive Director must sign the summary budget.

General Management	\$ _____	*
Program Services	\$ _____	*
Fund Raising	\$ _____	*
Public Meetings	\$ _____	*
Council-Conducted Projects	\$ _____	*
Regrants: A) NEH Outright Funds	\$ _____	*
B) NEH Federal Matching Funds	\$ _____	*
C) Cash Cost Sharing	\$ _____	*
(Regrants total = A + B + C)	\$ _____	
Other (Please itemize in the space below; enter total in the field at right)...	\$ _____	*

TOTAL COSTS**\$ _____

****The Total Costs amount may not be less than the sum of the outright and federal matching funds offered plus the gifts that will be certified to NEH to release the federal matching funds.**

Council name

Grant ID number

Signature of Executive Director

Date

THIS SUMMARY BUDGET SHOULD COMPLETED, SIGNED, SCANNED AND EMAILED TO ROBERT STRAUGHTER IN THE NEH OFFICE OF GRANT MANAGEMENT, EMAIL ADDRESS: RSTRAUGHTER@NEH.GOV; OR FAXED TO (202) 606-8633.