EXHIBIT B ODOT GRANT BUDGET AND COST SHARING

Proj	ect No.:					Project Period:		-			
Project Name:							(From)	(To)		_	
Age	ncy:								(Office Use	e Only)	
								Grant Adjus	tment #	:	
								Grant Adjust. Effect	ve Date		
	form should include all budget information. If	additional info	ormation is	required	for clarity, please include on	a separate page		Project Yr. (1-2-3, O	ngoing):		
refe	rencing appropriate budget item.										
							TSO FUNDS	MATCH		TOTAL	
1.	Personnel Costs*										
	A. Staff assigned and estimated hours:		Hours		Rate	Total Cost					
				@ \$	- /hr = \$	_					
				@ \$	- /hr = \$						
				@ \$	- /hr = \$						
	-			@ \$	- /hr = \$	_					
	-			@ \$	- /hr = \$						
	-			@ \$	- /hr = \$						
					Staff Subtotal \$						
	B. Overtime		Hours		Rate	Total Cost					
	D. OTOLIMO		110410	@ \$	- /hr = \$	-					
	-	-		@ \$	- /hr = \$	_					
	-	-		Θ_Ψ	Overtime Subtotal \$	_					
	C. Volunteer Time		Hours		Rate	Total Cost					
	C. Volunteel Time			@ \$	- /hr = \$	- Total Cost					
				@ \$	- /hr = \$						
				<u>Ψ</u>	Volunteer Subtotal \$						
					Volunteer Jubiotal \$						
•	Development Development		luit Coot		# of Unito	Total Coat					
۷.	Personnel Benefits		Jnit Cost		# of Units	Total Cost					
	A. B.	\$ \$			= <u>\$</u> = \$	-					
	Б.	φ		<u></u>	Benefits Subtotal \$	-					
					Delients Subtotal 3				-		
•	Farriament		luit Coot		# of Unito	Total Coat					
3.	Equipment		Jnit Cost	0	# of Units	Total Cost					
	A.	\$ \$			= \$						
	B.				= \$	<u> </u>					
	<u>C.</u>	\$		@	= \$ = \$	<u> </u>					
	D.	\$		@							
					Equipment Subtotal \$						
4.	Materials/Printing		Jnit Cost		# of Units	Total Cost					
	A	\$		@	= \$						
	B.	\$		@	= \$						
	<u>C.</u>	\$		@	= \$						
					Materials Subtotal				_		
5.	Overhead/Indirect Costs***		Jnit Cost		# of Units	Total Cost					
	A .	\$		@	= \$						
	В.	\$		@	= \$						
					Overhead Subtotal \$						

EXHIBIT B ODOT GRANT BUDGET AND COST SHARING

					TSO FUNDS	MATCH	TOTAL
6.	Other Project Costs						
	A. Travel In-State	Unit Cost	# of Units	Total Cost			
		@	=				
	B. Travel Out-of-State (specify)**:						
		@	=				
	C. Office Expenses (supplies, photocopy	y, telephone, postage)					
		@	=				
	D. Other Costs (specify):						
	1.)	@	=				
	2.)	@	=				
	3.)	@	=				
	4.)	@	=				
	5.)	@	=				
			Other Project Costs Subto	tal			
7.	Consultation/Contractual Services **	Unit Cost	# of Units	Total Cost			
	A.	\$	@ =				
	В.	\$	@ =	:			
		Consultation/	Contractual Services Total	·			
8.	Mini-Grants **		<u>TSO</u>	<u>Match</u>			
	A .		\$	\$			
	В.		\$	\$			
	<u>C</u> .		\$	\$			
	D.		\$	\$			
	E		\$	\$			
	<u>F.</u>		\$	\$			
	<u>G.</u>		\$	\$			
	Н.		\$	\$			
	TOTAL	Mini-Grants Subtotals	\$	\$			
	<u>TOTAL</u>						
	COST SHARING BREAKDOWN				Budget Comments:		
	1. TSO Funds				2 dagot Commonto.		
	2. Match: State						
	3. Match: Local						
	4. Match: Other (specify)						
	a.)						
	b.)						
	c.)						
	5. TOTAL COSTS						

Project Number:

^{*} Job descriptions for all positions assigned to grant for 500 hours or more must be included in Exhibit B.

^{**} TSO approval required prior to expenditures.

^{***} Must provide TSO federal congnizant agency letter of approval rate