For each budget category described in column one below, enter the amount of California Underserved and Small Producers Program funds requested (rounded to the nearest whole dollar) in column two and a description of the costs or activities to be covered in column three. A description is required for each budget category in which funds are requested, except for category H. Indirect Costs. Total Funds Requested. Failure to submit the required budget template or submission of an alternate template/file type may result in disqualification.

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| **Budget Categories** | **Amount of Funds Requested** ***(Rounded to nearest whole dollar)*** | **Description of Costs or Activities*****(Required except for categories H. and I.)*** |
| **A. Salary and Wages**Cost of salary and wages for time spent working on the project by employees of the applicant organization. | $      | Enter a description of costs or activities for the Salary and Wages budget category. |
| **B. Fringe Benefits**Cost of fringe benefits for time spent working on the project in accordance with the applicant organization's established fringe benefits policy. | $      | Enter a description of costs or activities for the Fringe Benefits budget category. |
| **C. Travel 1**Cost of project related travel for all individuals except contractual personnel. | $      | Enter a description of costs or activities for the Travel budget category. |
| **D. Supplies**Cost to purchase supplies (for items less than $5,000 per unit) necessary to achieve project objectives. | $      | Enter a description of costs or activities for the Supplies budget category. |
| **E. Contractual**Cost of work by individuals/organizations other than the applicant (e.g., cooperators, consultants, contractors, partners, etc.). This can include cooperating entities  | $      | Enter a description of costs or activities for the Contractual budget category. |
| **F. Other**Cost of all other expenses (e.g., publications, data collection, room rental, subscriptions, etc.). | $      | Enter a description of costs or activities for the Other budget category. |
| **G. Indirect Costs**Facilities and administrative costs | $      | Salary+Wages+Fringe Benefits |
| **H. Total Funds Requested**Sum of categories A through H. | **$** | Enter the total amount of grant funds requested.  |

1 Travel must not exceed the travel rates established by the California Department of Human Resources (Cal HR) <https://www.calhr.ca.gov/employees/Pages/travel-reimbursements.aspx> . Exception: Institutions of higher education must follow their established travel policy.

Mileage rates are established by the Internal Revenue Service (IRS) and in effect at the time of travel. The standard mileage rate in effect at the time of travel can be found on: <https://www.irs.gov/tax-professionals/standard-mileage-rates> .