

Grant Application Detailed Budget		U.S. Department of Housing and Urban Development		OMB Approval No. 2501-0017 (exp. 03/31/2005)					
(Applicant should duplicate this first page as necessary)									
Name of Project/Activity:	Functional Categories (Year 2)								
	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share	Local/Tribal Share	Other	Program Income	Total
a. Personnel (Direct Labor)	\$	\$	\$	\$	\$	\$	\$	\$	\$
b. Fringe Benefits									
c. Travel									
d. Equipment (Only Items Over \$5,000 Depreciated Value)									
e. Supplies (Only Items Over \$5,000 Depreciated Value)									
f. Contractual									
g. Other (Direct Costs)									
h. Indirect Costs (% Approved Indirect Cost Rate: %)									
Subtotal:									
Name of Project/Activity:									
a. Personnel (Direct Labor)	\$	\$	\$	\$	\$	\$	\$	\$	\$
b. Fringe Benefits									
c. Travel									
d. Equipment									
e. Supplies									
f. Contractual									
g. Other (Direct Costs)									
h. Indirect Costs (% Approved Indirect Cost Rate: %)									
Subtotal:									
Name of Project/Activity:									
a. Personnel (Direct Labor)	\$	\$	\$	\$	\$	\$	\$	\$	\$
b. Fringe Benefits									
c. Travel									
d. Equipment									
e. Supplies									
f. Contractual									
g. Other (Direct Costs)									
h. Indirect Costs (% Approved Indirect Cost Rate: %)									
Subtotal:									
Grand Total (Year 2):									