

**FINAL REPORT
DETAILED COST SCHEDULE**

Grant #:

Project Title:

Agency Submitting Report:

	Total Amount	Federal Funds	Grantee Match
A. Personnel - (List personnel including annual salary and % of time) <u>Project Positions</u>			
1.			
2.			
3.			
Total Category			
B. Benefits - (e.g. FICA, Retirement, etc.)			
Total Category			
C. Contractual - (Name or organization of consultants - itemize listing fee basis for each and time devoted)			
Total Category			
D. Travel, Subsistence - (Itemize mileage, subsistence, etc. and method of computation)			
Total Category			
E. Supplies - (Itemize and include the method of computation)			
Total Category			
F. Operating Expenses - (Itemize and include the method of computation)			
Total Category			
G. Equipment - (Itemize on page 12)			
Total Category			
H. Others/Miscellaneous - (Itemize)			
Total Category			
I. Indirect			
Total Category			
TOTAL ALL CATEGORIES			

Signature: _____
Authorized Signature

_____ Date

