

Attachment: Grant Budget

Use of this budget template is optional. Applicants may choose to use a different template. Please submit project budgets as an Excel file.

Grantee Name:

CFP/Grantee Reference No.:

| Personnel | | % Level of Effort | Unit Name | Unit Cost (USD) | No. of Months | Total (USD) | Comments |
|-----------------------------------------------------|--------------------------------------------------------|-------------------|----------------------------------------------------|-----------------|---------------|-------------|----------|
| 1.1.0 | <i>e.g. staff title</i> | 100% | <i>e.g. month</i> | 1500 | 12 | 18000 | |
| 1.1.1 | | | | | | | |
| 1.1.2 | | | | | | | |
| 1.1.3 | | | | | | | |
| A. | Subtotal Personnel Costs | | | | | | |
| Travel | | No. of Units | Unit Name | Unit Cost (USD) | No. of Months | Total (USD) | Comments |
| Transportation Costs | | | | | | | |
| 2.1.0 | <i>e.g. staff airfare to Geneva for ABC Conference</i> | | <i>eg. roundtrip airfare, trainfare, kilometer</i> | | | | |
| 2.1.1 | | | | | | | |
| 2.1.2 | | | | | | | |
| 2.1.3 | | | | | | | |
| 2.1.4 | | | | | | | |
| Daily Subsistence Allowance (DSA) | | | | | | | |
| 2.2.1 | | | <i>days</i> | | | | |
| 2.2.2 | | | <i>days</i> | | | | |
| Other Travel Costs | | | | | | | |
| 2.3.1 | | | | | | | |
| 2.3.2 | | | | | | | |
| B. | Subtotal Travel | | | | | | |
| Operations | | No. of Units | Unit Name | Unit Cost (USD) | No. of Months | Total (USD) | Comments |
| Consummables | | | | | | | |
| 4.1.1 | | | <i>e.g. package, bundle, item, box</i> | | | | |
| 4.1.2 | | | | | | | |
| Procurement of Goods/Services | | | | | | | |
| 4.1.4 | | | | | | | |
| 4.1.5 | | | | | | | |
| Subcontracts/Subgrantees Allocations | | | | | | | |
| 4.1.7 | | | <i>e.g. name of subgrantee/subcontractor</i> | | | | |
| 4.1.8 | | | | | | | |
| C. | Subtotal Operations | | | | | | |
| Other | | No. of Units | Unit Name | Unit Cost (USD) | No. of Months | Total (USD) | Comments |
| 5.1.0 | | | | | | | |
| 5.1.1 | | | | | | | |
| D. | Subtotal Other Costs | | | | | | |
| E. Subtotal Direct Costs (Lines A through D) | | | | | | | |
| Overhead/Indirect Costs | | No. of Units | Unit Name | Unit Cost (USD) | Rate | Total (USD) | Comments |
| 6.1.0 | Indirect Costs | | <i>e.g. lump-sum/ percentage</i> | | | | |
| F. | Subtotal Indirect | | | | | | |
| G. | Grant Total (Lines E + F) | | | | | | |