



## PROJECT BUDGET

Please check the following:

\_\_\_\_\_A. Is the amount requested from the authorized district purchasing source (i.e.: authorized vendor or contracted pricing)?

\_\_\_\_\_B. Is this quote from a sole source? If so, please attach sole source letter.

If neither of these apply, please provide three bids. If approved, EFBESD will fund the lowest quote.

## EXPENSES

	Grant	Other Funds
<b>Supplies, materials and/or equipment:</b> (Please attach supplemental sheets with descriptions and costs of each item to be purchased)	_____	_____
<b>Rental of equipment:</b> (Please attach supplemental sheets with descriptions and cost of each item to be rented)	_____	_____
<b>Resource personnel, professional service:</b> (Please attach supplemental sheets with descriptions and costs for resource, personnel and professional services to be obtained)	_____	_____
<b>Transportation:</b>	_____	_____
<b>Other (space rental, marketing, trip expenses, etc):</b> (Please attach supplemental sheets with descriptions and costs for all expenses included under this item)	_____	_____
<b>TOTAL GRANT FUNDS REQUESTED:</b>	_____	
<b>TOTAL OTHER FUNDS:</b>		_____
<b>PROJECT TOTAL:</b>	_____	