

**LOCAL FUNDING PARTNERSHIPS  
SAMPLE LINE ITEM BUDGET FULL PROPOSAL STAGE  
Insert Your Institution Name**

Proposed Grant Period: from 7/1/2011 to (choose one) 6/30/2014 or 6/30/2015

I. PERSONNEL: Positions—List each position separately & subtotal by position type	Annual Base Salary	FTEs	Total	RWJF Support	Match Support	Other/ In-kind Support
Project Director: (List )	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
<b>Subtotal Project Director/PI</b>	_____	_____	_____	_____	_____	_____
Project Staff: (List)	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
<b>Subtotal Project Staff</b>	_____	_____	_____	_____	_____	_____
Administrative Staff: (List)	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
<b>Subtotal Administrative Staff</b>	_____	_____	_____	_____	_____	_____
Other Staff: (List each position separately)	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
<b>Subtotal Other Staff</b>	_____	_____	_____	_____	_____	_____
Fringe Benefits (_____%)	_____	_____	_____	_____	_____	_____
<b>TOTAL PERSONNEL</b>	_____	_____	_____	_____	_____	_____
<b>II. OTHER DIRECT COSTS:</b>						
Office Operations			_____	_____	_____	_____
Communications/Marketing			_____	_____	_____	_____
Travel (Project Staff & Consultant			_____	_____	_____	_____
Meeting Expenses			_____	_____	_____	_____
Surveys			_____	_____	_____	_____
Equipment			_____	_____	_____	_____
Project Space			_____	_____	_____	_____
Other			_____	_____	_____	_____
<b>SUBTOTAL</b>			_____	_____	_____	_____
<b>III. PURCHASED SERVICES:</b>						
Consultants			_____	_____	_____	_____
Contracts			_____	_____	_____	_____
<b>SUBTOTAL</b>			_____	_____	_____	_____
<b>IV. INDIRECT COSTS (up to 12%):</b>			_____	_____	_____	_____
<b>GRAND TOTAL</b>			_____	_____	_____	_____