

THE Americana Foundation

PROJECT BUDGET	Total for Program	Amount Requested from Americana
I EXPENSES		
<u>Direct</u>		
Team Compensation (<i>Itemize. If less than full time, prorate or specify number of FTE</i>)		
Payroll Taxes		
Fringe Benefits		
Evaluation		
Consultants/Contracted Services (other than evaluation)		
Travel		
Equipment and Supplies		
Printing and Copying		
Telephone and Fax		
Postage and Delivery		
Other (Specify)		
Total Direct		
<u>Indirect</u>		
<i>(Specify the amount and describe the method of calculation. Americana decides whether to pay indirect costs on a case-by-case basis. The maximum indirect cost rate for most grants is 15%.)</i>		
Total Indirect		
TOTAL EXPENSES	\$0	\$0
II REVENUE AND OTHER RESOURCES	Committed Revenue	Pending/Other Proposed Revenue
Grants/Contracts/Contributions:		
The Americana Foundation Request		
Government (indicate whether local, state, federal)		
Foundations (itemize)		
Corporations (itemize)		
Individuals		
Other (Specify)		
Earned Income (Admissions, Fees, etc.)		
Membership Dues		
Endowment or Quasi-Endowment Income		
In-Kind (indicate source)		
Volunteer Services (indicate number of hours)		
TOTAL REVENUE AND OTHER RESOURCES	\$0	\$0