## Appendix A Scope of Work, Sub-Grants, and Project Budget

As part of your grant application, you are required to provide a description of how you will spend the grant funds in compliance with the specific purpose as stated in the Appropriations Act. You are also required to submit information related to any potential sub-grants and a budget for the grant funds. Please attach additional sheets as necessary.

1. Organization:
2. Scope of Work, Objectives, Results, Performance Measures:
Recipient shall detail below how the organization will spend the grant funds in compliance with the specific purpose(s)
as stated in the Appropriations Act. The description should include objectives to be achieved, expected results and
performance measures. The description should also include anticipated timing of those objectives, expected results
and any services provided.
Objective(s):
Objective(s).
Expected Results:
Performance Measure(s):
r enormance measure(s).

3. Sub-grants:									
a. Does the Recipient anticipate that it will sub-grant or pass down any funds to Yes No									
another organization?									
If yes, answer the following:									
b. Name of Sub-recipient	c. Program Name	d. Amou	Amount to Sub-recipient				mount to Sub-recipient		

## 4. Budget:

Below are general expenditure description lines for entering your anticipated budget for facility improvements. You will need to enter the lines in a manner that describes what your grant funding will be spent on (ex. Supplies: paint and painting materials; shelter furniture; general office furniture; etc.). Grant requests can be up to \$45,000.

The following budget is fo	r the time period beginning	( <u>)</u> and ending	().
		<u>,                                    </u>	<u>,                                     </u>

## **EXPENDITURE DESCRIPTION**

Services and Contract Expenses (e.g.

construction or paint contractor, etc.)

Goods Expenses (e.g. supplies and equipment)

Administration Expenses (e.g. overhead & project management)

**Other Expenses** (e.g. related charges not assigned above and described by recipient)

Total Beginning Balance of the Project Fund

Please note, you will sign off on this document as part of your agency application for funding.

Printed Name

Date

Title

AMOUNT