Proposed Budget Worksheet 1 of 4

Name of Applicant

Grant Type

Project / Proposal Name

TRANSPORTATION

Destination #1

Dates of departure

Website used for fare quote

Roundtrip fare $ 

Destination #2

Dates of departure

Website used for fare quote

Roundtrip fare $ 

Taxis $ 

Mileage (if driving) __________ (miles) X $0.55/mile = $ 

Rental car agency

Dates ________________ Cost of rental car $ 

TOTAL NEEDED FOR TRANSPORTATION $ 

HOTELS

For destinations within the continental United States, the Newcomb Grants Program will fund hotel expenses up to the federal per diem rates for reimbursement. A list of these rates is available on the Newcomb College Institute website. For destinations outside the continental United States, please be creative in seeking economical options.
<table>
<thead>
<tr>
<th>Name of hotel</th>
<th>Location</th>
<th>Dates</th>
<th>Daily rate for hotel</th>
<th>Total for hotel</th>
</tr>
</thead>
<tbody>
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</table>

**TOTAL NEEDED FOR HOTELS $**

**FOOD**

For destinations within the continental United States, the Newcomb Grants Program will fund food expenses up to the federal per diem rates for reimbursement. A list of these rates is available on the Newcomb College Institute website. For destinations outside the continental United States, please be creative in seeking economical options.

<table>
<thead>
<tr>
<th>Number of days</th>
<th>Estimated amount per day for meals $</th>
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</thead>
<tbody>
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</table>

**TOTAL NEEDED FOR FOOD $**

**SUPPLIES**

Funding of equipment that will remain in an academic department or of items that will become the personal property of the grant recipient is not allowed.

<table>
<thead>
<tr>
<th>Item</th>
<th>Justification</th>
<th>Price for item $</th>
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STUDENT ASSISTANTS
Students may be paid an hourly wage for assisting the faculty grant recipient with the faculty member's work. A student cannot be paid in a collaborative project. The acceptable hourly rate for students is $7.25. A student being paid by the Newcomb Grants Program must be an undergraduate female. If possible, please provide the name and class year of student(s) you plan to hire.

Name of Student #1 ____________________________
Class Year ____________________________
# of Hours _______ X $7.92/hour (with payroll taxes) = $______________

Name of Student #2 ____________________________
Class Year ____________________________
# of Hours _______ X $7.92/hour (with payroll taxes) = $______________

Name of Student #3 ____________________________
Class Year ____________________________
# of Hours _______ X $7.92/hour (with payroll taxes) = $______________

TOTAL NEEDED FOR STUDENT ASSISTANTS $______________

OTHER EXPENSES
Complete whatever is applicable to your proposal.

Conference registration fees $______________

Immunizations / medicines required for foreign travel

Type ____________________________ Cost $______________
Type ___________________________ Cost $ 
Type ___________________________ Cost $ 
Type ___________________________ Cost $ 
Total of immunizations / medicines $ 

Other expenses for this proposal
*Specify each expense, justification, and cost.*

____________________________________
____________________________________
____________________________________
____________________________________

TOTAL NEEDED FOR OTHER EXPENSES $ 

TOTAL COST OF PROPOSED BUDGET $ 

OTHER SOURCES OF FUNDING
*Please include a letter from each confirmed funding source and inform the Newcomb Grants Review Committee as each pending source is confirmed.*

Source
- O Pending  O Confirmed  Amount $ 

Source
- O Pending  O Confirmed  Amount $ 

Source
- O Pending  O Confirmed  Amount $ 

Source
- O Pending  O Confirmed  Amount $ 

TOTAL CONFIRMED FUNDING FROM OTHER SOURCES $ 

TOTAL AMOUNT REQUESTED FROM NEWCOMB GRANTS PROGRAM $ 

Proposed Budget Worksheet