Newcomb Grants Program
Proposed Budget Worksheet

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.
Name of hotel ________________________________
Location ________________________________
Dates ________________________________

Daily rate for hotel #1 $ ________________________________
Total for hotel #1 $ ________________________________

Name of hotel ________________________________
Location ________________________________
Dates ________________________________

Daily rate for hotel #2 $ ________________________________
Total for hotel #2 $ ________________________________

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.

Number of days ________________________________
Estimated amount per day for meals $ ________________________________

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.

Item ________________________________
Justification ________________________________
Price for item $ ________________________________

Item ________________________________
Justification ________________________________
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. Failure to disclose multiple sources of funding may result in forfeiture of NCI funding.

Source __________________________
  ○ Pending  ○ Confirmed  Amount $ __________

Source __________________________
  ○ Pending  ○ Confirmed  Amount $ __________

Source __________________________
  ○ Pending  ○ Confirmed  Amount $ __________

Source __________________________
  ○ Pending  ○ Confirmed  Amount $ __________

TOTAL CONFIRMED FUNDING FROM OTHER SOURCES $ __________

TOTAL AMOUNT REQUESTED FROM NEWCOMB GRANTS PROGRAM $ __________