Rhode Island Emergency Management Agency
Grant Detailed Budget Worksheet - Form 105

Sub-recipient Name:
Email:
Telephone No.:
Grant Name and No./Year:
Total Grant Award Amount: $

For Budget Changes Only:
Re-obligation Request Amount:
Amended Budget Sheet Date:

Detailed Description of Budget (for full grant period):					**Cost Breakdown**	
POETE Categories (Planning, Organization, Equipment, Training, Exercise)						
Planning	**Quantity**	**Unit Cost**	**Total**		**Total Grant Funded**	**Total Match**
Personnel	1	$ 2.25	$ 2.25		150,000	100,000
Total:	1	$ 2.25	$ 2.25	*Total:*	$ 150,000.00	$ 100,000.00
Fringe Benefits	2	$ 500.00	$ 1,000.00		100000	100,000,000
Total:	2	$ 500.00	$ 1,000.00	*Total:*	$ 100,000.00	$ 100,000,000.00
Transportation			$ -			
Total:	0	$ -	$ -	*Total:*	$ -	$ -
Travel			$ -			
Total:	0	$ -	$ -	*Total:*	$ -	$ -
Contracts			$ -			
Total:	0	$ -	$ -	*Total:*	$ -	$ -
Per Diem Costs			$ -			
Total:	0	$ -	$ -	*Total:*	$ -	$ -
Other (specify)			$ -			
Total:	0	$ -	$ -	*Total:*	$ -	$ -
Subtotal (Planning):	3	$ 502.25	$ 1,002.25		$ 250,000.00	$ 100,100,000.00

Detailed Description of Budget (for full grant period):

Organization	Quantity	Unit Cost	Total
Personnel			$ -
Total:	0	$ -	$ -
Fringe Benefits			$ -
Total:	0	$ -	$ -
Transportation			$ -
Total:	0	$ -	$ -
Travel			$ -
Total:	0	$ -	$ -
Contracts			$ -
Total:	0	$ -	$ -
Per Diem Costs			$ -
Total:	0	$ -	$ -
Contracts			$ -
Total:	0	$ -	$ -
Consumables			$ -
Total:	0	$ -	$ -
Other (specify)			$ -
Total:	0	$ -	$ -
Subtotal (Orginization):	0	$ -	$ -

Cost Breakdown

	Total Grant Funded	Total Match
Total:	$ -	$ -
Total:	$ -	$ -
Total:	$ -	$ -
Total:	$ -	$ -
Total:	$ -	$ -
Total:	$ -	$ -
Total:	$ -	$ -
	$ -	$ -

Detailed Description of Budget (for full grant period):					Cost Breakdown	
Equipment	**Quantity**	**Unit Cost**	**Total**		**Total Grant Funded**	**Total Match**
Item/AEL Code			$ -			
Total:	0	$ -	$ -	*Total:*	$ -	$ -
Subtotal (Equipment):	0	$ -	$ -		$ -	$ -

Training	Quantity	Unit Cost	Total		Total Grant Funded	Total Match
Instructor Costs			$ -			
Total:	0	$ -	$ -	*Total:*	$ -	$ -
Facilities Costs			$ -			
Total:	0	$ -	$ -	*Total:*	$ -	$ -
Travel			$ -			
Total:	0	$ -	$ -	*Total:*	$ -	$ -
Per Diem Costs			$ -			
Total:	0	$ -	$ -	*Total:*	$ -	$ -
Consumables			$ -			
Total:	0	$ -	$ -	*Total:*	$ -	$ -
Other (specify)			$ -			
Total:	0	$ -	$ -	*Total:*	$ -	$ -
Subtotal (Training):	0	$ -	$ -		$ -	$ -

Detailed Description of Budget (for full grant period):

Cost Breakdown

Exercise	Quantity	Unit Cost	Total		Total Grant Funded	Total Match
Personnel			$ -			
Total:	0	$ -	$ -	*Total:*	$ -	$ -
Contracts			$ -			
Total:	0	$ -	$ -	*Total:*	$ -	$ -
Food:			$ -			
Total:	0	$ -	$ -	*Total:*	$ -	$ -
Other (specify)			$ -			
Total:	0	$ -	$ -	*Total:*	$ -	$ -
Subtotal (Excercise):	0	$ -	$ -		$ -	$ -

Grant Budget Worksheet Totals:	Quantity Total	Unit Cost Total	Total Cost	Total Grant Funded	Total Match (By Local)
	3	*$ 502.25*	*$ 1,002.25*	*$ 250,000.00*	*$ 100,100,000.00*