

AMIGOS FELLOWSHIP PROGRAM

PROJECT BUDGET FORM

	Project Costs (list all costs)	Fellowship Request (list amounts to be covered by Fellowship Funds)	Other Sources (list the source not the amount)
Supplies	_____	_____	_____
Services e.g., ILL, photocopying, database searching	_____	_____	_____
Telephone	_____	_____	_____
Travel	_____	_____	_____
Fees	_____	_____	_____
Other (Describe)	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Institutional Overhead	_____	Not Applicable	_____
Capital Expenditures	_____	Not Applicable	_____
Operational Funds	_____	Not Applicable	_____
Total Amount Requested from Amigos		_____	

If complete funding is not awarded, I would be willing to accept partial funding and obtain additional funds from other sources in order to complete the project as stated in this proposal. Yes No

Signature of Primary Applicant _____
Date

Signature of Authorizing Institutional Representative _____
Date

If applicable:

Signature of Administration/Grant Office Representative _____
Date