FY 2020 Tribal Emergency Management Performance Grant Program, COVID-19 Supplemental (EMPG-S)

Notice of Interest

Detailed Budget Sheet

Tribe Name: _____

FY 2020 TRIBAL EMERGENCY MANAGEMENT PERFORMANCE GRANT PROGRAM, COVID-19 SUPPLEMENTAL (EMPG-S) *Project Name:*

Personal Services							
Position	# of positions	Monthly Salary, Wages, & Benefits	# of Months on project	% of time on project	Total	Current Position Fund Source	Functional Role
			Perso				

Personal Services Cost Summary	Federal Funds Requested	Match Requirement Funds	Total Costs (Fed. Funds + Match)
Staff Salaries, Wages, & Benefits			
Total Personal Services			
Operating Expense & Equipment			
General Expense			
Printing			
Postage			
Travel In-State			
Consultant & Prof - Internal			
Consultant & Prof - External			
Data Processing			
Equipment			
Other Items			
Indirect Costs			
Total Oper Expense & Equip			
TOTAL PROPOSED PROJECT BUDGET			

TOTAL AMOUNT OF GRANT FUNDS REQUESTED