### Invasive Species Education Outreach Grant Project Budget

**Unit Number (e.g. # of hours)** | **Unit Cost (e.g. hourly rate)** | **OISC Funds** | **Cash Match** | **In-Kind Match** | **Total Costs (add columns)**
--- | --- | --- | --- | --- | ---
(1) | 0 | 0 | 0 | 0 | 0

**SUBTOTAL** | 0 | 0 | 0 | 0 | 0

**A** | **B** | **C** | **D** | **E** | **F** | **G**
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#### Important: Read the application instructions and OISC Budget Categories Document.

**Add additional lines, if necessary. All costs must be directly associated with project.**

Totals automatically round to the nearest dollar.

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**Itemize projected costs under each of the following categories:**

**SALARIES, WAGES AND BENEFITS.** List position titles for in-house staff/applicant employees for whom payroll taxes are paid. Include only costs charged to this grant.

- (1) 0 0 0 0 0

**SUBTOTAL** 0 0 0 0 0

**CONTRACTED SERVICES.** Labor, supplies, materials and travel to be provided by non-staff for project implementation.

- (2) 0 0 0 0 0

**SUBTOTAL** 0 0 0 0 0

**TRAVEL.** Mileage, per diem, lodging, etc. Must use current State of Oregon rates.

- (3) 0 0 0 0 0

**SUBTOTAL** 0 0 0 0 0

**MATERIALS and SUPPLIES.** Refers to items that are purchased by, or invoiced to, the applicant, and are "used up" in the course of the project. Costs must be directly related to the implementation of this grant.

- (4) 0 0 0 0 0

**SUBTOTAL** 0 0 0 0 0

**EQUIPMENT/SOFTWARE.** List portable equipment costing $2500 or more per unit. Must remain property of a governmental entity, tribe, watershed council, SWCD, institution of higher learning or school district.

- (5) 0 0 0 0 0

**SUBTOTAL** 0 0 0 0 0

**OTHER.** Project-specific printing, rental for meeting rooms, software subscriptions, website domain, and items that do not fit other categories.

- (6) 0 0 0 0 0

**SUBTOTAL** 0 0 0 0 0

(7) **MODIFIED TOTAL DIRECT COSTS:** Add all subtotals (1-6) above.

- 0 0 0 0 0

**INDIRECT COSTS.** Not to exceed 10% of Modified Total Direct Costs (7). Choose ONE of the indirect cost methods below.

10% indirect rate requested.  □ 10% 0 0 0
No reimbursement for indirect costs requested. □ 0% 0 0 0

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2020 OISC Invasive Species Education Outreach Grant Project Budget  Page 1
| Itemize projected costs under each of the following categories: |
|---|---|---|---|---|---|---|
| (8) SUBTOTAL (8) | 0 | 0 | 0 | 0 | 0 |

**GRANT BUDGET TOTAL:** AddTotals (7), and (8). Totals automatically round to the nearest dollar.*

|  |  |  |  |  |  |
|---|---|---|---|---|
| (8) | 0 | 0 | 0 | 0 | 0 |

* The totals for these two columns must mirror the match totals provided on the Match Funding form.