

LEH Budget Form

Category	Outright LEH Funds	Applicant Cost Share		Anticipated 3rd Party Gifts	TOTAL
		Cash	In-kind		
A. Salaries & Wages	\$2,500				\$2,500
B. Honoraria (Scholars)					N/A
C. Consultant Fee	\$2,500				\$2,500
D. Travel					\$0
E. Supplies & Equipment					\$0
F. Facilities					N/A
G. Printing & Publicity					N/A
H. Other					\$0
Total	(1) \$5,000	(2) \$0	(3) \$0	(4) \$0	(5) \$5,000

Total Applicant Portion (Cost Share + Gifts) (Columns 2+3+4)= \$0

Anticipated Gift Summary			Other Expected Income Summary*	
Source	Expected Receipt Date	Amount	Sales	Admission Fees
		N/A	N/A	N/A

Note: Cost share is not required. If voluntarily cost-sharing, food, entertainment and liquor may not be used for cost share.

Auto mileage is allowed at the rate of \$.625 per mile plus tolls and parking