***EXHIBIT 8:*** BUDGET WORKSHEET TEMPLATE

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Line Item**(Required Budget Categories as per Maryland Financial Reporting) | **Budget Narrative**(Refer to Section 4.1.1: Describe a clear relationship between the grant activity and expense) | **Calculation** (a detailed itemization must be provided, refer to guidance) | **Amount Requested** | **In-kind (if applicable) Amount** **and Source** | **Total** |
| **Salaries & Wages**  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total Salaries & Wages**  |  |  |  |
| **Contracted Services** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total Contracted Services** |  |  |  |
| **Supplies & Materials**  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total Supplies & Materials** |  |  |  |
| **Other Charges**  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total Other Charges** |  |  |  |
| **Equipment** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total Equipment** |  |  |  |  |  |
| **Transfers**  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total Transfers**  |  |  |  |  |  |
| **Total Direct Costs** |  |  |  |  |  |
| **Indirect Costs** |  |  |  |  |  |
| **TOTAL Requested**  |  |  |  |  |  |
|  |  |  |  |  |  |

\*Indicate the amount of the in-kind (if applicable) contribution and the source in the corresponding cell. This can be a cash contribution or a non-monetary contribution.