**Sparking Early Literacy Growth Grant Budget Form**

School Name/County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Director Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Category** | **Requested Amount** | **In-Kind** | **Budget Justification** |
|  |  | (ex. Staff time, Title Funds, other grants, school district support) | Describe how the expenses align with the purpose of the grant. |
| **Professional Development/**  **Technical Assistance** |  |  |  |
| **Supplies** |  |  |  |
| **Equipment** |  |  |  |
| **Personnel**  **(Please include number of staff, rate, and time commitment)** |  |  |  |
| **Other** |  |  |  |
| **Total** |  |  |  |