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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Line Item**(Required Budget Categories as per Maryland Financial Reporting) | **Calculation** (a detailed itemization must be provided, refer to guidance) | **Amount Requested** | **In-kind Amount** **and Source\*** | **Total** |
| **Salaries & Wages**  |
| Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here |
| **Total Salaries & Wages**  | Enter Text Here | Enter Text Here | Enter Text Here |
| **Contracted Services** |
| Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here |
| **Total Contracted Services** | Enter Text Here | Enter Text Here | Enter Text Here |
| **Supplies & Materials**  |
| Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here |
| **Total Supplies & Materials** | Enter Text Here | Enter Text Here | Enter Text Here |
| **Other Charges**  |
| Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here |
| **Total Other Charges** | Enter Text Here | Enter Text Here | Enter Text Here |
| **Equipment** |
| Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here |
| **Total Equipment** | Enter Text Here | Enter Text Here | Enter Text Here |
| **Transfers**  |
| Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here | Enter Text Here |
| **Total Transfers**  | Enter Text Here | Enter Text Here | Enter Text Here |
| **Total Direct Costs**  | Enter Text Here | Enter Text Here | Enter Text Here |
| **Indirect Costs**  | Enter Text Here | Enter Text Here | Enter Text Here |
| **TOTAL Requested**  | Enter Text Here | Enter Text Here | Enter Text Here |

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

Note: Additional rows can be added.