# Budget Summary Format

**LEGAL NAME OF ORGANIZATION**

<table>
<thead>
<tr>
<th>Indicate calendar year (do not use academic or fiscal year)</th>
<th>202☐</th>
<th>202☐</th>
<th>202☐</th>
<th>Total</th>
</tr>
</thead>
</table>

## INCOME

- Lilly Endowment Grant
- List of other funding sources

**TOTAL INCOME**

| $ | $ | $ | $ |

## EXPENSES

- Personnel
- Proposed Activities
- Equipment and Administrative Costs
- Travel
- Consultants
- Other Expense Categories as Included in Proposed Work
- Indirect Costs

**GRAND TOTAL**

| $ | $ | $ | $ |

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(Name)
PROGRAM DIRECTOR

(Name)
FINANCE: V.P./CONTROLLER