

Summary Budget Format

LEGAL NAME OF ORGANIZATION

Indicate calendar year (do not use academic or fiscal year)

	202□	202□	202□	Total
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INCOME

Lilly Endowment Grant

List of other funding sources

TOTAL INCOME

\$	\$	\$	\$
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EXPENSES

Personnel

Proposed Activities

Equipment and Office Expenses

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