## Summary Budget Format

**LEGAL NAME OF ORGANIZATION**

### 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