

Traveling Archivist Implementation Grant

Proposed Budget

Organization Name: _____

You **MUST** upload this budget form with your application.

The maximum amount you can request is \$2,500.

Please be as specific as possible regarding costs/estimates.

<i>Number of days / hours / items / units</i>	<i>Cost per unit</i>	<i>Total</i>	<i>Notes</i>
Traveling Archivist*	\$500		*1 day minimum

Archival Supplies (Itemize by type)

ex. Document storage box - legal size

	15	\$8.30	\$ 124.50	

subtotal

Other Expenses (Please itemize)

subtotal

Institutional Support (Please itemize)

ex. Assistant Curator

	20	\$18.75	\$ 375.00	<i>hourly rate and time assigned</i>

subtotal

Total ** (If budget exceeds \$2,500, you must complete page 2)

*Name of funding source***

Check if funds are in hand *Amount of Funds*

<i>Name of funding source**</i>	<i>Check if funds are in hand</i>	<i>Amount of Funds</i>	

***The maximum grant award is \$2,500. If total costs exceeds \$2,500, please list the source(s) of funds to be used for the remaining balance.*

subtotal

This is a joint project of the



CT State Library
State Archives
State Historical Records Advisory Board
(CT SHRAB)



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NATIONAL ARCHIVES
NATIONAL HISTORICAL PUBLICATIONS & RECORDS COMMISSION