

(REQUIRED BY STATE AGENCIES ONLY)
SUPPLEMENTARY GRANT INFORMATION
 (Form CH 1)

APPLICANT:

PROJECT DURATION:

Name of Funding Agency: _____

Part I: Project Description: Briefly describe the purpose of the grant, the work to be done and the projected accomplishments:

Part II: Budgetary Information:

	Percentage	Applicant	Federal	State, Local, Other (Specify)	Total
Personal Services	0.05				0.00
Supplies & Materials					0.00
Travel					0.00
Capital Outlay					0.00
Consultant Services					0.00
Other					0.00
Total	0.05	0.00	0.00	0.00	0.00
Indirect Cost					0.00
Total Support	0.05	0.00	0.00	0.00	0.00

Indicate Other Sources: _____

Indicate "In-Kind" support by an (*) next to amount.

If the project is for more than one year, you should submit a separate budget for each applicable year.