Iowa Workforce Development Grant Budget Form

1. **GRANT APPLICATION:** Childcare Challenge

2. **APPLICANT INFORMATION**

a. **Organization Name:**

b. **Employer / Taxpayer Identification Number (EIN/TIN):**

c. **Address:**

Street:
City:
State
Zip / Postal Code:

d. **Contact Information:**

First Name:
Last Name:
Title:
Telephone Number:
Email:

3. **PROPOSED PROJECT:**

a. **Period of Performance:**

Start Date:
End Date:

b. **Estimated Participant Information:**

Number of Children
Cost per Child

4. **BUDGET PROPOSAL**

(A)	(B)	(C)	(D)	(E)	(F)
COST CATEGORY	***DESCRIPTION***	***PRIVATE MATCH***	***IN-KIND MATCH***	***FUNDS REQUESTED***	***TOTAL COST***
Equipment (More than $5,000 per single use item)					$ -
Contractual Services					$ -
					$ -
					$ -
					$ -
					$ -
					$ -

4. BUDGET PROPOSAL

(A)	(B)	(C)	(D)	(E)	(F)
COST CATEGORY	***DESCRIPTION***	***PRIVATE MATCH***	***IN-KIND MATCH***	***FUNDS REQUESTED***	***TOTAL COST***
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
					$ -
	TOTALS:	$ -		$ -	$ -