

Budget: Itemize the costs involved in your project by completing the table below.

ITEM	DESCRIPTION	AMOUNT REQUESTED	AMOUNT AWARDED *

Completed by Review Committee

List sources of additional funding that you have applied for this project.

Funding Source(s)	AMOUNT REQUESTED	AMOUNT AWARDED

APPROVALS/SIGNATURES

Primary Applicant _____ Date _____

Department Chairperson _____ Date _____

CHHS Dean _____ Date _____

Provost/VPAA _____ Date _____

EIU President _____ Date _____

EIU Foundation _____ Date _____

****For instructions on completing this form or using Adobe Acrobat Pro, see <https://www.eiu.edu/chhs/winklegrantgrant.php>**