

(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					
Supplies & Materials					
Travel					
Capital Outlay					
Consultant Services					
Other					
<b>Total</b>					
Indirect Cost					
<b>Total Support</b>					

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.