**AABC Foundation Research Grant**

**Budget Narrative for the Proposed Project Period**

|  |  |  |  |
| --- | --- | --- | --- |
|  | AABC Foundation | Other Sources (including in-kind) | TOTAL  All Sources |
| 1. Personnel |  |  |  |
| 1. Consultant Costs |  |  |  |
| 1. Equipment + Supplies |  |  |  |
| 1. Other Expenses |  |  |  |
| 1. Total Direct Costs |  |  |  |
| 1. Total Indirect Costs | None from AABC Foundation |  |  |
| **TOTAL Costs for Project Period** |  |  |  |

For each expense category, please explain how amounts were derived. Include the other organizations responsible for funding the expense (if applicable).