Re-imagination Resource Center Grant

Please complete budget form in cumulative manner. You are also not required to use all cost categories.

**TOTAL COST PER PARTICIPANT $0,000 (**Total CED funds requested divided by the total number of participants)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Office Use Only | **Cost Category** | **Period 1:**  **Grant Start Date through 12/31/2025** | **Period 2:**  **Grant Start Date through 03/31/2025** | **Period 3:**  **Grant Start Date through 06/30/2026** | **Period 4:**  **Grant Start Date through 09/30/2026** |
| 633 | **Administrative Costs[[1]](#footnote-2)** |  |  |  |  |
| 685 | **Direct Services** |  |  |  |  |
| 638 | **Direct Customer Training** |  |  |  |  |
| 628 | **Support Services Costs** |  |  |  |  |
| 630 | **Outreach** |  |  |  |  |
| 684 | **Organizational Mentorship** |  |  |  |  |
|  | **Total:** |  |  |  |  |

1. Administrative costs cannot exceed 15% of total funds requested. [↑](#footnote-ref-2)