

**IPSE 2004-2005 Course and Module Development Grant Program
Budget Form**

Project Title: _____

Institution: _____

Project Director: _____

Grants/Contracts Contact Person: _____

Grants/Contracts Telephone Number: _____

Project Start Date: _____ **End Date:** _____

Projected Expenses	IHETS/IPSE	Institutional Match	Other Funding	Totals
Salaries and Wages:				
Fringe Benefits:				
Consulting Services:				
Supplies and Expenses:				
Travel:				
Other Direct Costs:				
Totals:				