Exhibit B

Oklahoma Competitive Grant Pool

Budget Summary Template

Total Requested Funds for Grant Period (FY-22) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applying Entity:

|  |  |
| --- | --- |
| **Budget Category** | **Total Amount Requested** |
| A. Personnel |  |
| B. Fringe Benefits |  |
| C. Travel |  |
| D. Supplies and Materials |  |
| E. Other |  |
| Total Direct Costs (A-E) |  |
| In-Direct Costs (Indicate the approved percentage) |  |
| Total Award Request (Total Direct Costs + Total In-Direct Costs) |  |