



Rhode Island Emergency Management Agency Grant Detailed Budget Worksheet

Sub-recipient Name:	
Email:	
Telephone No.:	
Grant Name and No./Year:	
Total Grant Award Amount:	

For Budget Changes Only:	
Re-obligation Request Amount:	
Amended Budget Sheet Date:	

Detailed Description of Budget (for full grant period):			
POETE Categories (Planning, Organization, Equipment, Training, Exercise)			
Planning	Quantity	Unit Cost	Total
Personnel			
Total:			
Fringe Benefits			
Total:			
Transportation			
Total:			
Travel			
Total:			
Contracts			
Total:			
Per Diem Costs			
Total:			
Other (specify)			
Total:			
Subtotal (Planning):			

Detailed Description of Budget (for full grant period):

Organization	Quantity	Unit Cost	Total
Personnel			
Total:			
Fringe Benefits			
Total:			
Transportation			
Total:			
Travel			
Total:			
Contracts			
Total:			
Per Diem Costs			
Total:			
Contracts			
Total:			
Consumables			
Total:			
Other (specify)			
Total:			
Subtotal (Organization):			

Detailed Description of Budget (for full grant period):			
Equipment	Quantity	Unit Cost	Total
Item/AEL Code			
Total:			
Subtotal (Equipment):			

Training	Quantity	Unit Cost	Total
Instructor Costs			
Total:			
Facilities Costs			
Total:			
Travel			
Total:			
Per Diem Costs			
Total:			
Consumables			
Total:			
Other (specify)			
Total:			
Subtotal (Training):			

Detailed Description of Budget (for full grant period):

Exercise	Quantity	Unit Cost	Total
Personnel			
Total:			
Contracts			
Total:			
Food:			
Total:			
Other (specify)			
Total:			
Subtotal (Exercise):			

Grant Budget Worksheet Totals:	Quantity Total	Unit Cost Total	Total Cost

In the box provided, please indicate the type of Federal cost share being used in this grant	<i>examples include: soft match, or hard match</i>
--	--