

**NCWorks Local Innovation Fund Budget Summary**

Category	Grant Funds Requested	Leveraged Resources (specify the resources)	Leveraged Resources (specify the organization participating)	Other Resources (if monetary please list amount below)	Other Resources (if in kind, please specify below)	TOTAL
Contracted services	\$ -	\$ -		\$ -		\$ -
Staff salaries	\$ -	\$ -		\$ -		\$ -
Staff fringe benefits	\$ -	\$ -		\$ -		\$ -
Travel	\$ -	\$ -		\$ -		\$ -
Materials and supplies	\$ -	\$ -		\$ -		\$ -
Training components	\$ -	\$ -		\$ -		\$ -
Supportive services	\$ -	\$ -		\$ -		\$ -
Direct participant expenses	\$ -	\$ -		\$ -		\$ -
Other expenses – please specify	\$ -	\$ -		\$ -		\$ -
<b>TOTAL</b>	<b>\$ -</b>	<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>