

GRANT SCOPE/COST ESTIMATE FORM

Follow the directions starting on page 28. Use the response to Grant Selection Criteria #3-4 on pages 18 to 21 to summarize the TOTAL PROGRAM COST and deliverables on this form.

See the ELIGIBLE COSTS section starting on page 37 before creating a cost estimate

<p>ACTIVITY IN THE COMMUNITY: In the column below, list each Activity Goal Title and number of intended PARTICIPANTS consistent with the response to Grant Selection Criterion 3(a) and 3(e) on page 18.</p> <p>Activity Goal Title: _____ # of PARTICIPANTS: _____</p>	<p>Total Cost for ACTIVITY IN THE COMMUNITY consistent with the response to Grant Selection Criterion 3(l) on page 18</p>
	\$
	\$
	\$
	\$
	\$
<p>NATURE AREA TRIP: In the column below, list each Trip Title/Destination and number of intended PARTICIPANTS consistent with the response to Grant Selection Criterion 3(a) and 3(e) on page 19.</p> <p>Trip Title/Destination: _____ # of PARTICIPANTS: _____</p>	<p>Total Cost for NATURE AREA TRIP consistent with the response to Grant Selection Criterion 3(m) on page 19</p>
	\$
	\$
	\$
	\$
	\$
<p>(1) Total cost of all ACTIVITIES IN THE COMMUNITY and NATURE AREA TRIPS</p>	\$ (1)
<p>(2) Internships from Grant Selection Criterion # 4(C) on page 21 if applicable</p>	\$ (2)
<p>(3) PRE-AWARD PLANNING COSTS for planning the OUTDOOR PROGRAM (up to 5% of the requested GRANT amount):</p>	\$ (3)
<p>(4) Hazard and liability insurance premium that will cover the OUTDOOR PROGRAM:</p>	\$ (4)
<p>(5) TOTAL PROGRAM COST = (1) + (2) + (3) + (4)</p>	\$ (5)
<p>Requested GRANT Amount:</p>	\$

The APPLICANT understands that this form will be used to establish the expected GRANT deliverables for POST-AWARD ACTIVITY COSTS.

 AUTHORIZED REPRESENTATIVE Signature

 Date