



Amended Budget Form

Grant #: _____

Date #: _____

Expenditure Categories	Grant Award	Cost Share In-Kind	Cost Share Cash
Honoraria			
Salaries			
Travel			
Supplies			
Promotion/Printing			
Postage/Telephone			
Equipment/Facilities Rental			
Other (specify)			
TOTAL			

Budget Narrative:

West Virginia Humanities Council use only	
Grants Administrator: _____	Date: _____
Fiscal Officer: _____	Date: _____