

# Farmers Market Promotion Program (FMPP) – 2007

## Supplemental Budget Summary Form

1. Project Title:

2. Project Number: (AMS Use)

3. State

4. Organizational Name:

5. Primary Contact:

Mailing Address:

Mailing Address:

City:

State:

Zip Code:

City:

State:

Zip Code:

E-mail:

E-mail:

6. DUNS Number:

Requested Funds:

7. Entity Type:

Agricultural Cooperative  
 Local government

Nonprofit corporation  
 Public benefit corporation

Regional farmers market authority  
 Tribal government

**Primary Activity:** Briefly describe details of the “primary” activity.

Personnel: cost per hour:

number of hours:

Travel: cost per person:

number of people:

number of trips:

Destination:

lodging cost:

number of days:

Equipment Cost: (List separately in box below.)

Supply Cost: (Estimate projected supplies expenditure.)

Contractual: Indicate if flat fee  or hourly rate . (Hourly rate must not exceed \$55 per hour.)

Number of hours:

hourly rate:

Indirect cost: (May not exceed 10 percent of the proposed budget)

Other: (Please detail below travel mode and other information.)

\$

**Total Primary Activity:**

\$

**1. First Secondary Activity:** Briefly describe details of the "first secondary" activity.

Personnel: cost per hour: \$  number of hours:  \$

Travel: cost per person: \$  number of people:  number of trips:  \$

Destination:  lodging cost: \$  number of days:  \$

Equipment Cost: (List separately in box below.) \$

Supply Cost: (Estimate projected supplies expenditure.) \$

Contractual: Indicate if flat fee  or hourly rate . (Hourly rate must not exceed \$55 per hour.)  
Number of hours:  hourly rate: \$  \$

Indirect cost: (May not exceed 10 percent of the proposed budget) \$

Other: (Please detail below travel mode and other information.) \$

**Total First Secondary Activity:**

\$

**2. Second Secondary Activity:** Briefly describe details of the “first secondary” activity.

Personnel: cost per hour: \$  number of hours:  \$

Travel: cost per person:  number of people:  number of trips:  \$

Destination:  lodging cost: \$  number of days:  \$

Equipment Cost: (List separately in box below.) \$

Supply Cost: (Estimate projected supplies expenditure.) \$

Contractual: Indicate if flat fee  or hourly rate . (Hourly rate must not exceed \$55 per hour.)  
 Number of hours:  hourly rate: \$  \$

Indirect cost: (May not exceed 10 percent of the proposed budget) \$

Other: (Please detail below travel mode and other information.) \$

**Total Second Secondary Activity:** \$

**Grand Total Primary and Secondary Activities:** \$

If you have additional “Secondary Activities”, please record them using a similar format.

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