

**Osher Lifelong Learning Institute
Faculty Grant Budget Worksheet**

2024

Name: _____ Department: _____

Phone: _____ Email: _____

Project Title: _____

Total Project Cost: _____

Amount Requested from the Osher Institute (up to \$7,500): _____

Osher Faculty Grant Budget

Please provide itemized list using the following format. If no funds are requested, please indicate with a zero. If your project is not viable without full Osher funding, clearly indicate this fact in your narrative.

ITEM

AMOUNT

Material & Supplies	
Equipment	
Stipend – Student Assistant	
Travel	
Other (please specify)	

GRANT TOTAL \$ _____

Other Funding Sources

SOURCE

AMOUNT

COMMITTED

PENDING

OTHER FUNDING SOURCES TOTAL \$ _____