

Organization name _____

5. Revised Contract Budget Information

a. Personnel	(A) MNAC Grant Award	(B) Organization's Cash Match	(C) FY 2008 Total Add (A) and (B)
• Administrative (itemize)			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
• Artistic (itemize)			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
• Technical (itemize)			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
• Other personnel _____	\$ _____	\$ _____	\$ _____
b. Fringe benefits	\$ _____	\$ _____	\$ _____
c. Professional services fees			
• Administrative	\$ _____	\$ _____	\$ _____
• Artistic.....	\$ _____	\$ _____	\$ _____
• Technical and other.....	\$ _____	\$ _____	\$ _____
d. Space rental.....	\$ _____	\$ _____	\$ _____
e. Travel and transportation.....	\$ _____	\$ _____	\$ _____
f. Other operating expenses			
• Equipment rental	\$ _____	\$ _____	\$ _____
• Shipping.....	\$ _____	\$ _____	\$ _____
• Supplies and materials.....	\$ _____	\$ _____	\$ _____
• Exhibition rental fee	\$ _____	\$ _____	\$ _____
• Promotion and printing	\$ _____	\$ _____	\$ _____
• Other production costs	\$ _____	\$ _____	\$ _____
• Other.....	\$ _____	\$ _____	\$ _____
g. Debt reduction *		\$ _____	\$ _____
h. Capital expenditures/acquisition* ..		\$ _____	\$ _____
TOTALS. Add rows 5a through 5h for each column. Column (C) must equal columns (A) plus (B).	\$ _____	\$ _____	\$ _____
	(A) MNAC Request	(B) Cash	(C) FY 2008 TOTAL AMOUNT

* MNAC does not fund these line items. See Instructions.



For accommodation requests, please contact Teri McElhaney, ADA Compliance Coordinator, 800 2nd Avenue South, 4th Floor, P.O. Box 196300, Nashville, TN, 37219-6300, (615) 862-6720, TTY relay service 800-848-0298.