



PARASPORT BUDGET

To use the Detailed Budget Template: Before completing this form, [download a copy](#) to your computer. Use the saved copy to update your information. Once updated, [save the completed form](#) to your computer and attach via the Upload button on your Parasport Application Form.

REGISTRATION

Staff List by position	Number of people in this role required to run the program	Rate per hour (\$)	Number of Hours	Total Staff Costs (Number of staff x Rate per hour x Number of Hours)	Total Requested from Jumpstart
Total Staff Cost					

Facility Name	Number of hours required (hours)	Rate per hour (\$)	Total Facility Cost (Total Number of hours X Rate per hour)	Total Requested from Jumpstart
Total Facility Cost				

Other Registration Costs Description	Total Other Registration Costs	Total Request from the Parasport Jumpstart Grant
Total Other Registration Costs		

TOTAL REGISTRATION		
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TRANSPORTATION

Transportation Type	Description	Cost per Trip (\$)	Number of Trips	Total Transportation costs	Total Requested from Jumpstart
Total Transportation					

EQUIPMENT

Item Description	Source of Equipment (ex: name of store, equipment provider)	Quantity Requested	Cost per Unit (\$)	Total Equipment Costs (Quantity Requested x Cost per Unit)	Total Equipment Costs Requested from Parasport Jumpstart Grant
If shipping is required, please provide the cost here					
Total Equipment					

TOTAL AMOUNT REQUESTED from Parasport Jumpstart Fund