Business Name:_____	Applicants Name:_____	Requested Grant Amount:_____	

	Monthly Spending Totals Per Item											
Grant Budget Items	**Month 1**	**Month 2**	**Month 3**	**Month 4**	**Month 5**	**Month 6**	**Month 7**	**Month 8**	**Month 9**	**Month 10**	**Month 11**	**Month 12**
Total Monthly Expenditures	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

	Grant Spending Budget must account for full amount of Grant Funds	**Total Grant Expenditures**	**$0.00**
	***All Grant Funds MUST be spent within the 12 months following the acceptance of this award. Not Before, or After.**	**See PIER SOP: Sections 3.3 & 3.4 for Use of Funds Terms**	