

SSNHA 2026 INTERNSHIP PROGRAM BUDGET

Please complete the following budget for your project. You may submit a separate sheet if desired.

Applicants must provide 1:1 non-federal match minimum to the funding request. At least 25% of the applicant's contribution must be in cash.

	Award Request	Cash Match	In-Kind	= Subtotal
Intern (# hrs per week x # of weeks x amount per hour) _____ = _____		(* Must be 25% or more of amount requested.)	NA	
Supervisor (# hrs per week x # of weeks x Amount per hour) _____ = _____	NA	NA		
Intern Project Materials & Supplies <i>(Please list)</i> _____ _____ _____	NA			
Intern Project Travel Expenses <i>(Please list travel)</i> _____ _____ _____	NA			
Other expenses directly related to the intern's work _____ _____	NA			
Total				

Source of Cash Match: _____

