

Attachment B

NEW MEXICO INDIAN AFFAIRS DEPARTMENT

_____ Tribal Infrastructure Fund _____ Capital Outlay

PROJECT BUDGET

DATE:		PROJECT #:	IGA# 609-
NAME OF GRANTEE:			
CLASSIFICATION	NM PROJECT AWARD	OTHER FUNDS	TOTAL
Administrative Expenses	Ineligible		
Easements and Right of Way			
Acquisition			
Archaeological Studies			
Environmental Studies			
Planning			
Design (Engr./Arch.			
Construction			
Furnish/Equip/Vehicles			
Other Professional Service Fees-Identify			
Contingencies			
TOTAL:			
Identify Sources of Other Funds (Include matching requirements):			
Are the other funds committed? (Yes/No)		Name and title of the person that prepared the form?	
If not, when do you expect commitment?		Email:	
		Phone No:	
Project Contact Information		Alternate Project Contact Information	
Name and title:		Name and title:	
Email:		Email:	
Phone No:		Phone No:	