**UConn Caxide Scholars Program Application**

**Project Budget**

**Applicant Name:**

**Project Title:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Caxide Scholars Program APPLICATION – PROJECT BUDGET** | | | | | |
| **ITEM/EXPENSE** | **EXPLANATION/JUSTIFICATION** | **QUANTITY** | **COST PER UNIT** | **TOTAL COST** | **LINKS** |
|  | Explain each expense and why it is needed for your project. | If applicable, list the number of items or amount you anticipate needing. | Indicate the unit price for each item or expense, if applicable | Total estimated cost per item or expense | If applicable, provide links to verify item pricing or the name of the vendor where you would purchase the items |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Total Amount Requested** |  |  |  |  |  |