IOWA DEPARTMENT OF AGRICULTURE & LAND STEWARDSHIP

Choose Iowa
Butchery Innovation Equipment Only Grant
Budget Worksheet

Organization Name:

Organization Street Address:

Organization City, St, Zip:

Point of Contact Name:

Point of Contact Phone:

Point of Contact Email:

TOTAL AWARD AMOUNT:

Budget Summary

(Please list budget items below as included in the original application submitted)

Item Description	Project Amount	Eligible Match Amt.
		$ 0.00
		$ 0.00
		$ 0.00
		$ 0.00
		$ 0.00
		$ 0.00
		$ 0.00
		$ 0.00
		$ 0.00
TOTAL	$ - 0	$ 0.00

Eligible Amount for Grant Reimb. Total: $ 0.00

Cumulative eligible budgeted items amount may not exceed total award amount.

Grantee Signature:

Grantee Name & Title:

Date:

IDALS USE ONLY

Unit to be Charged: G58P

Budget Items Approved:

Signature

Date