

**Proof of Concept
Detailed Budget Worksheet**

Applicant _____

Please itemize the budgeted expenses for your proof of concept request and your 10% match. If multiple items are budgeted under a category, the separate costs for each item must be provided.

	South Dakota Proof of Concept	Applicant Match (10%)		Total
		Cash	In-kind	
Personal Services				
Fringe Benefits				
Travel				
Equipment				
Supplies				
Contractual				
Other				
Total Costs				