

TCEQ USE ONLY  
Application #

TCEQ USE ONLY  
Contract #

**Texas Commission on Environmental Quality (TCEQ)**

**TEXAS EMISSIONS REDUCTION PLAN (TERP)**

**NEW TECHNOLOGY IMPLEMENTATION GRANT**

**FORM 20687: Project Budget**

**Applicant Name:**

Instructions: Select the link for each budget category below and on the following pages. List all expenses by budget category including a description of each line item and its purpose in the project. See Section 3 of Form 20574 (a,b,or c) for descriptions of each budget category.

**Eligible Budget Categories**

| Category  | Grant Reimbursement Costs totals | Cost Share Costs totals | Category totals |
|---|----------------------------------|-------------------------|-----------------|
| <a href="#">A. Equipment</a>                      |                                  |                         |                 |
| <a href="#">B. Supplies &amp; Materials</a>       |                                  |                         |                 |
| <a href="#">C. Construction</a>                   |                                  |                         |                 |
| <a href="#">D. Contract Services</a>              |                                  |                         |                 |
| <a href="#">E. Other Expenses</a>                 |                                  |                         |                 |
| <a href="#">F. Salaries &amp; Fringe Benefits</a> |                                  |                         |                 |
| <a href="#">G. Travel</a>                         |                                  |                         |                 |
| <b>Project Totals:</b>                            |                                  |                         |                 |
|   |                                  | <b>Cost Share %:</b>    |                 |

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**FORM 20687: Project Budget**

| Applicant Name:  |   |                                |  |   |
|--|---|--------------------------------|--|---|
| <b>A. Equipment</b>  |   |                                |  |   |
| Include details of all grant eligible equipment (>\$5000 each) necessary for the project. Identify which specific items will be reimbursed with grant funds. |   |                                |  |   |
| Description & Purpose:   | Costs proposed for Grant Reimbursement: | Costs proposed for Cost Share: | Was Item Paid for Prior to [NTIG open date]? | If yes, what is the Date item was paid? |
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| <b>Total Equipment Costs:</b>  |   |                                |  |   |

**NEW TECHNOLOGY IMPLEMENTATION GRANT**

**FORM 20687: Project Budget**

| Applicant Name:  |   |                                |  |   |
|--|---|--------------------------------|--|---|
| <b>B. Supplies &amp; Materials</b><br>Include details of all grant eligible supplies and materials (<\$5000 each) necessary for the project. |   |                                |  |   |
| Description & Purpose:   | Costs proposed for Grant Reimbursement: | Costs proposed for Cost Share: | Was Item Paid for Prior to [NTIG open date]? | If yes, what is the Date item was paid? |
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| <b>Total Supplies &amp; Materials Costs:</b>   |   |                                |  |   |

**NEW TECHNOLOGY IMPLEMENTATION GRANT**

**FORM 20687: Project Budget**

| Applicant Name:  |   |                                |  |   |
|--|---|--------------------------------|--|---|
| <b>C. Construction</b><br>Include details of all grant eligible construction work necessary for the project. |   |                                |  |   |
| Description & Purpose:   | Costs proposed for Grant Reimbursement: | Costs proposed for Cost Share: | Was Item Paid for Prior to [NTIG open date]? | If yes, what is the Date item was paid? |
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| <b>Total Construction Costs:</b>   |   |                                |  |   |





**NEW TECHNOLOGY IMPLEMENTATION GRANT**

**FORM 20687: Project Budget**

Applicant Name: \_\_\_\_\_

**F. Salaries & Fringe Benefits**

Include an estimate of the salaries & fringe costs necessary for the project.

| Description & Purpose:                             | Costs proposed for Grant Reimbursement: | Costs proposed for Cost Share: | Was Item Paid for Prior to [NTIG open date]? | If yes, what is the Date item was paid? |
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| <b>Total Salaries &amp; Fringe Benefits Costs:</b> |   |                                |  |   |

**NEW TECHNOLOGY IMPLEMENTATION GRANT**

**FORM 20687: Project Budget**

| Applicant Name:  |   |                                |  |   |
|--|---|--------------------------------|--|---|
| <b>G. Travel</b><br>Include an estimate of the travel costs necessary for the project. |   |                                |  |   |
| Description & Purpose:   | Costs proposed for Grant Reimbursement: | Costs proposed for Cost Share: | Was Item Paid for Prior to [NTIG open date]? | If yes, what is the Date item was paid? |
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| <b>Total Travel Costs:</b>   |   |                                |  |   |