**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** |  |  |  |  |