**Attachment M**

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| --- |
| **STAFFING PLAN** |
| Name | Position Title  | Filled/Vacant | Annual Salary | % of Effort on this Grant | Amount to be paid via this Grant |
|   |   |   |  $  | % |  $  |
|   |   |   |  $  | % |  $  |
|   |   |   |  $  | % |  $  |
|   |   |   |  $  | % |  $  |
|   |   |   |  $  | % |  $  |
|   |   |   |  $  | % |  $  |
|   |   |   |  $  | % |  $  |
|   |   |   |  $  | % |  $  |
|   |   |   |  $  | % |  $  |
|   |   |   |  $  | % |  $  |
|   |   |   |  $  | % |  $  |
|   |   |   |  $  | % |  $  |
| Total Salaries (Amount must be included in Itemized Budget - Attachment F) |  $  |