**Attachment M**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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) | | | | | $ |