# **SECTION 14. BUDGET TEMPLATE**

**\*\*This template is provided as a courtesy. Applicants are not required to use this template. All elements of an application need to meet the requirements described in the Advanced Health SHARE Initiative RFA.**

**YEAR ONE YEAR 2**

| **Object Class Category and Line-Item** | **Coos** | **Curry** | **Total** |  | **Coos** | **Curry** | **Total** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Line 1: Personnel**   * 1. Itemize   2. Itemize   3. Itemize |  |  |  |  |  |  |  |
| **Line 2: Payroll Taxes and Fringe Benefits**  2.1 Itemize  2.2 Itemize  2.3 Itemize |  |  |  |  |  |  |  |
| **Line 3: Travel**  3.1 Itemize  3.2 Itemize  3.3 Itemize |  |  |  |  |  |  |  |
| **Line 4: Program Supplies**  4.1 Itemize  4.2 Itemize  4.3 Itemize |  |  |  |  |  |  |  |
| **Line 5: Capital Purchases**  5.1 Itemize  5.2 Itemize |  |  |  |  |  |  |  |
| **Line 6: Construction and Renovation**  6.1 Itemize  6.2 Itemize |  |  |  |  |  |  |  |
| **Line 7: Contracted Services Other than Sub-Applicants/Sub-Awardees**  7.1 Itemize  7.2 Itemize |  |  |  |  |  |  |  |
| **Line 8: SUB-TOTAL OF ALL NON-SUB-APPLICANT COSTS, Lines 1 through 7** |  |  |  |  |  |  |  |
| **Line 9: Administrative and Indirect Allowance, Calculated at 8 Percent of Line 8 (Above)** |  |  |  |  |  |  |  |
| **Line 10: Sub-Applicant Costs\***  10.1 List Sub-Applicant and Amount Budgeted  10.2 List Sub-Applicant and Amount Budgeted  10.3 List Sub-Applicant and Amount Budgeted (Continue as Needed) |  |  |  |  |  |  |  |
| **Line 11: TOTAL OF ALL COSTS: Line 8 + 9 + 10** |  |  |  |  |  |  |  |

\*Submit a Supplemental Budget for any Sub-Applicant scheduled to receive more than $19,999.