# **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 Itemize2.2 Itemize2.3 Itemize |  |  |  |  |  |  |  |
| **Line 3: Travel**3.1 Itemize3.2 Itemize3.3 Itemize |  |  |  |  |  |  |  |
| **Line 4: Program Supplies**4.1 Itemize4.2 Itemize4.3 Itemize |  |  |  |  |  |  |  |
| **Line 5: Capital Purchases**5.1 Itemize5.2 Itemize |  |  |  |  |  |  |  |
| **Line 6: Construction and Renovation**6.1 Itemize6.2 Itemize |  |  |  |  |  |  |  |
| **Line 7: Contracted Services Other than Sub-Applicants/Sub-Awardees**7.1 Itemize7.2 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 Budgeted10.2 List Sub-Applicant and Amount Budgeted10.3 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.