**Attachment 4**

**Budget Instructions and Forms**

**Budget Instructions**

**Applicants should use the budget forms provided.** The budget work sheets include two forms: Project Expenses and Budget Justification. Both forms must be completed. Budget requests should be for a 5-month period only and should relate directly to activities described in the project narrative and scope of work. Only administrative costs directly related to the project activities will be considered for funding. No direct health care services will be funded by this program.

**Follow these directions for completing the budget work sheets**:

Budget Form One – Project Expenses

* Identify the amount of grant funds requested for five-months and specify, by task, how the funds will be used.

Budget Form Two (Budget Justification)

* Justify the amount requested by task and include each line item or hourly rate times the number of hours to complete the task. Explain why each item listed is necessary.

Ineligible Items

* Budget items that are not related to the project’s specific objectives.
* Food and beverages.
* A Miscellaneous Line Item.
* Equipment.

**Budget Form** (repeat as necessary)

Program Area:

Activity:

Task:

Budget Items: