# **CHEP Chronic Disease Prevention Grants Budget Template**

Please be specific with budget expenditures so we see your budget matches your project proposal. There are NO strict guidelines for what each project’s budget must look like. Please refer to Page 10 of the CHEP Chronic Disease Prevention Grants RFP for additional information on the use of funds.

## **Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- |
| **Expenditures** | **Amount Requested** | **Justification** |
| ***Personnel Expenditures: (If applicable)*** | | |
| Salaries |  | *List all funded positions, salary rate and amount of time (FTE or hours)* |
| Fringe Benefits - indicate % |  | *Please provide a justification of the kind of fringe benefits provided.* |
| **Total Personnel Expenses** |  |  |
| ***Operating Expenses: (Customize as appropriate)*** | | |
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|  |  |  |
| **Total Operating Expenses** |  |  |
| **Total Direct Expenses** |  | *The total cost of Personnel Expenses and Operating Expenses* |
| Indirect Costs  (max of 15% of direct) |  | *Maximum of 15% of the Total Direct Expenses (line item above)* |
| Fiscal sponsor fees if applicable (max of 15% of direct and indirect) |  | *Indicate N/A if no fiscal sponsor* |
| **Total Expenses** |  | *Sum of Last 3 rows; Total Expenses may NOT exceed the total grant amount ($20,000 or $40,000 depending on the grant type)* |