HCA 450 Unit 1 Assignment:

Example of Request for Grant Funds

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| **Attachment 1FY2018 HCA ITEMIZED BUDGET FOR OBESITY PROJECT-RELATED FUNDS****Note: Please use the contract year time period for your calculations.**  |
| **District Name** | Charleston |   |  |
|  |  |  |  |
| **1. Personnel/Employees** |   |   | **HCA Funds Requested** |
| Salaries  |   |   |   |
| Fringe Benefits (Note: An employee’s fringe benefits will usually be around 20% over and above his/her salary) |   |   |   |
|   |   | **TOTAL PERSONNEL**  |   |
|  |  |  |  |
| **2. Facilities-Direct Cost** |  |  |  |
| Rent Charges |   |   |   |
|  |   |   |   |
|  |   |   |   |
|   |   | **SUBTOTAL** |   |
| Utilities Fees |   |   |   |
| Electric Fees |   |   |   |
| Gas Fees |   |   |   |
|   |   |   |   |
|   |   | **SUBTOTAL** |   |
| Communications/Marketing Expenses |   |   |   |
| Telephone |   |   |   |
| Fax |   |   |   |
| Mailing  |   |   |   |
|   |   | **SUBTOTAL** |   |
|   |   | **TOTAL FACILITIES**  |   |
|  |  |  |  |
| **3. Travel Expenses for Project Personnel** |  |  |
| Local Mileage |   |   |
| Non-local Mileage |   |   |   |
| Air or Other Fares |   |   |   |
| Registration & Lodging  |   |   |   |
|  |  |  |
|   |   | **TOTAL TRAVEL** |  |
|  |  |  |  |
| **4. Administrative Costs** |  |  |  |
| Contracting/Outsourcing Costs |   |   |   |
|  |   |   |   |
|  |   |   |   |
|  |  |  |
|  |   |   |   |
|  |   |   |   |
|   |   | **TOTAL ADMINISTRATIVE** |   |
|  |  |  |  |
| **5. Equipment and Supplies** **Use the formula (Quantity x Price=Amount)**  |  |  |  |
| Computer-Related Equipment |   |   |   |
| Other Equipment or Supplies  |   |   |   |
|  |   |   |   |
|   |   |   |   |
|  |   |   |   |
|   |   | **TOTAL EQUIPMENT AND SUPPLIES** |   |
|  |  |  |   |
| **6. Other Expenses** | Quantity |  |   |
|  |  |  |   |
|  |  |  |  |
|  |  |  |  |
|  |  |   |  |
|   |   |   |   |
|   |   | **TOTAL OTHER EXPENSES** |  |
|  |  |  |  |
|   |   | **PROJECT TOTAL** | 200,000.00 |

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