HCA 450 Unit 1 Assignment:

Example of Request for Grant Funds

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Attachment 1 FY2018 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 | |  | |  | | | |  | |
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|  | |  | |  | | | |  | |
|  | |  | | **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 | |  | | | |  | |
|  | |  | |  | | | |  | |
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|  | |  | |  | | | |  | |
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|  | |  | | **TOTAL OTHER EXPENSES** | | | |  | |
|  | |  | |  | | | |  | |
|  | |  | | **PROJECT TOTAL** | | | | 200,000.00 | |

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