

## Evaluation of MGH DoN Community Health Initiative Funds

PAGE 1 - BUDGET FORM

Total Project Costs from All Sources

### Employee Compensation

Position Title	FTE	Total Project Costs	Other Funding Source(s)	Total Request
1)				
2)				
3)				
4)				
5)				
		<i>Subtotal (salaries):</i>		
	Payroll Taxes	%		
	Fringe Benefits	%		
		<i>Subtotal (benefits):</i>		
<b>Total Employee Compensation</b> <i>(salaries + benefits):</i>				

<b>Non-Employee Compensation</b>				
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### Operating Expenses

Item	Total Project Costs	Other Funding Sources	Total Request
Office Supplies			
Equipment			
Copying and Printing			
Telephone and Fax			
Postage and Delivery			
Rent			
Utilities			
Office Maintenance			
Program Advertising			
Staff Travel			
Training and Education Supplies			
Staff Training			
Evaluation			
Other Expenses <i>(list and explain on page 2)</i>			
<b>Total Operating Expenses:</b>			

Total Direct Expenses <i>(Total Employee Compensation + Total Non-Employee Compensation + Total Operating Expenses)</i>			
Total Indirect Expenses <i>(may not exceed 15% of Direct Expenses)</i>			
<b>GRAND TOTAL</b>			

Please go to the next page to complete budget justification narrative.

# Evaluation of MGH DoN Community Health Initiative Funds

## PAGE 2 - BUDGET NARRATIVE

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Please list and explain all project costs to be funded by the MGH Determination of Need Community Health Initiative grant. For each line item, indicate which collaborator will receive funding to complete the work proposed.

### Employee Compensation:

<u>Position</u>	<u>Explanation</u>
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### Non-Employee Compensation:

<u>Position</u>	<u>Explanation</u>
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### Operating Expenses (including other expenses):

<u>Item</u>	<u>Explanation</u>
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