

## HEALTH CHECK OUTREACH PROJECT BUDGET

CCNC Network: \_\_\_\_\_ Region/Countries: \_\_\_\_\_

Budget Period: \_\_\_\_ (Mo.) \_\_\_\_ (Day), 20\_\_ (Yr.) through June 30, 20\_\_

CATEGORIES and LINE ITEMS	DMA BUDGETED AMOUNTS	IN-KIND CONTRIBUTIONS
<b>PERSONNEL</b>		
Health Check Coordinator 1 - Salary		
Fringe Benefits (HCC)		
FTE %:		
Health Check Coordinator 2 - Salary		
Fringe Benefits (HCC)		
FTE %:		
Health Check Coordinator 3 - Salary		
Fringe Benefits (HCC)		
FTE %:		
HCC Supervisor - Salary		
Fringe Benefits (Supervisor)		
FTE %:		
<b>CONSULTANT &amp; CONTRACT SERVICES</b>		
<b>EQUIPMENT</b>	Leave Blank	Leave Blank
Computer		
<b>SUPPLIES</b>		
<b>TRAVEL</b>	Leave Blank	Leave Blank
Mileage		
Hotel		
Subsistence		
<b>OTHER</b>	Leave Blank	Leave Blank
AINS Data Processing Fee		
Continuing Education/Training		
Phone		
Postage		
Educational Materials		
Incentives		
Advertising		
Printing		
Office Space		
Administrative Fee/Overhead		
<b>TOTAL</b>		

Agency Director's Signature: \_\_\_\_\_

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 Approved by: \_\_\_\_\_  
 Date: \_\_\_\_\_