Program/Project Budget Proposal

Please complete the budget form on the next page. The form should clearly and accurately define the budget items for your proposal.

Allowable Costs Include:
- Salary: grant funds may be used to cover a portion of salaries for project-related employees, and for partial salary costs for existing full-time employees based on the percentage of their role that will be dedicated to the project. Exceptions may be made in circumstances where a specified position is supported primarily by grant funds and the applicant can demonstrate that the requested funds would replace existing grant funds.
- Consultant fees
- Materials and supplies (e.g., office supplies, health-related materials)
- Printing and travel that are reasonable and necessary for project implementation
- Indirect costs are allowable, but **cannot exceed** 10 percent of total costs

Non-Allowable Costs Include:

These items should not be included in the grant budget request:
- Salary costs for staff who are already employed full-time by the organization (see exceptions above)
- Construction, alteration, and/or maintenance of buildings or building space, unless **essential** to project implementation
- Dues for organizational membership in professional societies
- Awards for individuals
- Billable services provided by physicians or other providers that are reimbursable by other sources
- Permanent equipment (e.g., computers, video monitors, software, printers, furniture) unless **essential** to project implementation and not available from other sources
- Educational materials from non-Highmark Delaware sources if comparable materials are available from Highmark Delaware

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Project/Program Budget Proposal

Organization and Project/Program name:

	Year 1	Year 2 (if applicable)
A. Salaries (include name, position, and FTE)		
Subtotal A		
B. Expendable Supplies		
Subtotal B		
C. Equipment		
Subtotal C		
D. Other Expenses / Fees		
Subtotal D		
TOTAL COSTS (Subtotal A+B+C+D)		
Indirect Costs (Up to 10%)		
TOTAL AMOUNT REQUESTED		

_____   _____
Signature - Executive Director   Date

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Please use this space for any details or notes:

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