



SAMPLE

PROJECT BUDGET FORM (REQUIRED)

Budget Period: April 1, 2012 to March 31, 2013

Organization Name: City Heights Women's Health Center

Direct Costs: Personnel Expenses						
Personnel (must be specific to Komen Project)	Total Annual Salary	% Effort on Project	Project Totals			Total Personnel Expenses Requested of Komen*
			Salary	Fringe Benefits & Rate (%)	Total	
1. <i>Maria Enriquez</i> Role: <i>Project Dir.</i>	\$55,000	10%	\$5,500	\$1,100 (20%)	\$6,600	\$6,600
2. <i>Kathryn Jones</i> Role: <i>Program Manager</i>	\$32,000	30%	\$9,600	\$1,960 (20%)	\$11,560	\$11,560
3. <i>Sally Smith</i> Role: <i>Advocate</i>	\$25,000	15%	\$3,750	\$0	\$3,750	\$3,750
Subtotal: Personnel Expenses			\$18,850	\$3,060	\$21,910	\$21,910

Direct Costs: Operating Expenses		Amount Requested of Komen*
Supplies (itemize by category)		
	Office & marketing supplies	\$250
	Educational materials	\$250
	Postage	\$43
Equipment (not to exceed \$5,000)		N/A
Travel (mileage only)		\$400
Patient-related Costs (itemize by category)		
	Lymphedema sleeves	\$5,000
Other Expenses (itemize by category)		
	Insurance (program related)	\$1,300
Subtotal: Operating Expenses		\$7,243

SUMMARY	Amount Requested of Komen*
Subtotal: Direct Expenses (Personnel + Operating)	\$29,153
Indirect Expenses (not to exceed 15% of direct expenses)	\$3,000
Total Funding Requested of Komen	\$32,153
Cost Per Person	\$643.06

***Please Note:** The funding requested of Komen is ONLY for the listed outcomes as stated in the Grant Application.