



Budget Preparation Worksheet
Sample Project Budget

Organization: _____
Grant Period: (from _____ to _____)
Budget Period: (from _____ to _____)
Project Year(s): _____

Community Health Improvement Resources

Capacity

I. Personnel						Total
<i>i. Position</i>	Base Salary	% of Effort	Project Salary	Fringe %	Fringe Amount	(Project Salary + Fringe Amount)
Principal Investigator						
Project Staff						
Project Staff 2 (as needed)						
Administrative Staff						
Administrative Staff 2 (as needed)						
Other Staff 1						
Other Staff 2 (as needed)						
Fringe Benefits (_____ %)						
Total Personnel Expenses:						_____
II. Other Direct Costs						
<i>i. General Office Supplies/Materials</i>						
Office Operations						
Equipment						
<i>ii. Intervention Materials</i>						
Incentives/Promotions						
Surveys						
Other intervention materials						
<i>iii. Meeting and Intervention Activity Space</i>						
<i>iv. Transportation/Travel</i>						
Personnel Travel Expenses						
Intervention Participants Travel Expenses						
<i>v. Other</i>						
Total Direct Costs:						_____
III. Purchased Services						
<i>i. Consultants</i>						
<i>ii. Contracts</i>						
<i>iii. Technical Assistance</i>						
Total Purchased Services:						_____
TOTAL DIRECT COSTS:						_____
IV. Indirect Costs (% X Total Direct Costs)						
V. Grand Total						