

Health and Human Services (HHS) Grant FY 2013-2014 Budget Proposal

Organization Name: Sunny Beach Hospital	Title/Department: Director of Nursing
Contact Person: John Doe	Phone Number: 318-999-9999
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Reimbursable Limit:	10,000.00
Match Amount (10%):	1,000.00
TOTAL OBLIGATION AMOUNT:	11,000.00

SAMPLE

A. CASH EXPENDITURES

<u>Capability Planning Guide</u>	<u>Description</u>	<u>Amount</u>
CPG 1 - Healthcare System Preparedness	Training	\$ 5,000.00
CPG 2 - Recovery	HVA Assessment, Development of SOP/COOP	\$ 750.00
CPG 3 - Emergency Operation Coordination	HEICS vests, Command Center Equipment	\$ 450.00
CPG 5 - Mass Fatality	Body Bags	\$ 300.00
CPG 6 - Information System	700 MHz Radio	\$ 1,000.00
CPG 10 - Medical Surge	Bed capacity equipment, Decontamination Tent	\$ 2,000.00
CPG 14 - Responder Safety	PPE, Pharmaceutical Cache	\$ 2,000.00
CPG 15 - Volunteer Management	"Just in Time" Training Modules	\$ 1,000.00
TOTAL CASH EXPENDITURES		\$ 12,500.00

B. NON CASH IN-KIND CONTRIBUTIONS

Staff Time	\$ -
Meeting Space	\$ 300.00
Storage/Rental Space	\$ -
Mileage Reimbursement	\$ -
TOTAL NON CASH IN-KIND CONTRIBUTIONS	\$ 300.00

C. TOTAL AMOUNT PROPOSED (Cash Expenditures + In-Kind Contributions)

TOTAL AMOUNT	\$ 12,800.00
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D. OVERAGE (Total Amount Proposed - Total Obligation Amount)

AMOUNT OVER TOTAL OBLIGATION	\$ 1,800.00
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By signing below, you are ensuring that HHS grant funds will be spent in accordance with the guidelines as specified in your Participation Agreement.

CEO's Name (Print):	Date:
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CEO's Signature:	
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