

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

<b>Organization Name:</b> Sunny Beach Hospital	<b>Title/Department:</b> Director of Nursing
<b>Contact Person:</b> John Doe	<b>Phone Number:</b> 318-999-9999
<b>Email Address:</b> joe.doe@hospital.com	<b>Fax Number:</b> 318-999-9998

<b>Reimbursable Limit:</b>	<b>10,000.00</b>
<b>Match Amount (10%):</b>	<b>1,000.00</b>
<b>TOTAL OBLIGATION AMOUNT:</b>	<b>11,000.00</b>

SAMPLE

### A. CASH EXPENDITURES

Capability Planning Guide	Description	Amount
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
<b>TOTAL CASH EXPENDITURES</b>		<b>\$ 12,500.00</b>

### B. NON CASH IN-KIND CONTRIBUTIONS

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

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

<b>TOTAL AMOUNT</b>	<b>\$ 12,800.00</b>
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### D. OVERAGE (Total Amount Proposed - Total Obligation Amount)

<b>AMOUNT OVER TOTAL OBLIGATION</b>	<b>\$ 1,800.00</b>
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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:** \_\_\_\_\_

**CEO's Signature:** \_\_\_\_\_