**Urban Indian Health Institute**

**Community Grants Program**

**2018-2019: A Native Approach to Overweight and Obesity Education, Prevention, and Management**

Budget Worksheet and Justification (RFA – Community Grants)

Please provide an itemized project budget and corresponding budget justification for the proposed activities in the Community Grants Program Application Form and Work Plan.

|  |  |  |  |
| --- | --- | --- | --- |
| Itemized Costs  (please enter costs as dollar amount) | | | Justification |
| Salary and Wages | |  |  |
| Fringe Benefits | |  |  |
| Consultant Costs | |  |  |
| Supplies | |  |  |
| Travel | |  |  |
| Printing and Postage | |  |  |
| Other Direct Costs |  |  |  |
| Other Direct Costs |  |  |  |
| Other Direct Costs |  |  |  |
| Indirect Costs\* (please enter as dollar amount) | |  |  |
| TOTAL DIRECT COSTS | |  |  |
| TOTAL FOR CONTRACT | |  |  |

\*Indirect costs are allowable, but an optional item for this budget