

**APPENDIX 3
Budget Template**

PROGRAM TITLE

1. Personnel

Title of Position	% of time	Hr. rate	Hrs. per month	# months budgeted	Total cost
		\$			\$
		\$			\$
		\$			\$
		\$			\$
		\$			\$
Total Salary					\$ _____

- 2. Fringe Benefits for Project Personnel (Employers FICA: Employees Insurance)
(_____ %) \$ _____
- 3. Travel \$ _____
- 4. Equipment (Include detail in budget narrative) \$ _____
- 5. Supplies (Include detail in budget narrative) \$ _____
- 6. Contractual and Consultant Costs (Include detail in budget narrative) \$ _____
- 7. Training for Paid and Volunteer Workers: \$ _____
- 8. Advertising/Marketing \$ _____
- 9. Other Expenses including Operating Expenses (Include detail in budget narrative) \$ _____
Note: Pathways to Independence can not pay more than 9% for any indirect costs in accordance with the Medicaid Infrastructure Grant requirement.
- 10. TOTALS (lines 1 through 10) \$ _____

NOTE: BUDGET DETAIL IS TO BE PROVIDED IN THE BUDGET JUSTIFICATION FOR (4) TRAVEL, (5) EQUIPMENT, (6) SUPPLIES, ETC., (7) CONTRACTUAL AND CONSULTANT COSTS, AND (10) OTHER EXPENSES.