

Attachment B

**Tobacco Cessation Project
Proposed Budget
(INSERT DATE)**

Itemized Budget for (INSERT DATE):

Reimbursement shall be for the actual costs incurred by the vendor through **(INSERT DATE)** and shall not exceed the amounts noted below. The invoice will be processed upon receipt of the final detailed report on the deliverables by **(Insert Date)**

Itemized Activity Expenses/Purchases	
#1: _____	= \$ _____
#2: _____	= \$ _____
#3: _____	= \$ _____
#4 _____	= \$ _____
#5 _____	= \$ _____
#6 _____	= \$ _____
#7 _____	= \$ _____
(attach additional sheets, if necessary)	
TOTAL	= \$ _____
	*May not exceed \$10,000

Provide any additional budget justification details here: (attach additional sheets, if necessary)

Please submit one original and one electronic of this Attachment. One copy of any price quotes, estimates, catalog samples, or other proof of cost for every items or piece of equipment requested for purchase proposed within your itemized budget.

By applying for mini-grant funding, applicants acknowledge and affirm that they will abide by the above spending limitations and the provisions of the Department of Health for all money awarded under that application.

Authorized Signature and Date

Printed Name and Title
FOR DOH USE ONLY:

_____ Tomas J. Aguilar, Director Bureau of Health Promotion & Risk Reduction	_____ Project Coding
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