

## **Proposed Budget: Urban Hospital Quality Grant Program**

**Title:**

**Organization:**

### **Instructions:**

Use the budget template below to prepare the budget for the proposed Hospital Incentive Program. Utilize the justification column to further expand on the expenses (e.g., cost per unit). Matching funds through in-kind support or donation are encouraged. Funding will not support ongoing operating expenses, endowment or capitol costs, research on drug therapies or devices, or lobbying.

### **Definitions:**

*Personnel:* Salary and fringe costs and may include funds as donated in-kind with time from the application organization and partner organizations.

*Operating Expenses:* Expenses related to implementing the proposed program or project. Use the subheadings (supplies, educational materials, equipment, printing and copying, marketing and advertising) to detail the operating expenses. Please use the justification column to provide information related to the costs. For example, copy costs for 10,000 fliers = \$1,000.

*Travel:* Expenses related to travel for the proposed program or project. Please provide details related to the cost of travel in the justification column.

<b>Budget Category</b>	<b>Blue Cross of Idaho Support</b>	<b>In-Kind or Donated Support</b>	<b>Total</b>	<b>Justification</b>
Personnel				
Operating Expenses				
Supplies				
Educational Materials				
Equipment				
Printing and Copying				
Marketing, Advertising, Media				
Other (please clarify)				
Travel				
<b>TOTAL</b>				