

## Healthy Aging Letter of Inquiry Project Budget Form

Organization Name: ABC Organization		Reporting Other Grants: When reporting grants received for the project, be sure to list the amount dedicated to this project - not to the organization in general.			
IN anno a at Decara a and Decara at Anno lain I'l dans a			For example, if May Day Inc. provided ABC Organization with a \$10,000 grant, and \$8,000 of that grant will be used for the Aerobic Elder project, \$8,000 is the number that should be reported.		
Income	1	2	Expenses	3	4
Source	THPF	Other Sources	Column 2: Please use Column 2 to us how much funding your agency he for this project.		Other Sources
THP Foundation Request	\$137,000		Salaries and Wages		
Other Grants - Committed			Nurse Case Manager (\$68,000)	\$68,000	\$0
United Way		\$2,500	Medical Director (\$36,000)	\$25,000	\$11,000
May Day Inc.		\$8,000	Program Coordinator (\$50,000)	\$25,000	\$25,000
Column 1: This is the amount			Administrative Assistant (\$13,000)	\$2,600	\$10,400
you are requesting from the Tufts Health Plan Foundation			Other Personnel Costs:		<u> </u>
in contact in the con	İ		Professional Fees, Consultants, Sub-Contrac	ctors etc.	
Other Grants - Pending	İ		Other Personnel Costs		
Anytown Community Foundation	ľ	\$5,000		\$3,000	
Mass Dept. Public Health	İ	\$25,000	/	<b>73,000</b>	
Salaries and Wages: List the titles of the staff who will be contributing to this proje (including fringe costs) for the project during the proposed gr columns, indicate the amount of this salary you are requesting	ant period. In the	compensation adjoining			
sources.  In the <b>Notes</b> section, identify each position by title and (1) b			Travel	\$2,000	
time that individual will devote to the project (FTE%), and the	e cost of related be	enefits and	Equipment	\$0	
taxes allocable to these salaries (fringe), <b>or</b> (2) the individual hours dedicated to this project, and fringe costs.	s hourly rate, the i	number of	Supplies		\$300
Program Fees		\$775	Professional Development & Training	\$1,000	
Fundraising		\$10,000	Stipends	\$500	
Individual Contributions	Ī	\$750	Printing & Copying		\$550
Earned Income	Ī		Utilities	\$0	
Interest Income	Ī		Occupancy/Rent	\$0	
Other Income (specify)			Indirect costs (7%)	\$9,590	\$5,225
In-kind		\$450	Other (specify)		
			Parking /	\$310	
In-kind income is payment made in the form of goods and services, rather than cash.		acco costs	rect costs are costs that are not directly untable to a particular function or product. Indirect s include taxes, administration, personnel and rity costs, and are also known as overhead.		
Total (Column 1)	\$137,000		Total (Column 3)	\$137,000	
Total (Column 2)	\$157,000	\$52.475	Total (Column 4)	\$157,000	\$52,475
Total Income		·	Total Expenses		<del>+==, 1, 5</del>
(Column 1 + Column 2)		\$189,475	(Column 3 + Column 4)		\$189,475
Notes & Comments:  In addition to the breakdown of calaries and wages, this section should also include any					

## **Notes & Comments:**

Salary and Wages:

In addition to the breakdown of salaries and wages, this section should also include any explaination, comment or detail that will serve to clarify your proposed project budget.

Nurse Case Manager (\$68,000) - \$60,000 annual base salary (1 FTE) + \$8,000 fringe (fringe rate is %13)

Medical Director (\$36,000) - \$62,000 annual base salary (.5 FTE) + \$5,000 fringe

Program Coordinator (\$50,000) - \$50,000 base salary (1 FTE)

Administrative Assistant (\$13,000) - 20 hrs/week @ \$20/hr x 32 weeks

In-Kind income - XYZ Aerobic Supplies has agreed to provide the ABC Organization Inc. with pedometers for this project. Professional Development and Training - as part of this project, 2 staff members will attend the "Aerobic Seniors" seminar, @ \$500/person.