

## Healthy Aging Letter of Inquiry Project Budget Form

<b>Organization Name:</b> <i>ABC Organization</i>	<b>Reporting Other Grants:</b> When reporting grants received for the project, be sure to list the amount dedicated to this project - not to the organization in general.
<b>Name of Proposed Project:</b> <i>Aerobic Elders</i>	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	Item	THPF	Other Sources
THP Foundation Request	\$137,000		Salaries and Wages		
Other Grants - Committed			<i>Nurse Case Manager (\$68,000)</i>	\$68,000	\$0
<i>United Way</i>		\$2,500	<i>Medical Director (\$36,000)</i>	\$25,000	\$11,000
<i>May Day Inc.</i>		\$8,000	<i>Program Coordinator (\$50,000)</i>	\$25,000	\$25,000
			<i>Administrative Assistant (\$13,000)</i>	\$2,600	\$10,400
			<b>Other Personnel Costs:</b> Professional Fees, Consultants, Sub-Contractors etc.		
Other Grants - Pending			Other Personnel Costs		
<i>Anytown Community Foundation</i>		\$5,000	<i>Web designer</i>	\$3,000	
<i>Mass Dept. Public Health</i>		\$25,000			
			Travel	\$2,000	
			Equipment	\$0	
			Supplies		\$300
Program Fees		\$775	Professional Development & Training	\$1,000	
Fundraising		\$10,000	Stipends	\$500	
Individual Contributions		\$750	Printing & Copying		\$550
Earned Income		\$0	Utilities	\$0	
Interest Income		\$0	Occupancy/Rent	\$0	
Other Income (specify)			Indirect costs (7%)	\$9,590	\$5,225
<i>In-kind</i>		\$450	Other (specify)		
			<i>Parking</i>	\$310	
<b>Total (Column 1)</b>	\$137,000		<b>Total (Column 3)</b>	\$137,000	
<b>Total (Column 2)</b>		\$52,475	<b>Total (Column 4)</b>		\$52,475
<b>Total Income (Column 1 + Column 2)</b>		\$189,475	<b>Total Expenses (Column 3 + Column 4)</b>		\$189,475

<b>Notes &amp; Comments:</b> Salary and Wages:	<b>Notes &amp; Comments:</b> In addition to the breakdown of salaries and wages, this section should also include any explanation, 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.*