

Organization: NAME
 Period of Performance: xx/xx/xxxx to xx/xx/xxxx

SUMMARY BUDGET		
BUDGET LINES	TOTAL BUDGET AMOUNT	
PERSONNEL AND FRINGE BENEFITS	\$0	TRUE
CONSULTANTS AND SUBAWARDS	\$0	TRUE
EQUIPMENT AND SUPPLIES	\$115,000	TRUE
OTHER DIRECT COSTS/INCLUDING VACCINE INCENTIVES	\$235,000	TRUE
INDIRECT COSTS	\$0	TRUE
TOTAL ESTIMATED COST	\$350,000	TRUE

This tab will populate automatically. Please complete the detailed budget and check back to make sure that all columns above are noted as "TRUE"

Organization: NAME
 Period of Performance: xx/xx/xxxx to xx/xx/xxxx

LINE ITEM DETAIL	BUDGET NOTES			ANNUAL COST
PERSONNEL AND FRINGE BENEFITS		Salary	% of FTE	
Position 1	insert notes	\$0.00	0%	\$0.00
Position 2	insert notes	\$0.00	0%	\$0.00
Position 3	insert notes	\$0.00	0%	\$0.00
		Total Salary Requested		\$0.00
		Fringe Benefits %	0%	\$0.00
		TOTAL PERSONNEL AND FRINGE BENEFITS		\$0.00
CONSULTANTS AND SUBAWARDS		Hourly Rate or Cost	Hours or Units	
Consultant/Subaward Name 1	insert notes	\$0.00	0	\$0.00
Consultant/Subaward Name 2	insert notes	\$0.00	0	\$0.00
Consultant/Subaward Name 3	insert notes	\$0.00	0	\$0.00
		TOTAL CONSULTANTS AND SUBAWARDS		\$0.00
EQUIPMENT AND SUPPLIES		Cost	Quantity	
Van	Mobile Vaccination Clinic via Van	\$80,000.00	1	\$80,000.00
Vaccine Van Equipment	Storage, Shelving	\$10,000.00	1	\$10,000.00
Portable Cooler	Cooler for vaccine	\$2,000.00	1	\$2,000.00
Van Rental	Rental until van can be purchased	\$11,000.00	1	\$11,000.00
Van Wrap / Magnetic Logos	Wrap for the Vaccine Van / Magnets w/ Public Health Logo	\$500.00	1	\$500.00
Travel Cost - Mileage	Gasoline for the Van	\$7,500.00	1	\$7,500.00
Tech Equipment	iPads for Vaccine Data Entry, Laptop	\$4,000.00	1	\$4,000.00
PNCD				
		TOTAL EQUIPMENT AND SUPPLIES		\$115,000.00
OTHER DIRECT COSTS/INCLUDING VACCINE INCENTIVES		Cost	Quantity	
Incentives	Gift Cards	\$25.00	3000	\$75,000.00
Incentives	Gift Cards	\$50.00	2000	\$100,000.00
Incentives	Merchandise / Swag	\$25,000.00	1	\$25,000.00
Media	Advertisement	\$15,000.00	1	\$15,000.00
Printing	Advertisement	\$5,000.00	1	\$5,000.00
Misc. Vaccine Supplies	Sharps containers, fainting cot, tables, pop-up tent	\$15,000.00	1	\$15,000.00
		TOTAL OTHER DIRECT COSTS		\$235,000.00
INDIRECT COSTS		Total Direct Cost	IDC Rate	
Indirect Cost Rate Agreement Rate	**Not to exceed 10% unless NICRA is presented**	\$350,000.00	0.00%	\$0.00
		TOTAL INDIRECT COSTS		\$0.00
		TOTAL ESTIMATED COST		\$350,000.00