**Subrecipient Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GMIS #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Applicants should see Maximum Amount of Funds Available by County (Appendix B2) to determine the amount of funding available for each deliverable.*

**Funding Requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ + Projected Program Income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ = Total Budget: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| Budget breakdown: | Total Budgeted Amount  **Due with application** | **Mid-year Report**  Billed amount  **(Apr 1, 2025 – Sept 30, 2025)**  **Due Oct 15, 2025** | **Final** **Report**  Billed amount  **(Apr 1, 2025 – Mar 31, 2026)**  **Due May 15, 2026** |
| Personnel | $ | $ | $ |
| Advertising/Outreach | $ | $ | $ |
| Client expenses (such as client incentives, transportation etc.) | $ | $ | $ |
| Facility Costs (such as rent, depreciation, interest on a debt etc.) | $ | $ | $ |
| Fees (such as website maintenance, lab fees, background check, audit fees fiscal management services) | $ | $ | $ |
| Maintenance/Lease (such as liability insurance, postage, postage meter, copier, snow removal, trash removal etc.) | $ | $ | $ |
| Contracts | $ | $ | $ |
| Subscription/Publications | $ | $ | $ |
| Medical supplies (such as medical instruments for exams, medications etc.) | $ | $ |  |
| Office supplies (such as file cabinet, tablets etc.) | $ | $ | $ |
| Program supplies (such as promotional materials, pelvic model etc.) | $ | $ | $ |
| Travel (such as in state, out of state travel costs) | $ | $ | $ |
| Utilities (such as gas, electric, water, telephone service, cell phone service etc.) | $ | $ | $ |
| Equipment (such as laptop computer, printer etc.) | $ | $ | $ |
| Other |  |  |  |
| **TOTAL** | $ | $ | $ |