

# GRANT-SPECIFIC BUDGET DOCUMENT

## Project Title:

Community Health Outreach Initiative

## Grant Period:

January 1, 2025 – December 31, 2025

## Budget Summary

Item/Category	Description	Grant Funds Requested	Other Funding	Total Cost
Personnel	Project Coordinator (0.5 FTE)	\$25,000	\$5,000	\$30,000
Supplies	Health education materials	\$3,000	\$0	\$3,000
Travel	Local outreach visits	\$1,500	\$500	\$2,000
Equipment	Portable health screening kits	\$6,000	\$2,000	\$8,000
Other	Facility rental for workshops	\$2,500	\$0	\$2,500
<b>TOTAL</b>		<b>\$38,000</b>	<b>\$7,500</b>	<b>\$45,500</b>

## Budget Justification (Summary)

The requested funds will support personnel costs essential for project management and coordination, as well as equipment and materials for community health education and outreach. The budget includes partial support from other funding sources where possible.

## Key Contacts

Name	Dr. Emma Clark
Position	Principal Investigator
Email	emma.clark@email.org
Phone	(123) 456-7890

## Important Notes

- Ensure all requested costs are allowable under grant guidelines.
- Justify each budget item clearly and concisely.

- Include co-funding or in-kind contributions where possible.
- Use current rates and provide documentation when required.
- Review for accuracy and completeness prior to submission.