California Department of Public Health
Center for Infectious Diseases, Immunization Branch
RFA 24-10180
Attachment 4
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Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **Attachment 4Budget Form**

In the tables below, describe justification of the items. Begin my providing a summary of total budget requested. You may add lines as needed.

**Budget Summary**

|  |  |
| --- | --- |
| Budget Category | Estimated Total Budget for Category |
| 1. Staffing
 | $ |
| 1. Professional Development and Training
 | $ |
| 1. Operating Expenses
 | $ |
| 1. Equipment
 | $ |
| 1. Materials and Supplies
 | $ |
| 1. Travel
 | $ |
| 1. Subgrantees
 | $ |
| 1. Other
 | $ |

Total Amount Requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Budget Justification**

1. **Staffing:**

| Position Title | Salary/Pay Expectations | Duties |
| --- | --- | --- |
| blank | blank | blank |
| Blank | Blank | Blank |
| Blank | Blank | Blank |
| Blank | Blank | blank |

Total Staffing Budget: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Professional Development and Training:**

| Training Expense | Anticipated Cost  | Justification  |
| --- | --- | --- |
| Blank | Blank | Blank |
| Blank | Blank | Blank |
| Blank | Blank | Blank |
| Blank | Blank | Blank |
| Blank | Blank | blank |

Total Training and Professional Development Budget: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Operating Expenses:**

| Operating Expense | Anticipated Cost  | Justification  |
| --- | --- | --- |
| Blank | Blank | Blank |
| Blank | Blank | Blank |
| Blank | Blank | Blank |
| Blank | Blank | Blank |
| Blank | Blank | Blank |
| Blank | Blank | blank |

Total Operating Expenses Budget: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Equipment:**

| Equipment Expense | Anticipated Cost  | Justification  |
| --- | --- | --- |
| Blank | Blank | Blank |
| Blank | Blank | Blank |
| Blank | Blank | Blank |
| Blank | Blank | Blank |
| Blank | Blank | Blank |
| Blank | Blank | blank |

Total Equipment Expenses Budget: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Materials and Supplies:**

| Materials/Supplies Expense | Anticipated Cost  | Justification  |
| --- | --- | --- |
| Blank | Blank | Blank |
| Blank | Blank | Blank |
| Blank | Blank | Blank |
| Blank | Blank | Blank |
| Blank | Blank | Blank |
| Blank | Blank | blank |

Total Materials and Supplies Expenses Budget: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Travel:**

| Travel | Anticipated Cost | Identify the type of travel, number of trips, mileage, hotel, incidentals |
| --- | --- | --- |
| Blank | Blank | Blank |
| Blank | Blank | Blank |
| Blank | Blank | Blank |
| Blank | Blank | Blank |
| Blank | Blank | blank |

Total Travel Budget: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Subgrantees:**

| Subgrantee  | Anticipated Cost  | Describe the service subgrantee will provide to support the project |
| --- | --- | --- |
| Blank | Blank | Blank |
| Blank | Blank | Blank |
| Blank | Blank | Blank |
| Blank | Blank | Blank |
| Blank | Blank | blank |

Total Subgrantee Budget: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Other: Additional Budget Items Not Otherwise Listed**

| Other Expense | Anticipated Cost  | Justification  |
| --- | --- | --- |
| Blank | Blank | Blank |
| Blank | Blank | Blank |
| Blank | Blank | Blank |
| Blank | Blank | Blank |
| Blank | Blank | Blank |
| Blank | Blank | blank |

Total Other Expenses Budget: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_