



School-Based Health Center Program

Budget with Justification Form

Prevention Services Division - Budget with Justification Form

| | |
|--------------------------------------|--|
| Name of Lead Applicant Agency | |
| Budget Period | |
| Project Name | |

| | |
|---|--|
| Program Contact Name, Title, Phone and Email | |
| Fiscal Contact Name, Title, Phone and Email | |
| Number of SBHC sites represented in budget | |

| Expenditure Categories | | | | | | |
|--|---------------------|-----------------------------------|------------------------|---------------|-----------------------------|-----------------------------------|
| Personal Services Salaried Employees | | | | | | |
| Position Title/Employee Name | Description of Work | Budget Item Supports SOW (Yes/No) | Gross or Annual Salary | Fringe | Percent of Time on Project | Total Amount Requested from CDPHE |
| | | | | | | \$0.00 |
| | | | | | | \$0.00 |
| | | | | | | \$0.00 |
| | | | | | | \$0.00 |
| | | | | | | \$0.00 |
| | | | | | | \$0.00 |
| | | | | | | \$0.00 |
| | | | | | | \$0.00 |
| | | | | | | \$0.00 |
| Personal Services Hourly Employees | | | | | | |
| Position Title/Employee Name | Description of Work | Budget Item Supports SOW (Yes/No) | Hourly Wage | Hourly Fringe | Total # of Hours on Project | Total Amount Requested from CDPHE |
| | | | | | | \$0.00 |
| | | | | | | \$0.00 |
| | | | | | | \$0.00 |
| | | | | | | \$0.00 |
| | | | | | | \$0.00 |
| | | | | | | \$0.00 |
| | | | | | | \$0.00 |
| | | | | | | \$0.00 |
| | | | | | | \$0.00 |
| Total Personal Services (including fringe benefits) | | | | | | \$0.00 |
| Supplies & Operating Expenses | | | | | | |
| Item | Description of Item | Budget Item Supports SOW (Yes/No) | Rate | Quantity | | Total Amount Requested from CDPHE |
| | | | | | | \$0.00 |
| | | | | | | \$0.00 |

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| Indirect | | |
|--|----------------------------|--|
| Item | Description of Item | Total Amount Requested from CDPHE |
| Negotiated Indirect cost rate (Federal, State, or CDPHE) | | |
| Indirect rate (other): | | |
| Indirect (modified or additional base) | | |
| Total Indirect | | \$0.00 |
| TOTAL | | \$0 |

SAMPLE