

# EBI/CIP Budget Request

**ENTER SUBAWARDEE NAME HERE**

Estimated Total Staff Budget					
Staff Name	Staff Type	Estimated Staff Number	Pay Rate	Estimated Hours	Estimated Pay
Sally Sue Nurse	Public Health Nurse	1	\$ 40.00	25	\$ 1,000.00
John Doe	Program Director/Director	1	\$ 45.00	8	\$ 360.00
Cindy Lou	Community Health Worker	1	\$ 30.00	25	\$ 750.00
Chatty Cathy	Community Health Educator	1	\$ 35.00	25	\$ 875.00
	-		\$ -		\$ -
	-		\$ -		\$ -
<b>Total Staff Budget</b>					<b>\$ 2,985.00</b>

Estimated Total Line Item Expenditures				
Budget Category	Description			Estimated Amount
Printing	Brocures, educational materials, postcards, etc.			\$ 200.00
Advertising	Small Media campaign in Local Newspaper			\$ 500.00
Event Logistics	Training Room Rent			\$ 50.00
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Mileage/Travel - Purpose	From	To	Round Trip Mileage	Estimated Amount
meetings (2)	Clinic	Partnership Agency	10	\$ 5.40
CHW interp. Support (8)	Partner Agency	Clinic	50	\$ 27.00
CHW home visits (6)	Partner Agency	Client Home	30	\$ 16.20
				\$ -
				\$ -
<b>Total Line Item Expenditures</b>				<b>\$ 798.60</b>

Cost Per Client	
Description/Justification of Costs	
Postage at bulk rate of 40 cents per piece	\$ 0.40
Postcards 30 cents/piece	\$ 0.30
Telephone Costs	\$ 2.50
Educational Materials	\$ 2.50
Average time spent per client 30 min. utilizing xx staff (inclusive of direct contact, phone calls, texting per submitted EBI plan)	\$ 12.50
	<b>Cost per Cleint: \$ 18.20</b>
<b>Number of Clients to be Served:</b>	<b>250</b>
<b>Cost per Client Budget: \$ 4,550.00</b>	

TOTAL APPROVED BUDGET	
Staff:	\$ 2,985.00
Line Item Expenditures:	\$ 798.60
Cost Per Client:	\$ 4,550.00
<b>TOTAL:</b>	<b>\$ 8,333.60</b>

Authorized Subawardee Signature \_\_\_\_\_ Date \_\_\_\_\_

WMHP Staff Approval \_\_\_\_\_ Date \_\_\_\_\_