

**Family Medicine Chapter Alliance**

**FMCA Grant Awards Budget Worksheet**

**INSTRUCTIONS:**

**● Complete and upload the budget worksheet with the application and attachments online.**

● **Completed application and attachments (budget and supporting documents) are due by 11:59 P.M. Central Time, February 28.**

**● Submitted application *including* attachmentsMUST NOT EXCEED 12 PAGES. Longer submissions will be disqualified.**

**● QUESTIONS?** Contact Veronica Roberts at 913-906-6239 or email vroberts@aafp.org.

# BUDGET

1. **TABLE OF ALL FUNDING SOURCES FOR THIS PROJECT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **FMCA REQUEST** | **OTHER FUNDING** | **IN-KIND or NON-CASH\*\*** | **TOTAL BUDGET BY CATEGORY** |
| **STAFF & ADMIN *Include all staff and personnel, interns, consultants, volunteers, members, etc.*** | $  | $  | $  | $  |
| **SUPPLIES** | $  | $  | $  | $  |
| **EQUIPMENT** | $  | $  | $  | $  |
| **OTHER** | $  | $  | $  | $  |
| **TOTAL** per Funding Source | **$**  | **$**  | **$**  | **Grand Total****$**  |
| **\*% of FMCA Staffing & Admin** Cannot exceed 30%\***(\*Calculate using FMCA Staff & Admin/Total FMCA Funding)**  |  **%** |

## *\*For example, if total FMCA Request is $2,000, FMCA Staff & Admin cannot exceed $2,000 \*.30=$600.*

## ***\*\*****In-kind or non-cash donations can be goods, services or labor of people assigned to accomplish the project.*

## **BUDGET NARRATIVE** (500 words or less): This section should be **comprehensive** and address funding requested from FMCA, as well as funding from other sources and in-kind support. For all categories, please explain the need for the cost and how costs were estimated.