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| --- | --- | --- | --- | --- | --- | --- |
| **FDOH GRANT# \_\_\_\_\_\_\_\_\_**  **Attachment V.a.:**  **Grant Budget**  **The budget must include the entire proposed project cost broken down by category and state fiscal year (July 1 – June 30). The total budget may not exceed the award amount. Please note the table below is an embedded Excel worksheet. Double click to activate spreadsheet.** | | | | | | |
| **GRANTEE**  **Signature of Authorized Official:** | | |  | **FLORIDA DEPARTMENT OF HEALTH**  **Signature of Authorized Official:** | |  |
|  |  |  |  |  |  |  |
| **Name:** |  |  |  | **Name: Bonnie Gaughan-Bailey, MPA, ASQ-CQIA** | | |
|  |  |  |  |  |  |  |
| **Title:** |  |  |  | **Title: Deputy Director, Public Health Research** | | |
|  |  |  |  |  |  |  |
| **Date:** |  |  |  | **Date:** |  |  |
|  |  |  |  |  |  |  |

**Attachment V.b.:**

**Budget Narrative by State Fiscal Year**

**The budget narrative must provide a cost breakdown for each budget category by state fiscal year for the entire grant period. The numbers in the budget narrative should coincide with the total budget by year and category as shown in Attachment V.a. Please justify expenditures in each category as it relates to the project. Where appropriate, include details that show how the estimated cost was calculated. Use additional sheets as necessary. Please note the table below is an embedded Excel worksheet. Double click to activate spreadsheet.**

FY 2021-2022 (3 months)



**Personnel/Fringe**:

**Consultant Cost**:

**Consortium /Contractual**:

**Equipment**:

**Supplies**:

**Travel**:

**Patient Care Cost**:

**Other Expenses**:

**Attachment V.b.:**

**Budget Narrative by State Fiscal Year**

**The budget narrative must provide a cost breakdown for each budget category by state fiscal year for the entire grant period. The numbers in the budget narrative should coincide with the total budget by year and category as shown in Attachment V.a. Please justify expenditures in each category as it relates to the project. Where appropriate, include details that show how the estimated cost was calculated. Use additional sheets as necessary. Please note the table below is an embedded Excel worksheet. Double click to activate spreadsheet.**

FY 2022-2023 (9 months)



**Personnel/Fringe**:

**Consultant Cost**:

**Consortium /Contractual**:

**Equipment**:

**Supplies**:

**Travel**:

**Patient Care Cost**:

**Other Expenses**: