

Community-Led Support for Maternal and Child Health Equity
Project Budget

INSTRUCTIONS:
Please complete the Project Budget for the project. This budget should include all funding necessary to complete the aims and objectives of the proposed project within the budget restrictions indicated in the Call for Applications. Please use the descriptions of line items on the Budget Instructions (tab 1) to allocate your project-specific costs.

Project Title:

Advancing a Healthier Sauk County

Organization Name:

Sauk County Health Department

Primary Contact Name (individual):

Jennifer Weitzel

Project Start Date (mm/dd/yyyy):

7/1/2023

Project End Date (mm/dd/yyyy):

12/31/2024

Total Project Budget Request (autofill):

\$81,551

		Total Project Budget
PERSONNEL		
Salary		
Name, Position (Primary Organization only)	% Effort	
Jennifer Weitzel, Deputy Director		\$10,356
Salary total		\$10,356
Fringe Benefits (total)		
PERSONNEL TOTAL		\$10,356
DIRECT EXPENSE		
Program Supplies/Services (itemize by category)		
One Key Question Training x 9 staff		\$4,500
Consultant		\$20,000
Program Supplies/Services total		\$24,500
Equipment (itemize)		
3 Lactation Pods		\$46,695
Equipment total		\$46,695
Subcontracts		
Subcontracts total		\$-
Travel (total)		
DIRECT EXPENSE TOTAL		\$81,551
INDIRECT EXPENSE		
Indirect Costs		
Please enter an amount for one of the following options: 1. Total indirect amount based on your Federally negotiated rate (a copy of your organization's rate agreement must have been submitted with the application) 2. If no federally negotiated rate exists, enter either: • 10% of the Modified Total Direct Costs as the de minimis rate, or • \$0 for no indirect costs requested		\$-
Indirect total		\$-
TOTAL EXPENSES		\$81,551