



MAKE A COPY OR DOWNLOAD THE FORM BELOW, BEFORE STARTING.

Provide a complete project budget using the below form. Include the following: (25 pts)

- Amount of funds requested from Greater Plymouth CHNA;
- Additional funding sources supporting this project; and
- Narrative description of budget line items.

Greater Plymouth Community Health Alliance (CHNA) Grant Budget Template			
Item	Total Project Cost	Other Funding Source(s) Including In-Kind Support	Amount Requested GPCHNA Mini-grant
Total			

Budget Narrative/Justification

1. Please briefly describe each item in the project budget, including cost per item. (10 points)
2. Please address the budget need, ie what is the funding gap you are trying to address? (5 pts)

Please note, GPCHNA mini-grants do not cover administrative costs, existing salaries, or fringe benefits. A complete budget must be submitted to be eligible for consideration.

Optional (not scored): Please provide your plan to sustain this project beyond the grant timeline.

Please let us know (informational only, not scored): have you attended any of the grant-writing workshops sponsored by Beth Israel Deaconess Hospital? YES _____ NO _____