

**Tobacco Prevention & Cessation Program Budget Justification Form**

**YEAR 1**

**For the Period July 1, 2023 to June 30, 2024**

Name of Fiscal Agent

List counties served - in alphabetical order

**Total Amount Requested** **\$0.00**

**A. REGULAR SALARY:** List each employee by name and position title. Enter annual salary for each employee and the percentage of time to be devoted to the TPCP grant. Compensation paid to employees engaged in these activities must be consistent with that paid for similar work within the applicant organization. **NOTE:** Applicants must hire/retain one (1) full-time (40 hours per week) TPCP Coordinator .

Name and Position Title	Annual Salary		Percent of Time Spent	Amount Requested
1				\$0.00
2				\$0.00

**Total Salary** **\$0.00**

**B. FRINGE BENEFITS:** Provide the rate for computing fringe benefits for each position. Fringe benefits are allowable as a direct cost in proportion to the salary charged to the grant, to the extent that such payments are made under formally established and consistently applied organizational policies. **NOTE:** Dependent care health insurance is not an allowable cost to the grant.

Fringe Benefit Type - Employee One	Annual Salary		Rate	Amount Requested
1	\$0.00			\$0.00
2	\$0.00			\$0.00
3	\$0.00			\$0.00
4	\$0.00			\$0.00
5	\$0.00			\$0.00
6	\$0.00			\$0.00

**Employee Two**

1	\$0.00			\$0.00
2	\$0.00			\$0.00
3	\$0.00			\$0.00
4	\$0.00			\$0.00
5	\$0.00			\$0.00
6	\$0.00			\$0.00

**Total Fringe Benefits** **\$0.00**

**C. M & O:** Costs such as copying, postage, office supplies, phone and internet services, food costs, facility rental, educational tools and minor purchases.

Item	Justification/Description	Frequency	Unit Cost	Amount Requested
1				\$0.00
2				\$0.00
3				\$0.00
4				\$0.00
5				\$0.00
6				\$0.00
<b>Total M&amp;O</b>				<b>\$0.00</b>

**D. EQUIPMENT:** Equipment is defined as an item having a useful life of one or more years and an acquisition cost of \$250 or more per unit. Provide a justification describing how the items will be used to support work plan activities. Identify the related objectives when appropriate.

Item	Justification/Description	Frequency	Unit Cost	Amount Requested
1				\$0.00
2				\$0.00
3				\$0.00
<b>Total Equipment</b>				<b>\$0.00</b>

**E. Media -** All Media requests and Educational items must be Approved by ADH Office of Communication before obligation of funds. Media costs can not be over 3% of your total direct program cost. Educational Items have no cost limitation but must be allocated in the budget.

Media & Health Communication	Justification/Description	Frequency	Unit Cost	Amount Requested
1				\$0.00
2				\$0.00
3				\$0.00
4				\$0.00
<b>Total Media</b>				<b>\$0.00</b>

**F. Educational Items** - Educational items are items distributed to the public that include an educational message. All educational item approvals will be submitted directly to the ADH Office of Health Communication for review and approval.

Educational Items		Justification/Description	Frequency	Unit Cost	Amount Requested
1					\$0.00
2					\$0.00
3					\$0.00
<b>Total Educational Items</b>					<b>\$0.00</b>

**G. CONTRACTOR/CONSULTANT SERVICES:** List each contractor by name (if known) and provide a justification that identifies the related object(s). **NOTE:** All fees paid to contractors/consultants must be reasonable and at the current market rate for similar services.

NAME OF CONTRACTOR		Justification/Description	Frequency	Unit Cost	Amount Requested
1					\$0.00
2					\$0.00
<b>Total Contractor/Consultant Services</b>					<b>\$0.00</b>

**H. TRAVEL:** Identify the related objective(s) when appropriate.

Travel Related Cost	Justification/Description	Frequency	Unit Cost	Amount Requested
1				\$0.00
2				\$0.00
3				\$0.00
4				\$0.00
5				\$0.00
<b>Total Travel</b>				<b>\$0.00</b>
<b>Total Direct Cost</b>				<b>\$0.00</b>

**I. INDIRECT/ADMINISTRATIVE COST:** Cost in this category cannot exceed 10% of the total Direct cost.

Item	Justification/Description	Frequency	Unit Cost	Amount Requested
1				\$0.00
2				\$0.00
3				\$0.00
4				\$0.00
Your Administrative cost should not exceed			<b>\$0.00</b>	
<b>Total Administrative Cost</b>				<b>\$0.00</b>

**Tobacco Prevention & Cessation Program Budget Justification Form**

**YEAR 2**

**For the Period July 1, 2024 to June 30, 2025**

Name of Fiscal Agent

List counties served - in alphabetical order

**Total Amount Requested** **\$0.00**

**A. REGULAR SALARY:** List each employee by name and position title. Enter annual salary for each employee and the percentage of time to be devoted to the TPCP grant. Compensation paid to employees engaged in these activities must be consistent with that paid for similar work within the applicant organization. **NOTE:** Applicants must hire/retain one (1) full-time (40 hours per week) TPCP Coordinator .

Name and Position Title	Annual Salary		Percent of Time Spent	Amount Requested
1				\$0.00
2				\$0.00

**Total Salary** **\$0.00**

**B. FRINGE BENEFITS:** Provide the rate for computing fringe benefits for each position. Fringe benefits are allowable as a direct cost in proportion to the salary charged to the grant, to the extent that such payments are made under formally established and consistently applied organizational policies. **NOTE:** Dependent care health insurance is not an allowable cost to the grant.

Fringe Benefit Type - Employee One	Annual Salary		Rate	Amount Requested
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2	\$0.00			\$0.00
3	\$0.00			\$0.00
4	\$0.00			\$0.00
5	\$0.00			\$0.00
6	\$0.00			\$0.00

**Employee Two**

1	\$0.00			\$0.00
2	\$0.00			\$0.00
3	\$0.00			\$0.00
4	\$0.00			\$0.00
5	\$0.00			\$0.00
6	\$0.00			\$0.00

**Total Fringe Benefits** **\$0.00**

**C. M & O:** Costs such as copying, postage, office supplies, phone and internet services, food costs, facility rental, educational tools and minor purchases.

Item	Justification/Description	Frequency	Unit Cost	Amount Requested
1				\$0.00
2				\$0.00
3				\$0.00
4				\$0.00
5				\$0.00
6				\$0.00
<b>Total M&amp;O</b>				<b>\$0.00</b>

**D. EQUIPMENT:** Equipment is defined as an item having a useful life of one or more years and an acquisition cost of \$250 or more per unit. Provide a justification describing how the items will be used to support work plan activities. Identify the related objectives when appropriate.

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3				\$0.00
<b>Total Equipment</b>				<b>\$0.00</b>

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3				\$0.00
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<b>Total Media</b>				<b>\$0.00</b>

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<b>Total Educational Items</b>				<b>\$0.00</b>

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2					\$0.00
<b>Total Contractor/Consultant Services</b>					<b>\$0.00</b>

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2					\$0.00
3					\$0.00
4					\$0.00
5					\$0.00
<b>Total Travel</b>					<b>\$0.00</b>
<b>Total Direct Cost</b>					<b>\$0.00</b>

**I. INDIRECT/ADMINISTRATIVE COST:** Cost in this category cannot exceed 10% of the total Direct cost.

	Item	Justification/Description	Frequency	Unit Cost	Amount Requested
1					\$0.00
2					\$0.00
3					\$0.00
4					\$0.00
				Your Administrative cost should not exceed	\$0.00
<b>Total Administrative Cost</b>					<b>\$0.00</b>
<b>In-Kind Contribution</b>					\$0.00