

DATE:

Project Title:

**Budget Narrative**

**July 1, 2026 – June 30, 2026**

**Contractual: \$0.00**

Contractual services are for administrative personnel and/or medical providers. The total amount may not exceed 30% of the total award. *For example, if you are requesting \$20,000 total for your charitable clinic, the contracted services total amount may not exceed \$2,000.*

Contractor Name	Cost	Work to be performed	MATCH/IN-KIND	ROW TOTAL (100%)
<b>TOTAL</b>		\$2,100.00	\$0.00	\$2,100.00

**Justification:**

Please list the contractor’s name and what work will be performed. Weekly/Monthly, etc.

**Medical Supplies/Equipment: \$0.00**

Item/Service to be purchased	Quantity	GRANT FUNDS (75%)	MATCH/IN-KIND (25%)	ROW TOTAL (100%)
Contour Next One Blood Glucose Monitoring System @ \$21/ea.	100	\$2,100.00	\$0	\$2,100.00
<b>TOTAL</b>		\$2,100.00	\$0.00	\$2,100.00

*Please list line items and/or services you are proposing to purchase with projected quantity.*

**JUSTIFICATION (EXAMPLE):**

*Blood Glucose Monitoring System: (Charitable Clinic Name) will disperse 100 Contour Next One Blood Glucose Monitoring Systems to 100 patients by 6/30/2026.*

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**Dental Supplies:**

**\$0.00**

Item/Service to be purchased	Quantity	GRANT FUNDS (75%)	MATCH/IN-KIND (25%)	ROW TOTAL (100%)
Dentures	2	\$20,000.00	0	\$20,000.00
<b>TOTAL</b>		\$20,000.00	\$0.00	\$20,000.00

**JUSTIFICATION:**

**Utilities:**

**\$0.00**

Item/Service to be purchased	# of Months	Cost Per Month	MATCH/IN-KIND	Total for 12 mos.

**JUSTIFICATION:**

*If you are requesting reimbursement for charitable clinic utilities, please list service provider by line with explanation.*

**Office Supplies/Office Equipment:**

**\$0.00**

Item/Service to be purchased	Quantity	GRANT FUNDS	MATCH/IN-KIND	ROW TOTAL (100%)
<b>TOTAL</b>				

**JUSTIFICATION:**

*Please identify what supplies/equipment you are requesting.*

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**Other** **\$0.00**

Item/Service to be purchased	GRANT FUNDS (75%)	MATCH/IN-KIND (25%)	ROW TOTAL (100%)
<b>TOTAL</b>			

**Justification:**

*Please identify the items, or services being requested along with and explanation of item.*

**OVERALL BUDGET SUMMARY (EXAMPLE):**

ITEM/SERVICE TO BE PURCHASED	GRANT FUNDS (75%)	MATCH/IN-KIND (25%)	ROW TOTAL (100%)
Dental Supplies	\$5,625.00	\$1,400.00	\$7,025.00
Diabetic Testing Equipment	\$1,000.00	\$0	\$1,000.00
Diabetic Testing Supplies	\$2,886.00	\$700.00	\$3,586.00
Medications	\$4,313.00	\$1500.00	\$5,813.00
X-Ray Equipment / Maintenance	\$450.00		\$450.00
Contracted Services, Administrative/contracted provider (30% max)	\$12,600.00		\$12,600.00
Volunteer Hours		\$3,118.00	\$3118.00
<b>COLUMN TOTAL</b>	\$26,874.00	\$6,718.00	\$33,592.00

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