

Health Improvement Innovation RFA Budget Template

Applicant Name:

Funding Type (Salary, Supplies, Travel, Other)	Strategy Name/Description of Cost	Funds Requested	In-kind contributions (not required)
Administration:			
Ancillary Costs (may not exceed 10% of proposed budget)			
Indirect/Administrative Costs (may not exceed 5.9%)			
Total Funds Requested: (Cannot Exceed \$25,000)		\$0.00	