Organization/Department Name:

ABC Community Health Organization

Complete the following budget form entirely and include a description for each line item. The description should explain each line item, how the costs are estimated and justify the need for the cost. Comments Amount Pending Amount Committed Revenue for Specific Project/Program: Spartanburg Regional Foundation \$20,000.00 Other Foundation Grants In Kind Support Other Income \$20,000.00 \$0.00 Total Income Description of Item(s) **Expendable Supplies:** Expense Virtual 6 Week Training Course \$10,000.00 Enrollment fees for participants (100 @ \$100 each) Food baskets \$5,000.00 Food baskets for use in training course for each participant (100 @ \$50 each) Sub-total A: \$15,000.00 Description of Item(s) Equipment: **Expense** glucose meters at \$10 per meter (100 meters) Glucose Meters \$1,000.00 50 boxes of 30 for \$10 a box (1,500 strips) \$500.00 Test strips 62 boxes of 100 at \$8 a box (6,250 lancets) lancets \$500.00 Sub-total B: \$2,000.00 Description of Item(s) Other Expenses/Fees: Expense Cookbook for each participant in program (100 @ \$20 each) Cookbooks \$2,000.00 Workbooks \$1,000.00 Workbook for each participant in program (100 @ \$10 each) \$3,000.00 Sub-total C: TOTAL COSTS (sub-total A+B+C) \$20,000.00 TOTAL INCOME FOR PROJECT \$20,000.00 **TOTAL AMOUNT REQUESTED** \$20,000.00

Complete additional narrative in space below if necessary.

The request for this program includes costs for enrolling 100 participants over the grant year into a virtual education course which covers diabetes management and healthy lifestyle changes. Each participant will be provided enrollment in the course, a basket of meats and veggies for virtual cooking classes, a glucose meter and testing items, as well as a healthy meals cookbook and a workbook associated with the virtual course.