

**Con Alma Health Foundation (CAHF) & Northern New Mexico Health Grants Group (NNMHGG)**

**Proposed Budget**

(Do **not** use this form if applying for General Operating Support)

**Request Type** (Select *only One*)  Project  Technical Assistance  NNMHGG

**Name of Organization**

**Request Title**

**Contact Name & email/phone**

**Budget Period (Start & End Date)**

Budget Period - Applications submitted in the current year, if awarded, will cover activities in the subsequent calendar year)

Column A <b>REVENUE SECTION</b>	Column B <b>TOTAL BUDGET</b>	Column C <b>Total PENDING</b>
Below are categories of income/revenue you might have, or are counting on, to support the request to CAHF. (Note: if a category does <u>not apply</u> , leave amount blank )	<i>What is the total budget?</i>	<i>What amounts are pending?</i>
<b>List- REVENUE, as applicable</b>	<b>(do not include in-kind)</b>	<b>(do not include in-kind)</b>
Foundations/Grants	\$ -	\$ -
Governmental/Public Contracts	\$ -	\$ -
Donations (Individual/Corporate/Business)	\$ -	\$ -
<i>name of Organization</i>	\$ -	\$ -
<b>TOTAL</b>	<b>\$0.00</b>	<b>\$0.00</b>

<b>EXPENDITURES SECTION 1</b>		
Section 1 details expenditures related to personnel & contractual services that might apply to your request		
Column A	Column B Use Column B to show <b>TOTAL EXPENDITURES</b> for Section 1	Column C Use Column C to show <b>only</b> <b>AMOUNTS REQUESTED</b> of CAHF
(Note: if a category does <u>not apply</u> , leave amount blank )		
<b>List- PERSONNEL &amp; CONTRACTUAL EXPENSES, if applicable</b>	<b>(do not include in-kind)</b>	<b>(do not include in-kind)</b>
Personnel (full time)	\$ -	\$ -
Personnel (part-time)	\$ -	\$ -
Fringe Benefits, if applicable	\$ -	\$ -
Contractual (persons working by contract)	\$ -	\$ -
<b>Subtotal Personnel &amp; Contractual</b>	<b>\$0</b>	<b>\$0</b>

<b>EXPENDITURES SECTION 2</b>		
Section 2 details expenditures common to most requests that might apply to your request		
Column A	Column B Use Column B to show <b>TOTAL EXPENDITURES</b> for Section 2	Column C Use Column C to show <b>only</b> <b>AMOUNTS REQUESTED</b> of CAHF
(Note: if a category does <u>not apply</u> , leave amount blank )		
<b>List- PROJECT EXPENSES, if applicable</b>	<b>(do not include in-kind)</b>	<b>(do not include in-kind)</b>
Direct Expenses - Office Supplies (Consumables & Printing)	\$ -	\$ -
Direct Expenses - Travel/Mileage Reimbursement	\$ -	\$ -
Direct Expenses - Technology & Communications	\$ -	\$ -
<i>Expenses - Other (ADD by typing)</i>	\$ -	\$ -
<i>Expenses - Other (ADD by typing)</i>	\$ -	\$ -
<b>Subtotal Expenses</b>	<b>\$0</b>	<b>\$0</b>
<b>Total EXPENSES (Personnel/Contractual + Project Expenses)</b>	<b>\$0</b>	<b>\$0</b>

<b>IN-KIND &amp; PRO-BONO SERVICES &amp; RESOURCES</b>		
Include elements that support the request but that are <b>not</b> monetary (such as donated items, services, volunteers' time) If possible, project the value of these 'free' items or services by assigning an estimated \$ value in either the secured or pending columns		
Description	SECURED	PENDING/EXPECTED
<i>(ADD by typing)</i>	\$ -	\$ -
<i>(ADD by typing)</i>	\$ -	\$ -
<i>(ADD by typing)</i>	\$ -	\$ -
<b>Total estimated In-Kind &amp; Pro-Bono</b>	<b>\$0</b>	<b>\$0</b>