



Rural Population Health Incubator Program
Budget worksheet

Instructions:

1. Please use this form to tell us about how you will use your grant dollars.
2. In the first column, list the expense (travel, room rental, printing, etc.) along with a brief description if necessary. If there are personnel costs, state as hourly rate * hours.
3. In the second column, list the funds coming from other sources, if any.
4. In the last column, list the dollars requested through this grant. The total amount requested through this grant may not exceed \$10,000.
5. You will manually enter the information below into the online form when you submit your application.

Expense title (and description if needed) (please itemize)	Non-Incubator Funds (\$)	Incubator Grant Funds Requested (\$)
Participant incentives (\$0	\$2,000
<u>Dial-a-Ride Passes</u>		\$1,000
<u>Marketing/advertising</u>		\$1,500
Communicable disease screening kits and resources (may include HIV, STI, Hepatitis C, or HPV)	\$7,000	\$2,000
Mobile unit supplies, gas, maintenance	\$3,000 (expires 6/30/26)	\$2,000
Indirect	\$0	\$1,500
Total Non-Incubator Funds (\$)	\$10,000	
Total Incubator Funds (\$)		\$10,000
Total Project Cost (Incubator + non-Incubator funds) (\$):		
		\$20,000