**IV. AMTA CLINICIAN-BASED GRANT PROGRAM: BUDGET FORM**

PROJECT TITLE:

1. PERSONNEL COSTS

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| List names & titles | Total Hours | Hourly Rate | Total Wages (hrs x rate) | AMTA Funds Requested | Applicant Contribution | Other Contribution |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |
| Total Labor Costs: |  |  |  |  |  |  |

2. CONTRACTUAL SERVICES (itemize contracted services if applicable)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| List service | Total Hours | Hourly Rate | Total Cost (hrs x rate) | AMTA Funds Requested | Applicant Contribution | Other Contribution |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| Total Contractual Costs: |  |  |  |  |  |  |

3. OTHER PROJECT EXPENSES

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| List names & titles | Total Cost | AMTA Funds Requested | Applicant Contribution | Other Contribution |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| Total Other Project Costs: |  |  |  |  |

4. MISCELLANEOUS OTHER EXPENSES

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Total Cost | AMTA Funds Requested | | Applicant Contribution | Other Contribution |
| 1. |  |  | |  |
| 2. |  |  | |  |
| 3. |  |  | |  |
| 4. |  |  | |  |
| 5. |  |  | |  |
| Total Miscellaneous Project Costs: |  |  | |  |

5. TOTAL PROPOSAL COSTS (1-4)

|  |  |  |  |
| --- | --- | --- | --- |
| Total Cost | AMTA Funds Requested | Applicant Contribution | Other Contribution |
| Total Proposal Costs |  |  |  |