**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 |  |  |  |