

## Budget Detail Worksheet & Summary

**Provider Name:**

This Budget Detail Worksheet is provided for your use in the preparation of the budget and budget narrative. All required information, including budget narrative, must be provided. Any budget categories not applicable to your budget should be indicated as such in the narrative.

**Please Note: Grant dollars may not be used for the purchase of real property. Indirect shall be limited to your approved indirect rate.**

**D. EQUIPMENT** - List non-expendable items that are purchased (NOTE: Organization's own capitalization policy for classification of equipment should be used). Expendable items should be included in the "Supplies" category. Applicants should analyze the benefits of purchasing versus leasing equipment, especially high cost items and those subject to rapid technological advances. Rented or leased equipment costs should be listed in the "Contractual" category. Explain how the equipment is necessary for the success of the project, and describe the procurement method to be used.

Item	Quantity	Cost Each	Cost
Primary Care Exam Room Equipment	1	\$54,000	\$54,000
	1	\$0	\$0
	1	\$0	\$0
<b>Total</b>			<b>\$54,000</b>

*\*Insert more lines if needed*

**EQUIPMENT NARRATIVE** - \$54,000 will be used to equip our primary care medical room and \$6000 for telehealth equipment that allows for in-person and remote services.

**E. SUPPLIES** - List items by type (office supplies, postage, training materials, copy paper, and expendable equipment items costing less than \$5,000) and show the basis for computation. Generally, supplies include any materials that are expendable or consumed during the course of the grant project.

Item	Quantity	Cost Each	Cost
Bathroom/Shower initial start-up supplies	1	\$5,000	\$5,000
Bathroom/Toiletry Supplies	12	\$650	\$7,800
Gods Pantry initial stock	1	\$600	\$600
Gods Pantry restock	12	\$625	\$7,500
General Office & Telehealth Supplies	1	\$8,885	\$8,885
Office Furnishings - 24" wide chair	36	\$912	\$32,832
Office Furnishings - 30" wide chair	12	\$1,140	\$13,680
<b>Total</b>			<b>\$76,297</b>

*\*Insert more lines if needed*

**SUPPLIES NARRATIVE**

Restroom supplies & food are needed to serve clients experiencing homelessness, SMI and/or SUD at the Drop-In Center located in downtown Lexington. The furnishings, which have wipable surfaces, will replace cloth-covered furnishings,

**F. REPAIRS** - Provide a description of the repairs or renovations and an estimate of the costs.

Purpose	Description	Cost
Flooring		\$35,838
<b>Total</b>		<b>\$35,838</b>

*\*Insert more lines if needed*

**REPAIRS NARRATIVE**

\$35,838 will go toward updating flooring of our Drop-In Center, including the shower, bathroom, hallways and office areas to hard surface in order to improve ability to disinfect and maintain a clean and healthy environment. This updated flooring will ensure that it can be disinfected, providing a hygienic alternative to replace old carpeting that has been worn down

**G. CONTRACTS**

**Contracts:** Provide a description of the product or services to be procured by contract and an estimate of the cost. Applicants are encouraged to promote free and open competition in awarding contracts. Please provide additional justification in the narrative for sole source contracts in excess of \$100,000. A sole source contract may not be awarded to a commercial organization that is ineligible to receive a direct award.

**CONTRACTS**

Name of Contractor	Service Provided	Cost
1		
2		
<b>Total</b>		<b>\$0</b>

*\*Insert more lines if needed*

**CONTRACTS NARRATIVE**

**H. OTHER COSTS** - List items (e.g., rent, reproduction, telephone, janitorial, or security services) by major type and the basis of the computation. For example, provide the square footage and the cost per square foot for rent or provide a monthly rental cost and how many months to rent. the basis field is a text field to describe the quantity such as square footage, months, etc.

**OTHER COSTS**

Description	Quantity	Basis	Cost	Length of Time	Cost
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
<b>Total</b>					<b>\$0</b>

*\*Insert more lines if needed*

**OTHER COSTS NARRATIVE**

**BUDGET SUMMARY**

Budget Category	Grant Request	Proposed In-kind Match	Proposed Cash Match
A. Personnel	\$0		
B. Fringe Benefits	\$0		
C. Travel	\$0		
D. Equipment	\$54,000		
E. Supplies	\$76,297		
F. Repairs/Renovations	\$35,838		
G. Consultants/Contracts	\$0		
H. Other Costs	\$0		
Subtotal	\$166,135	\$0	\$0
Indirect (11.11%)	\$0	\$0	
<b>TOTAL REQUEST</b>	<b>\$166,135</b>	<b>\$0</b>	<b>\$0</b>

Original Budget: 166,135  
Amount Remaining to Spend:           -