Columbia Pacific CCO
Community Wellness Investment Fund
Program Budget

Organization:	**Requested Budget**	
	YR 1	**YR 2 (if applicable)**
Personnel (please provide rate/hrs or FTE)		
*Fringe Benefits & Taxes @ **x** %*		
Total Personnel		
Non-Personnel		
Operating Expenses:		
Total Operating Expenses		
TOTAL DIRECT COSTS		
*Indirect Cost @ **5** %*		
TOTAL DIRECT AND INDIRECT		
OTHER COSTS		
Subcontracts / Partnerships		
Capital and Equipment		
TOTAL OTHER COSTS		
GRAND TOTAL		

Footnotes:

A. Indirect costs and project administration should not exceed 5% of budget

B. Capital improvements should not exceed 10% of budget.

C. Partners should be listed as subcontracts on project budget.
Each partner must fill out separate budget template showing details of their participation.