Strategic Prevention Framework for Prescription Drugs (SPF-RX)

BUDGET NARRATIVE FORM FY 19

For each line item in the budget form provide a brief narrative description of how it will be used to support the proposal. For all personnel costs, please provide hourly rates multiplied by the number of hours funded by this proposal, and itemize all costs over $500.00

|  |  |
| --- | --- |
| **PERSONNEL** | **$** |

* 1. Program Staff

B. Benefits: Brief description of the benefits offered by your organization

C. Consultants: Itemize consultants by project, provide a description of the scope of work of the consultant and the number of hours required.

1. Other

|  |  |
| --- | --- |
| **OPERATING** | **$** |

1. Advertising/Marketing
2. Insurance
3. Telephone
4. Travel
5. Postage
6. Materials/Supplies
7. Training Education: Provide a description of training needs and expenses.

|  |  |
| --- | --- |
| **Building** | **$** |

1. Insurance
2. Rent/Mortgage Payments
3. Repair & Maintenance
4. Utilities

|  |  |
| --- | --- |
| **INDIRECT/ADMINISTRATIVE**  | **(insert total amount)** |

1. Supplies:
2. Postage:
3. Printing/Duplicating:
4. Telephone:
5. Equipment:
6. Other:

|  |  |
| --- | --- |
| **GRAND TOTAL**  | **(insert total amount)** |