BALTIMORE CITY HEALTH DEPARTMENT (BCHD) BUDGET

Budget Form BCHD-A: Personnel and Non-Personnel Information

ORGANIZATION NAME	
ORGANIZATION ADDRESS	
TELEPHONE NUMBER	
CONTACT PERSON	
EMAIL ADDRESS	
FISCAL YEAR	
CONTRACT PERIOD	
PROJECT NAME	
EMPLOYER IDENTIFICATION NUMBER (EIN)	
REGISTERED IN SAM.GOV (YES/NO)?	
UNIQUE ENTITY ID (UEI)	

Instructions: Please add rows and adjust the formulas for this portion of your budget as needed.

Decision Title and Duties	Name of Person Filling	Pote	# of	Calami	Fuire	Tabal Casta
Position Title and Duties	Position Title and Duties Position (if applicable) Rate	Hours	Salary	Fringe	Total Costs	
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Personnel Subtotals	\$ -			-	-	-
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ltem	Item Description/Narrative	Unit Price	Quantity	Total
Supplies/Materials				\$ -
Travel				\$ -
Rent & Utilities				\$ -
Communication				\$ -
Equipment				\$ -
Contractual Services				\$ -
Consultant				\$ -
Other				\$ -
Non-Personnel Subtotals				\$0
Total Direct Cost				\$ -
Indirect Costs or Modified Total Direct Cost		Enter rate here	0%	\$ -
Total Costs				\$0
Total Costs				30
Authorized Personnel, Name and Title	Authorized Pers	Authorized Personnel, Signature		
BCHD Use Only				
Reviewed and approved by:				
				_
Program Director, Name	Program Directo	r, Signature		Date

BCHD-A_Budget 100523-BCHD

Fiscal Staff, Signature

Fiscal Staff, Name

Date