

ENABLING HEALTH:

Enhancing Harm Reduction Services in Massachusetts



RIZE Massachusetts Grant Application Budget

Organization Name:					
	Year 1 Amount	Year 2 Amount	RIZE Funds to be used	Base Salary	FTEs
Personnel					
Program Director/Manager					
Administrative Staff					
Other Staff:					
1) IT staffing for evaluation data (if needed)					
2)					
3)					
Fringe Benefits (_____%)					
<i>Sub-Total</i>					
Other Direct Costs:					
Project Operations					
Equipment					
Meeting Expenses					
Marketing/Communications/Outreach					
Travel					
Surveys					
Program Space					
Other:					
1)					
2)					
<i>Sub-Total</i>					

RIZE Massachusetts Grant Application Budget

	Year 1 Amount	Year 2 Amount	RIZE Funds to be used	Base Salary	FTEs
Purchased Services					
Consultants:					
1)					
2)					
Contracts:					
1)					
2)					
<i>Sub-Total</i>					
Indirect Costs (Up to 15%)					
<input type="text"/> %					
TOTAL REQUEST					

Please indicate if other sources of funding are being used for this project.

For example: ABC Foundation-\$20K

Other Funding Sources:	Year	Year
1)		
2)		
3)		
TOTAL		

BUDGET NOTES

On a separate sheet of paper, please explain each line item under Direct Costs and Purchased Services. For example: Consulting (\$2K): XYZ Consult will develop community forum questionnaires, conduct 1 forum, and summarize findings of the forum in a report.