Minnesota Department of Health

# American Indian Special Emphasis Grant RFP Exhibit B: Budget and Justification Template

Date:

Name of person completing form:

Telephone #: Email:

## Amount requested

|  |  |
| --- | --- |
| **Budget Category** | **Budget Amount** |
| Salary and fringe |  |
| Contractual services |  |
| Travel |  |
| Supplies |  |
| Other |  |
| **SUBTOTAL** | $ |
| Indirect costs (10% or less) |  |
| **TOTAL** | $ |

## Budget justification

*Add additional pages as needed to describe your budget.*

Salary and fringe:

Contractual services:

Travel:

Supplies:

Other:

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To obtain this information in a different format, call: 651-201-4975.