

**Health Professionals Clinical Training Expansion Grant Program  
Fiscal Year 2021  
SUGGESTED BUDGET FORM**

Categories	State Funding Requested
Salaries	
Fringe	
Supplies	
Travel	
Equipment and Capital Improvements	
Contracted Services	
Other	
<b>TOTAL</b>	

I certify that the information contained herein is true and accurate to the best of my knowledge and that I submit this application on behalf of the applicant organization.

Signature of Authorized Official	Print Name	Title	Date

Note: The budget must be accompanied by a **budget justification narrative** that explains each line item. Itemize and explain all funding requested using grant dollars: salaries for residents; travel costs; program administrative costs; and/or fees or costs for training sites. Requested funding for Equipment and Capital Improvements will not be funded. Include any costs to training sites on the “Contracted Services” line. Explain in detail any funding categorized as “Other.”