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| **CLINIC BUDGET** (Please note: This grant is intended to be used to purchase **durable, sustainable equipment and instruments** necessary for primary care diagnosis and treatment). | | | |
| ***NOTE****:*   1. ***New Clinics****: Estimated costs are to be rounded to the nearest dollar and not to exceed* ***$25,000****.* 2. ***Existing Clinics****: Estimated costs are to be rounded to the nearest dollar and not to exceed* ***$10,000.*** | | | |
|  | **Items** *(Example: Item @ estimated cost x number needed)* | **Estimated Cost** | **Sub-total** |
| **1** | **Exam Room** (e.g., exam table, exam lamp, revolving stool, scales, etc.) |  |  |
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|  |  |  |  |
|  |  |  |  |
|  | **Sub-total** |  |  |
| **2** | **Instruments & Equipment** (e.g., stethoscope, otoscope, thermometer, penlight, etc.) |  |  |
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|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | **Sub-total** |  |  |
| **3** | **Laboratory Equipment** (e.g., microscope, centrifuge, timers, HbA1c machine, etc.) |  |  |
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|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | **Sub-total** |  |  |
| **4** | **Non-durable Supplies for Equipment** – (e.g., accu check strips, lancets, otoscope speculums, gloves, disposable probe covers etc.) \*New Clinics up to $1500; Existing Clinics: up to $750 |  |  |
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|  |  |  |  |
|  | **Sub-total** |  |  |

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| --- | --- | --- | --- |
| **5** | **Software/equipment for EHR**: (e.g., laptops, computers, printers, etc.) |  |  |
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|  |  |  |  |
|  |  |  |  |
|  | **Sub-total** |  |  |
| **6** | **Other durable items not listed above.** Specify |  |  |
|  |  |  |  |
|  |  |  |  |
|  | **Sub-total** |  |  |
|  | **TOTAL AMOUNT REQUESTED** | |  |

**Budget Description**:

How will each of the items requested be used to enhance care and benefit the patients in your service area? (Organize your response by budget categories):

1. Exam Room:
2. Instruments & Equipment:
3. Laboratory Equipment:
4. Non-durable Supplies for Equipment:
5. Software/equipment for EHR:
6. Other Durable Items Not Listed Above: