

**Family Medicine Cares Resident Service Award Budget Worksheet**

**Instructions:**

* Complete and upload the budget worksheet with application and attachments online.
* Application with materials must be received by September 30 at 11:59 p.m. Central Time.
* **Questions:** Contact Veronica Roberts at vroberts@aafp.org or 1-913-906-6239.
1. **Service Project Budget –**This budget relates *solely* to the $10,000 award to the resident that will be provided to the resident to accomplish the proposed project. (Note: This budget *should not* include the $5,000 award provided to the partner organization where the project will take place, if your project is selected.)

Specify utilization of the award monies as detailed below for the allowable expenses covered by AAFP Foundation Support. ***The budget may not exceed $10,000*.**

| PROJECT OPERATIONS EXPENSE CATEGORIES**\*** | AMOUNT REQUESTED FROM AAFP FOUNDATION |
| --- | --- |
| 1. Medical supplies
 | $       |
| 1. Equipment rental or purchase
 | $       |
| 1. Software purchase or lease
 | $       |
| 1. Mileage/transportation
 | $       |
| 1. Office supplies
 | $       |
| 1. Design services
 | $       |
| 1. Printing
 | $       |
| 1. Postage
 | $       |
| 1. Other direct expenses
 | $       |
|  Total | $       |
| ***\*Funding may be used only for direct costs attributable to the proposed project (no indirect, overhead, travel, or conference costs are allowed).*** |

1. **Budget Justification –** Providea brief statement of justification for each category where there is an entry.
2. Medical supplies – Specify type of supplies and the associated costs.

1. Equipment rental or purchase – Specify type of equipment and the associated costs.

1. Software purchase or lease - Specify type of software and the associated costs.

1. Mileage/transportation – Specify type of expense and the associated costs.

1. Office supplies – Specify the type of consumable supplies and materials and the associated costs.

1. Design services – Specify the reason for this expense and the associated costs.

1. Printing – Specify the printed material and the associated costs.

1. Postage – Specify the reason for this expense and the associated costs.

1. Other direct expense – Specify by type and amount of any other direct costs not attributable to one of the above classifications.