



## WILLIAMSBURG COMMUNITY HEALTH FOUNDATION PROJECT BUDGET FORM

(Must be accompanied by the Project Narrative)

Name of the Organization: **ABCD of Williamsburg, Inc.**

Project Title: **Healthy Communities**

Total Amount Requested from WCHF: **\$38,300**

Project Year: **2008**

PROJECT INCOME				
	Anticipated	Committed	Total	Internal Use Only
<b>Contributed Income</b>				
Local Government			\$0	
State Government			\$0	
Federal Government			\$0	
Wmsbg. Community Health Fnd.	\$38,300		\$38,300	
Other Foundations		\$4,750	\$4,750	
Corporations			\$0	
United Way Services			\$0	
Board/Individual Contributions			\$0	
Other			\$0	
<b>Earned Income</b>				
Service Fees			\$0	
Membership Income			\$0	
Events			\$0	
Contract Services			\$0	
Publications and Products			\$0	
In-Kind Support		\$46,500	\$46,500	
Other			\$0	
<b>Total Project Income</b>	<b>\$38,300</b>	<b>\$51,250</b>	<b>\$89,550</b>	
PROJECT EXPENSES				
	WCHF Request	Other Funding	Total	Internal Use Only
<b>Personnel Expenses</b>				
Salaries and Wages	\$25,000	\$37,000	\$62,000	
Fringe Benefits	\$7,500	\$7,500	\$15,000	
<b>Non-Personnel Expenses</b>				
Contract Services/Professional Fees		\$3,900	\$3,900	
Equipment	\$3,000		\$3,000	
Supplies	\$2,800		\$2,800	
Office Space		\$1,500	\$1,500	
Telephone/Utilities		\$300	\$300	
Staff/Board Training & Development		\$550	\$550	
Travel/Related Expenses		\$500	\$500	
Indirect Costs			\$0	
Other			\$0	
<b>Total Project Expenses</b>	<b>\$38,300</b>	<b>\$51,250</b>	<b>\$89,550</b>	
Excess (Deficiency)			<b>\$0</b>	

Please list and explain each Project Expense line item fully in the narrative.

Contact Person: Joe Smith

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# WILLIAMSBURG COMMUNITY HEALTH FOUNDATION

## PROJECT BUDGET NARRATIVE

Please use the space below to provide a detailed explanation of each item you are requesting from the Williamsburg Community Health Foundation. Please follow the outline of the full budget when preparing the narrative portion. Make sure to explain the cost and use of each budget item (e.g., salary rate, rental cost or purchase of equipment). This narrative must accompany the project budget form. Use additional pages if needed.

<b>Name of Organization:</b>	<b>ABCD of Williamsburg, Inc.</b>
<b>Project Title:</b>	<b>Healthy Communities</b>
<b>Amount Requested from WCHF:</b>	<b>\$38,300</b>
<b>Total Project Budget:</b>	<b>\$89,550</b>

<u>LINE ITEM</u>	<u>EXPLANATION</u>
Salaries & Wages – <b>Nurse and Case Manager</b>	Funding for a full time nurse and a full time case manager. The nurse’s salary is \$35,000; the case manager’s salary is \$27,000. The nurse will provide initial screenings, referrals to other community agencies, immunization checks and monitoring. The case manager will conduct individual client counseling and assessment sessions, and staff consultations and training. <b>WCHF Request - \$25,000; ABCD will provide \$37,000 in in-kind support.</b>
Fringe Benefits	Payroll taxes, disability, unemployment, retirement & social security. Benefits for the Nurse are \$10,000; benefits for the Case Manager are \$5,000. <b>WCHF Request - \$7,500; ABCD will provide \$7,500 in in-kind support.</b>
Contract Services/Professional Fees – <b>Program Assistant</b>	Program assistant will help direct service staff with data entry, scheduling, and record keeping. The program assistant will receive \$13 per hour, working 25 hours per week, for 12 weeks. <b>Funding has been committed from XYZ in the amount of \$3,900 for the assistant.</b>
Equipment	Purchase a laptop computer and projector for weekly meetings, and a color printer. Dell Latitude D630, 2.2 GHz, 2 GB SDRAM, 120 GB hard drive, WiFi Wireless Card - \$1,721; Dell Photo All-In-One Printer 966 - \$180; Dell 3400MP Projector - \$1,099. <b>WCHF Request - \$3,000</b>
Supplies	Books for program participants (\$10 per book, 100 participants). <b>WCHF Request - \$1,000</b> Healthy snacks for weekly meetings (1 meeting a week, for 12 weeks, \$150 for food per meeting). <b>WCHF Request - \$1,800</b>
Office Space	Meetings will be held at the Local Community Center located at 123 Main Street. 12 meetings at \$125 to rent community center for 4 hours a week. <b>\$750 in-kind support from ABCD; \$750 in-kind support from local community center.</b>

Telephone/Utilities

Telecommunications includes telephone and internet use. Approximately \$50 per month for 6 months. **Funding has been committed from XYZ in the amount of \$300.**

Staff/Board Training and Development

Nurse and Case Manager will attend a 3-Day Healthy Community Workshop to enhance knowledge, skills and abilities and receive training. **\$550 has been committed from XYZ.**

Travel/Related Expenses

Van to transport program participants to and from weekly meetings. **\$500 in-kind support from ABCD.**