



**Healthcare Foundation of La Porte
Partners in Prevention Planning Grant Request**

BUDGET FORM - SAMPLE

Numbers shown in this sample budget form are for example purposes only.

(updated November 20, 2018)

Name of the School Corporation: My School, Inc.	
Total Number of Students: 920	
Project/Program Title: Partners in Prevention Planning Grant	
Grant Start Date - Grant End Date: 01/01/2019-05/31/2019	
Total Amount Requested from HFL:	\$5,803

You are encouraged to delete any categories not relevant to your request and to add rows and categories as needed.

PROJECT EXPENSES	
Categories	Requested Amount
Staff Compensation (substitutes, stipends, etc)	
8 full-day substitute teachers for 4 school days (\$60/day)	\$1,920
Saturday planning retreat stipend for 6 staff members	\$1,200
Grantwriter	
Grantwriting consultant services	\$500
Meeting Costs (location, food, etc)	
Meeting refreshments and supplies	\$150
Print materials	\$60
Curriculum Materials (samples of program materials)	
Evidence-based programs facilitator guides (samples)	\$560
Site Visit Travel (mileage, food, accommodations)	
Indianapolis site visit mileage reimbursement at \$0.55/mile - 303 miles and 2 car loads	\$333
4 hotel rooms for 8 staff members	\$600
Meals for 8 staff members	\$480
Total Program Expenses	\$5,803

Total grant amount may not exceed planning grant limitations.

Please note - training for selected program will be paid through the implementation grant.

Contact Person: School Person
Phone Number: 123.456.7890
E-mail Address: schoolperson@school.k12.in.us