

**FORM 3**

**BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED  
 For Projects Providing Direct Health Care, Enabling, or Population-based Services**

<b>Target Population(s)</b>	<b>FY</b>		<b>FY</b>	
	<b>\$ Budgeted</b>	<b>\$ Expended</b>	<b>\$ Budgeted</b>	<b>\$ Expended</b>
Pregnant Women (All Ages)				
Infants (Age 0 to 1 year)				
Children (Age 1 year to 12 years)				
Adolescents (Age 12 to 18 years)				
CSHCN Infants (Age 0 to 1 year )				
CSHCN Children and Youth (Age 1 year to 25 years)				
Non-pregnant Women (Age 25 and over)				
Other				
<b>TOTAL</b>				

**INSTRUCTIONS FOR COMPLETION OF FORM 3  
BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED**

**For Projects Providing Direct Services, Enabling, or Public Health Services and Systems**

If the project provides direct services, complete all required data cells for all years of the grant. If an actual number is not available make an estimate. Please explain all estimates in a note.

All ages are to be read from x to y, not including y. For example, infants are those from birth to 1, and children and youth are from age 1 to 25.

Enter the budgeted amounts for the appropriate fiscal year, for each targeted population group. Note that the Total for each budgeted column is to be the same as that appearing in the corresponding budgeted column in Form 2, Line 5.

Enter the expended amounts for the appropriate fiscal year that has been completed for each target population group. Note that the Total for the expended column is to be the same as that appearing in the corresponding expended column in Form 2, Line 5.