OMB Number: 0915-0298 Expiration Date: 8/31/2025

## FORM 3

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

	FY
Target Population(s)	\$ Budgeted
Pregnant Women	
(All Ages)	
Infants <1 year	
Children 1 through 21 years	
CSHCN 0 through 21 years	
Non-pregnant Women	
(Age 22 and over)	
Other	
TOTAL	

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## **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 21.

Enter the budgeted amounts for the appropriate fiscal year, for each targeted population group. CSHCN should be reported as a subset of all infants and children ages zero (0) through 21. The budgeted amount for CSHCN will not be added to the overall total because their inclusion would result in a duplicated count.