

FORM 1
MCHB PROJECT BUDGET DETAILS FOR FY _____

1. MCHB GRANT AWARD AMOUNT	\$ _____
2. MATCHING FUNDS	\$ _____
(Required: Yes [] No [] If yes, amount)	
A. Local funds	\$ _____
B. State funds	\$ _____
C. Program Income	\$ _____
D. Applicant/Grantee Funds	\$ _____
E. Other funds: _____	\$ _____
3. OTHER PROJECT FUNDS (Not included in 3 above)	\$ _____
A. Local funds	\$ _____
B. State funds	\$ _____
C. Program Income (Clinical or Other)	\$ _____
D. Applicant/Grantee Funds (includes in-kind)	\$ _____
E. Other funds (including private sector, e.g., Foundations)	\$ _____
4. TOTAL PROJECT FUNDS (Total lines 1 through 4)	\$ _____
5. FEDERAL COLLABORATIVE FUNDS	\$ _____
(Source(s) of additional Federal funds contributing to the project including Other MCHB Funds, Other HRSA Funds, and Other Federal Funds)	

INSTRUCTIONS FOR COMPLETION OF FORM 1
MCH BUDGET DETAILS FOR FY _____

- Line 1. Enter the amount of the Federal MCHB grant award for this project.
- Line 2. If matching funds are required for this grant program list the amounts by source on lines 2A through 2E as appropriate. Where appropriate, include the dollar value of in-kind contributions.
- Line 3. Enter the amount of other funds received for the project, by source on Lines 3A through 3E, specifying amounts from each source. Also include the dollar value of in-kind contributions.
- Line 4. Displays the sum of lines 1 through 3.
- Line 5. Enter the total amount of other Federal funds received on Line 5 **other** than the MCHB grant award for the project. Such funds would include those from other Departments, other components of the Department of Health and Human Services, or other MCHB grants or contracts