

PROGRAM BUDGET FORM

GRANT PERIOD: Jul 1, 2024 to Jun 30, 2025

In order to ensure accuracy, please refer to WHF's Glossary and Budget Samples.

Together, the Program Budget Form, Program Expense Narrative Form, and Program Income Form provide a complete financial and narrative description that supports the proposed grant request to the Williamsburg Health Foundation (WHF).

Please only complete items outlined with red border.

Organization Name: Healthy Community, Inc.
Program Title: Health is Good

PROGRAM EXPENSES 1	_		_					A	
Category		F Grant equest (a)		d'I Donated Income (b)		Earned Income (c)	ub Total: Cash (a)+(b)+(c)	In-Kind Support (e)	Program Total)=(d)+(e)
Personnel									
Salaries and Wages	\$	60,000	\$	32,000	\$	100,000	\$ 192,000		\$ 192,000
Employee Benefits ²	\$	15,000	\$	8,000	\$	25,000	\$ 48,000		\$ 48,000
Volunteer/Contributed Time ³								\$ 20,000	\$ 20,000
Non-Personnel									
Contract Services/Professional Fees	\$	3,000	\$	25,000			\$ 28,000	\$ 5,000	\$ 33,000
Equipment	\$	2,800	\$	10,000			\$ 12,800		\$ 12,800
Supplies	\$	7,000	\$	8,000	7		\$ 15,000	\$ 500	\$ 15,500
Office Space			\$	6,000	\$	6,000	\$ 12,000	\$ 6,000	\$ 18,000
Telephone/Utilities	\$	1,200			\$	1,200	\$ 2,400		\$ 2,400
Staff/Board Training & Development			\$	2,000			\$ 2,000		\$ 2,000
Travel-Related Expenses	\$	2,000	\$	5,000			\$ 7,000		\$ 7,000
Indirect Costs ⁴	\$	9,000	\$	10,000			\$ 19,000	\$ 3,000	\$ 22,000
Other					\$	2,000	\$ 2,000		\$ 2,000
Total Program Expenses ⁵	\$	100,000	\$	106,000	\$	134,200	\$ 340,200	\$ 34,500	\$ 374,700

If cell turns red, please click on the cell for further information



PROGRAM EXPENSE NARRATIVE FORM

GRANT PERIOD: Jul 1, 2024 to Jun 30, 2025

In order to ensure accuracy, please refer to WHF's Glossary and Budget Samples.

This form is designed to more fully describe the anticipated expenses for the WHF grant request, as shown in the WHF Grant Request column (a) highlighted in yellow on the Program Budget Form. This narrative is a tool to help WHF staff fully understand the budgetary needs of the applicant and is an opportunity to provide descriptive information about program expenses funded by WHF, if an award is made.

Please only complete items outlined with red border.

Organization Name: Healthy Community, Inc.

Program Title: Health is Good

Expense Category ¹	Itemized Expense Amount(s) ²	Brief Description of Expense (e.g., name of position, meals, garden rakes, program supplies, etc.)	How Will WHF Funds Be Used? (e.g., supports 35% of Volunteer Coordinator position, supports 200 meals at \$5/meal, etc.)		
Salaries and Wages	\$ 40,000	Program director salary (resume and job description attached)	WHF will support 53% of director's salary (\$75,000)		
Salaries and Wages	\$ 20,000	Program manager salary (job description attached)	WHF will support 50% of manager's salary (\$40,000). Other salaries include 3 part-time support staff (\$77,000) and are not supported by WHF.		
Employee Benefits	\$ 15,000	FICA, health insurance, retirement for the portion of the salaries listed above	WHF will support 100% of benefits for the \$60,000 listed above		
Contract Services/Professional Fees	\$ 3,000	Graphic design, including web design	WHF will support 50% of the development of promotional/informational materials. Other contracted services include instructors/educators and clinicians to support the program during the program's busiest months		
Equipment	\$ 2,800	The purchase of durable equipment to carry out the work of the program	WHF will support 22% of this purchase		
Supplies	\$ 6,000	Informational packets and health kits for "Health is Good" clients	WHF will support 100% of the cost of the packets, \$500 (inkind) will support bags to hand out the packets and kits		
Supplies	\$ 1,000	Screening kits for Health is Good clients	WHF will support 11% of the health screening kits used as part of the program		
Telephone/Utilities	\$ 1,200	Phone and Internet access for program staff	WHF will support 50% of these costs		
Travel/Related Expenses	\$ 2,000	Costs associated with travel and fees for staff to attend the annual "Health is Good" national conference	WHF will support 29% of the costs associated with this educational opportunity		

Indirect Costs	\$ 9,000	15% of salaries paid for by WHF. HCl has a 20% indirect cost policy but is requesting 15% in response to WHF	Indirect costs associated with administrative and general expenses HCI incurs as part of the Health is Good
		policy	program
TOTAL ³	\$ 100,000		

If cell turns red, please click on the cell for further information

¹ What are the expense categories?

The expense categories are the same as shown in the category column on the Budget Form tab (e.g., Salaries and Wages, Employee Benefits, etc.). Please use the drop-down menu to match the expense category as shown on the Budget Form tab.

² What are itemized expenses?

Itemized expenses are the amounts shown in the appropriate row of the WHF Grant Request column (a) highlighted in yellow on the Budget Form tab.

³ Should this total match an amount on the Budget Form tab?

Yes, the total shown in the dark gray cell above should be the same total shown in the WHF Grant Request column (a) highlighted in yellow on the Budget Form tab.





PROGRAM INCOME FORM

GRANT PERIOD: Jul 1, 2024 to Jun 30, 2025

In order to ensure accuracy, please refer to WHF's Glossary and Budget Samples.

This form is designed to more fully describe the additional funding sources for the proposed program, *excluding the proposed funding provided by WHF if awarded*. To complete this form, please indicate the name of the funding source, type of support (Donated, Earned, or In-Kind), the amount of funding, and whether the funds are committed or anticipated.

Please only complete items outlined with red border.

Organization Name: Healthy Community, Inc. Program Title: Health is Good

Non -WHF Funding Sources for Program ¹			
(e.g., community volunteers, donated use of space, grant from X			Committed or
Corporation, individual contributions, program fees, donated uniforms,	Tunn of Cumpout ²	Amaunt	
etc.)	Type of Support ²	Amount	Anticipated Funds
Healthy 8K fundraiser	Donated	\$ 10,000	Anticipated
Annual farm to table dinner	Donated	\$ 26,000	Anticipated
Healthy community foundation grant	Donated	\$ 20,000	Committed
Hospital healthy fund grant	Donated	\$ 30,000	Committed
Board contributions	Donated	\$ 10,000	Committed
Individual contributions	Donated	\$ 10,000	Anticipated
Fee for services rendered to HCI clients	Earned	\$ 134,200	Anticipated
Volunteer office assistance	In-Kind	\$ 20,000	Anticipated
In-kind legal & accounting services	In-Kind	\$ 5,000	Committed
In-kind office supplies	In-Kind	\$ 500	Committed
In-kind discount on office space rental	In-Kind	\$ 6,000	Committed
Healthy Community, Inc. contribution to indirect costs	In-Kind	\$ 3,000	Committed
(HCI typically charges 20% of salaries)	III-KIIIG	φ 3,000	Committed
TOTAL		\$ 274,700	
	ı	¥ =1-1,100	

Type of Support Subtotals

| Donated \$ 106,000 | Committed \$ 74,500 |
| Earned \$ 134,200 | Anticipated \$ 200,200 |
| In-Kind \$ 34,500 |

If cell turns red, please click on the cell for further information