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Budget Justification

### *Please use the Budget Justification Form to describe all proposed AHW project expenses in detail. Please refer to the Call for Applications and proposal instructions for additional details to complete this form and view a complete list of Allowable and Unallowable Costs on the* [*AHW website*](https://ahwendowment.org/AHW1/Partner-Portal/HWPP-Documents/AllowableandUnallowableCosts_12419.pdf)*.*

Proposal Information

### Project Title:

Total AHW Budget Request: $

# Community Partner Budget Justification

### *The following sections should reflect the primary community partner’s project-specific budget expenses. These expenses must be reflected in the Community Partner Budget table (tab 2 of the Excel Budget Workbook) and total the associated subcontract line item in the Total Project Budget table (tab 3 of the Excel Budget Workbook).*

### Community Partner Personnel

*Personnel salary support must be justified. The specific role for all personnel in the project should be identified. If project personnel have effort that is planned to fluctuate over the course of the project, indicate the percent effort during each portion of the project and explain the reason for the fluctuation. Ex. 10%/5%/15%. Salaries cannot exceed the capped NIH amount*. *Only include employees of the primary community partner organization in the personnel section.*

Total Community Partner Personnel: $

### Community Partner Supplies/Services

*Itemize by categories.*

Total Community Partner Supplies/Services: $

### Community Partner Equipment

*Itemize and justify. Please note that the singular equipment item must cost greater than $5,000 to be considered equipment. Only those equipment items exceeding $5,000 should be listed in this section. Items less than $5,000 should be specified under project supplies/services.*

Total Community Partner Equipment: $

### Community Partner Subcontracts

*Specify by subcontractor and purpose*.

Total Community Partner Subcontracts: $

### Community Partner Travel

*Specify by travel destination and purpose*.

Total Community Partner Travel: $

# Total Project Budget Justification

### *The following sections should reflect all MCW project-specific budget expenses identified in the Total Project Budget table (tab 3 of the Excel Budget Workbook).*

### MCW Personnel

*Personnel salary support must be justified. The specific role for all personnel in the project should be identified. If project personnel have effort that is planned to fluctuate over the course of the project, indicate the percent effort during each portion of the project and explain the reason for the fluctuation. Ex. 10%/5%/15%. Salaries cannot exceed the capped NIH amount*. *Only include employees of MCW in the personnel section.*

Total MCW Personnel: $

### MCW Supplies/Services

*Itemize by categories.*

Total MCW Supplies/Services: $

### MCW Equipment

*Itemize and justify. Please note that the singular equipment item must cost greater than $5,000 to be considered equipment. Only those equipment items exceeding $5,000 should be listed in this section. Items less than $5,000 should be specified under project supplies/services.*

Total MCW Equipment: $

### Subcontract (Community Partner Budget)

*Specify the primary community partner organization.*

Total Subcontract (Community Partner Budget): $

### MCW Travel

*Specify by travel destination and purpose*.

Total MCW Travel: $