**ATTACHMENT C- BUDGET JUSTIFICATION**

**Line Item Budget Justification**

Health Care for the Homeless Network, Public Health—Seattle & King County

**Organization Name**

**Program Name**

Period of Performance:

Please provide a brief explanation of the expenses listed in your budget template.

**PERSONNEL**

**Position 1:**

**Position 2:**

**Position 3:**

**Fringe Benefits:**

**If any staff above are contracted or volunteer, please explain.**

**OPERATING EXPENSES**

**TRAVEL/TRAINING**

**Training and Conferences/Travel**:

**Staff Travel/Mileage:**

**Vehicle (Gas & Maintenance):**

**SUPPLIES**

**Office Supplies:**

**Outreach/Advertisement Supplies:**

**Supplies for Group Sessions:**

**IT Supplies:**

**Clinical/Medical Supplies:**

**CLIENT ASSISTANCE**

**Transportation Assistance:**

**Food, Clothing, Outreach Supplies:**

**Pharmaceutical Assistance:**

**Client Phones:**

**Other Client Assistance:**

**OTHER OPERATING**

**Office Space/Occupancy:**

**Communications:**

**Agency Licensure:**

**INDIRECT COSTS**