

Attachment C

Budget Summary:

Project Title:

Name of Organization:

Address of Organization:

Period of Performance:

Budget Currency Php

No	Item Budget	USAID	Cost Share	Grand Total	%
		ReachHealth	Grantee		
1	Personnel	196,000	-	196,000	100%
2	Fringe Benefit	-	-	-	0%
3	Travel & Transportation	-	-	-	0%
4	Equipment	-	-	-	0%
5	Operational Cost	-	-	-	0%
6	Other Direct Cost/ Program Costs	-	-	-	0%
	Total Grant	196,000.00	0.00	196,000.00	100%

Budget Details:

Project Title:

Name of Organization: Address of

Organization: Period of Performance:

Budget Currency

Php

No	Item Budget	Unit Cost	Qty	Unit (person, Package, pcs, ect.)	Duration	Unit (day, month, time, etc.)	Level Of Effort	USAID		TOTAL
								ReachHealth	Grantee	
1 Personnel										
1.1	Executive Director	120,000	1	Person	16	Month	10%	192,000	-	192,000
1.2	Program Manager	500	2	Person	4	Month	100%	4,000	-	4,000
1.3	Program Officer			Person	1	Month	100%	-	-	-
1.4	Finance Manager				1		100%	-	-	-
1.5							100%	-	-	-
1.6							100%	-	-	-
1.7							100%	-	-	-
1.8							100%	-	-	-
1.9							100%	-	-	-
1.10							100%	-	-	-
Total Personnel Cost								196,000	-	196,000
2 Fringe Benefit										
2.1							100%	-	-	-
2.2							100%	-	-	-
2.3							80%	-	-	-
Total Fringe Benefit Cost								-	-	-
3 Travel & Transportation										
3.1				unit		time	100%	-	-	-
3.2				unit		time	100%	-	-	-
3.3							100%	-	-	-
3.4							100%	-	-	-
Total Travel & Transportation Cost								-	-	-
4 Equipment and Office Furniture										
4.1 Equipment										
4.1.1				unit		time	100%	-	-	-
4.1.2				unit		time	100%	-	-	-
								100%	-	-
4.2 Office Furniture										
							100%	-	-	-
				unit		time	100%	-	-	-
				unit		time	100%	-	-	-
								100%	-	-
Total Equipment Cost								-	-	-
5 Operational Cost/Administrative Costs										
				unit		time	100%	-	-	-
				unit		time	100%	-	-	-
								100%	-	-
								100%	-	-
								100%	-	-
								100%	-	-
								100%	-	-
Total Operational Cost								-	-	-
Total operations cost								196,000	-	196,000
6 Other Direct Cost (program & consultancy)										
6.1 Activity A										
				unit		time	100%	-	-	-

NOTE: -

- * Please do not add or remove columns.
- * Please provide as much detail as you can for budgeting.
- * Unit cost should be for one single unit.
- * Reconfirm % for "Level of Effort" to ensure proper LOE.
- * Do not put any random numbers where formula is used.
- * Applicant must check and reensure formula under USAID ReachHealth column (i.e. Column J)

