

Attachment C

Budget Summary:

Project Title:	0.00
Grants Program:	0.00
Name of Organization:	-
Address of Organization:	-
Period of Performance:	-
Budget Currency	0.00

No	Item Budget	USAID	Cost Share	Grand Total	%
		ReachHealth	Grantee		
1	Personnel	192,000	-	192,000	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	192,000.00	0.00	192,000.00	100%

Budget Details:

Project Title:

Grants Program:

Name of Organization:

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Period of Performance:

Budget Currency

No	Item Budget	Unit Cost	Qty	Unit (person, Package, pcs, ect.)	Duration	Unit (day, month, time, etc.)	Level Of Effort	USAID		TOTAL
								ReachHealth	Cost Share Grantee	
1	Personnel									
1.1	Executive Director	120,000	1	Person	16	Month	10%	192,000	-	192,000
1.2	Program Manager			Person	-	Month	100%	-	-	-
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								192,000	-	192,000
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								-	-	-
<i>Total operations cost</i>								192,000	-	192,000
6	Other Direct Cost (program & consultancy)									
6.1	Activity A									
				unit		time	100%	-	-	-
							100%	-	-	-
							100%	-	-	-
							100%	-	-	-
							100%	-	-	-
							100%	-	-	-
							100%	-	-	-
							100%	-	-	-
<i>Sub- total of 6.1</i>								-	-	-
6.2	Activity B									
				unit		time	100%	-	-	-
							100%	-	-	-
							100%	-	-	-
							100%	-	-	-
							100%	-	-	-
							100%	-	-	-
							100%	-	-	-
							100%	-	-	-
							100%	-	-	-
							100%	-	-	-
<i>Sub- total of 6.2</i>								-	-	-
6.3	Activity C									
				unit		time	100%	-	-	-
							100%	-	-	-
							100%	-	-	-
							100%	-	-	-
							100%	-	-	-
							100%	-	-	-
							100%	-	-	-
							100%	-	-	-
							100%	-	-	-
							100%	-	-	-
<i>Sub- total of 6.3</i>								-	-	-
6.4	Activity D									
				unit		time	100%	-	-	-

							100%	-		-
							100%	-		-
							100%	-		-
							100%	-		-
							100%	-		-
<i>Sub- total of 6.4</i>									-	-
6.5	Activity E			unit		time	100%	-		-
							100%	-		-
							100%	-		-
<i>Sub- total of 6.5</i>									-	-
6.6	Activity F			unit		time	100%	-		-
							100%	-		-
							100%	-		-
							100%	-		-
							100%	-		-
							100%	-		-
							100%	-		-
<i>Sub- total of 6.6</i>									-	-
Total Other Direct Cost/ Program Cost									-	-
Total Grant								192,000	-	192,000

Budget Narrative

Project Title:		0.00
Grants Program:		0.00
Name of Organization:	0	
Address of Organization:	0	
Period of Performance:	0	
Budget Currency		0.00

1	Personnel
Justify salary costing and level of effort (LOE) for each Local Personnel and Positions	
1.1	Executive Director will provide 10% time to the ReacHealth grant. Under this program 10% salary will be paid to Executive Director of Php xxx.00 per month. Organization senior management has provided to finance section for the overall salary charging decision. Executive Director will be responsible for strategic decision and planning including donor communication and to provide overall oversight of the grant implementation.
1.2	
1.3	
1.4	
1.5	
2	Fringe Benefits and Allowances
Please provide below the rationales of proposed rate and numbers for fringe benefits and allowances.	
2.1	
2.2	
2.3	
3	Travel, Transportation and Per Diem
Justify the costs of travel, transportation and per diem and how the costs are established.	
3.1	Transportation:
3.2	
3.3	
3.4	
4	Equipment and Office Furniture
Justify the needs and costs, relevant to USAID ReachHealth project	
4.1	Equipment
4.1.1	

4.1.2	
4.1.3	
4.2	Office Furniture
4.2.1	
4.2.2	
4.2.3	
5	Operational Cost/Administrative Costs
Provide a justification for the line items below. (<i>Office Rent, Office Utilities, Communications, Vehicle fuel, Vehicle Maintenance and Repairs, Office Supplies, Postage/Courier, Printing/Copying, Bank Fees etc.</i>)	
5.1	
5.2	
5.3	
5.4	
5.5	
5.6	
6	Other Direct Cost (program & consultancy)
<i>Please, justify with rational for all Rates, numbers and frequencies proposed under each budget lines</i>	
6.1	Activity 1
6.1.1	
6.1.2	
6.1.3	
6.1.4	
6.1.5	
6.1.6	
6.2	Activity B
6.2.1	
6.2.2	
6.2.3	
6.2.4	
6.3	Activity C
6.3.1	
6.3.2	
6.3.3	
6.3.4	
6.4	Activity D
6.4.1	
6.4.2	
6.4.3	
6.4.4	
6.5	Activity E
6.5.1	
6.5.2	
6.5.3	
6.6	Activity F
6.6.1	

6.6.2	
6.6.3	