2019 ACO Innovation Fund – Second Round

Budget Template

**Project Title**

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**Instructions**

For each of the categories in the budget table below, please provide a brief description of the planned expense and the total amount requested. Add rows as needed. In the accompanying budget justification please provide the detailed basis for each request (e.g. salary, FTE/hours requested, fringe). Full Time Equivalents (FTE) should be calculated on a 2080 hour/year basis for consistency.

Indirect Costs: OneCare will consider requests to support indirect costs up to a maximum of 10% of the total direct costs. Indirect costs should only be requested in extraordinary circumstances such as for community partner organizations with limited resources where a lack of such resources would create significant financial difficulty that may preclude their successful participation in the proposed innovation.

**Budget**

**(Add additional lines for the purposes of more clearly expressing intended spending and align with reporting capabilities)**

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| **Budget Category** | **Brief Description of Planned Expense** | **Dollar Amount Requested for Duration of Project** |
| **Personnel (salary & fringe)** |
| *Name* | *Title & Role Supporting Innovation Project* | *FTE* |  |
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|  |  |  |  |
|  |  |  |  |
| **Equipment** |  |  |
| **Supplies** |  |  |
| **Travel** |  |  |
| **Other Direct Costs** |  |  |
| **Indirect Costs** |  |  |
| **Total Budget Requested****Note:** If the total requested budget is greater than $100,000, the proposal must include at least one additional Applicant from a different organization than the Lead Applicant.  |  |