BUDGET: Attachment 3

CDC Foundation
Together our impact is greater

Contractor Name:	
Agreement Number:	(To be assigned by CDC Foundation)
Fund Program Number:	45104
Project Name:	Hear Her CBO Subawards
Term:	
Maximum Payable Amount:	**$50,000**

01A PERSONNEL: SALARY	Description	LOE	Months	Salary	COST	$0
					$ -	
					$ -	
					$ -	
					$ -	
					$ -	
					$ -	
					$ -	
					$ -	
					$ -	
					$ -	
					$ -	

01B PERSONNEL: HOURLY	Description	Hours	Rate	COST	$0
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	

PERSONNEL TOTAL					TOTAL	$0

Fringe %:		$0

02 TRAVEL	Destination	Units	Days	Rate/Cost	COST	$0
					$ -	
					$ -	
					$ -	
					$ -	
					$ -	
					$ -	
					$ -	
					$ -	
					$ -	

03 SUPPLIES/EQUIPMENT	Description	Units	Unit Cost	COST	$0
Supplies					
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
Equipment					
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	

04 OVERHEAD / INDIRECT	Description	Rate	Applicable Direct Costs	COST	$0
				$ -	

05 OTHER	Description	Number	Unit Cost	COST	$0
				$ -	
				$ -	
				$ -	
				$ -	

06 SUBCONTRACTS	Description	Months	Salary	COST	$0
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	
				$ -	

Budget Total	**$0**