

**Health and Human Services (HHS) Grant
Hospital Preparedness Program (HPP)
FY 2014-2015 Budget Proposal**

Organization Name: _____ **Title/Department:** _____
Contact Person: _____ **Phone Number:** _____
Email Address: _____ **Fax Number:** _____

Reimbursable Limit: _____
Match Amount (10%): _____
TOTAL OBLIGATION AMOUNT: _____

A. CASH EXPENDITURES		
<u>Capability Planning Guide</u>	<u>Description</u>	<u>Amount</u>
TOTAL CASH EXPENDITURES		\$ -
B. MATCHING EXPENDITURES		
Staff Time		\$ -
Cost of Meeting Space		\$ -
Cost of Storage/Rental Space		\$ -
Cost of Mileage Reimbursement		\$ -
TOTAL MATCHING EXPENDITURES		
C. TOTAL AMOUNT PROPOSED (Cash Expenditures + Matching Expenditures)		
TOTAL AMOUNT		\$ -
D. OVERAGE (Total Amount Proposed - Total Obligation Amount)		
AMOUNT OVER TOTAL OBLIGATION		\$ -

By signing below, you are ensuring that HPP grant funds will be spent in accordance with the guidelines as specified in your Participation Agreement and conditions of participation detailed in Attachments 1, 2 and 3.

Hospital CEO/EMS Director Name
(Print): _____ **Date:** _____

Hospital CEO/EMS Director Signature: _____