#### 1305 Year 2 Budget (PPHF)

Form Approved OMB No. 0920-XXXX Exp. Date XX/XX/XXXX

State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health

<Enter State Name>

#### Workbook Contents

Home	Personnel	Contracts	Consultants	Basic	Domain 2	Domain 3	Domain 4	Reports	SF 424A, Sec B 🤗

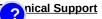
#### Instructions

#### Purpose of the Template

The purpose of this template is to: Perform calculations automatically to reduce burden on states Enable improved evaluation capabilities by NCCDPHP Promote fiscal accountability and foster increased communication Provide CDC with an opportunity to document how funds are being invested to improve capacity of state health departments

#### **Abbreviations**

HDSP = Heart Disease and Stroke Prevention NPAO = Nutrition, Physical Activity, and Obesity SH = School Health



It you need technical support when using this template, email <u>1305BudgetWorkPlan@cdc.gov</u> and CC your lead project officer.

Public reporting of this collection of information varies from 1 to 9 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN:PRA (0920-XXXX).

	Personnel Cost												
Name	Position Title	Annual Salary and Wages	% Paid by This Grant	Months	Salary and Wages	Fringe (%)	Fringe (\$) if not %	Fringe	Total Planned				
					\$-			\$-	\$-				
A	Ilocation of Cost by Do			Justif	ication								
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total								
Basic Activities		0.0%		0.0%	0.0% (\$0)								
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)								
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)								
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)								
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)								

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Personnel Cost

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Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)				

Personnel Cost										
Name	Position Title	Position TitleAnnual Salary and Wages% Paid by This GrantMonthsSalary and WagesFringe (%)Fringe (\$) if not %Fringe (\$) Fringe (\$)Fringe								
					\$-			\$-	\$-	
A	Allocation of Cost by Domain and Funding Category							cation		

	Personnel Salary and Fringe										
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total						
Basic Activities		0.0%		0.0%	0.0% (\$0)						
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)						
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)						
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)						
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)						

			Perso	nnel Cost					
Name	Position Title	Annual Salary and Wages	% Paid by This Grant	Months	Salary and Wages	Fringe (%)	Fringe (\$) if not %	Fringe	Total Planned
					\$-			\$-	\$-
A		Justif	ication						
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total				
Basic Activities		0.0%	0.0% (\$0)						
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)				
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)				
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)				
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)				

			Perso	nnel Cost					
Name	Position Title	Annual Salary and Wages	% Paid by This Grant	Months	Salary and Wages	Fringe (%)	Fringe (\$) if not %	Fringe	Total Planned
					\$-			\$-	\$-
A	Ilocation of Cost by Do	omain and Fund	ling Category				Justifi	ication	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total				
Basic Activities		0.0%		0.0%	0.0% (\$0)				

	Personnel Salary and Fringe									
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)					
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)					
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)					
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)					

			Perso	nnel Cost					
Name	Position Title	Annual Salary and Wages	% Paid by This Grant	Months	Salary and Wages	Fringe (%)	Fringe (\$) if not %	Fringe	Total Planned
					\$-			\$-	\$-
A	Ilocation of Cost by Do		Justif	ication	•				
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total				
Basic Activities		0.0%		0.0%	0.0% (\$0)				
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)				
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)				
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)				
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)				

	_	_	Perso	nnel Cost				-	
Name	Position Title	Annual Salary and Wages	% Paid by This Grant	Months	Salary and Wages	Fringe (%)	Fringe (\$) if not %	Fringe	Total Planned
					\$-			\$-	\$-
A	llocation of Cost by Do		Justifi	ication					
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total				
Basic Activities		0.0%		0.0%	0.0% (\$0)				
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)				
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)				

	Personnel Salary and Fringe									
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)					
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)					

			Perso	nnel Cost					
Name	Position Title	Annual Salary and Wages	% Paid by This Grant	Months	Salary and Wages	Fringe (%)	Fringe (\$) <b>if not %</b>	Fringe	Total Planned
					\$-			\$-	\$-
A	Allocation of Cost by Domain and Funding Category								
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total				
Basic Activities		0.0%		0.0%	0.0% (\$0)				
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)				
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)				
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)				
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)				

		_	Perso	nnel Cost		_			
Name	Position Title	Annual Salary and Wages	% Paid by This Grant	Months	Salary and Wages	Fringe (%)	Fringe (\$) if not %	Fringe	Total Planned
					\$-			\$-	\$-
A	Allocation of Cost by Domain and Funding Category								
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total				
Basic Activities		0.0%	0.0% (\$0)						
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)				
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)				
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)				
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)				

	_				_				
Name	Position Title	Annual Salary and Wages	% Paid by This Grant	Months	Salary and Wages	Fringe (%)	Fringe (\$) if not %	Fringe	Total Planned
					\$-			\$-	\$-
A	Allocation of Cost by Domain and Funding Category							ication	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total				
Basic Activities		0.0%		0.0%	0.0% (\$0)				
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)				
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)				
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)				
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)				

			Perso	nnel Cost				_	
Name	Position Title	Annual Salary and Wages	% Paid by This Grant	Months	Salary and Wages	Fringe (%)	Fringe (\$) if not %	Fringe	Total Planned
					\$-			\$-	\$-
A	Ilocation of Cost by Do		Justif	ication					
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total				
Basic Activities		0.0%		0.0%	0.0% (\$0)				
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)				
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)				
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)				
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)				

Personnel Cost

		Per	sonnel Sa	lary and	Fringe				
Name	Position Title	Annual Salary and Wages	% Paid by This Grant	Months	Salary and Wages	Fringe (%)	Fringe (\$) if not %	Fringe	Total Planned
					\$-			\$-	\$-
A		Justif	ication						
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total				
Basic Activities		0.0%		0.0%	0.0% (\$0)				
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)				
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)				
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)				
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)				

			Perso	nnel Cost					
Name	Position Title	Annual Salary and Wages	% Paid by This Grant	Months	Salary and Wages	Fringe (%)	Fringe (\$) if not %	Fringe	Total Planned
					\$-			\$-	\$-
A	Ilocation of Cost by Do	omain and Fund	ding Category				Justif	ication	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total				
Basic Activities		0.0%		0.0%	0.0% (\$0)				
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)				
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)				
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)				
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)				

Personnel Cost										
NamePosition TitleAnnual Salary and Wages% Paid by This GrantMonthsSalary and WagesFringe (%)Fringe (\$) if not %Fringe (\$)Fringe (\$)Fringe (\$)										
					\$-			\$-	\$-	
A			Justifi	ication						

	Personnel Salary and Fringe											
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total							
Basic Activities		0.0%		0.0%	0.0% (\$0)							
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)							
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)							
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)							
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)							

			Perso	nnel Cost					
Name	Position Title	Annual Salary and Wages	% Paid by This Grant	Months	Salary and Wages	Fringe (%)	Fringe (\$) if not %	Fringe	Total Planned
					\$-			\$-	\$-
A	Ilocation of Cost by Do	omain and Fund	ding Category				Justif	ication	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total				
Basic Activities		0.0%		0.0%	0.0% (\$0)				
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)				
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)				
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)				
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)				

	Personnel Cost											
Name	Position Title	Annual Salary and Wages	% Paid by This Grant	Months	Salary and Wages	Fringe (%)	Fringe (\$) if not %	Fringe	Total Planned			
					\$-			\$-	\$-			
A	llocation of Cost by Do	omain and Fund	ding Category				Justifi	ication				
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total							
Basic Activities	0.0%	0.0% (\$0)										

Personnel Salary and Fringe										
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)					
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)					
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)					
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)					

	Ba	sic Information					Itemized Costs	i	Justification
Name of Contractor						Salary and Wages \$-			
Method of Selection						Fringe Benefits		\$-	
Justification for Sole Source Selection (if applicable)						Consultant Cos	ts	\$-	
Period of Performance						Equipment		\$-	
Scope of Work						Supplies		\$-	
						Travel \$		\$-	
						Deliverable Cost	<enter description&gt;</enter 	\$-	
Method of Accountability						Other	<enter description&gt;</enter 	\$-	
	Allocation of Cost by	y Domain and F	unding Catego	ory		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Subcontract Co	sts	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	TOTAL DIREC	T COSTS	\$-	
Domain 3 Activities	0.0%	0.0%	0.0% (\$0)	Indirect Rate					
Domain 4 Activities	0.0%	0.0%	0.0%	.0% 0.0% 0.0% (\$0)			TOTAL INDIRECT COSTS		
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR CONTRACT \$					

	Ba	sic Information					Itemized Costs	;	Justification
Name of Contractor						Salary and Wa	ges	\$-	
Method of Selection						Fringe Benefits		\$-	
Justification for Sole Source Selection (if applicable)						Consultant Cos	ts	\$-	
Period of Performance						Equipment		\$-	
Scope of Work						Supplies		\$-	
						Travel \$		\$-	
						Deliverable Cost	<enter description&gt;</enter 	\$-	
Method of Accountability						Other	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	unding Catego	ry		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Subcontract Co	sts	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	TOTAL DIREC	T COSTS	\$-	
Domain 3 Activities	0.0%	0.0%	0.0% (\$0)	Indirect Rate					
Domain 4 Activities	0.0%	0.0% 0.0% 0.0% 0.0% (\$0)			0.0% (\$0)	TOTAL INDIRECT COSTS \$		\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)         0.0% (\$0)         0.0% (\$0)         0.0% (\$0)         0.0% (\$0)						\$-	

	Ba	sic Information					Itemized Costs	;	Justification
Name of Contractor						Salary and Wa	ges	\$-	
Method of Selection						Fringe Benefits		\$-	
Justification for Sole Source Selection (if applicable)						Consultant Cos	ts	\$-	
Period of Performance						Equipment		\$-	
Scope of Work						Supplies		\$-	
						Travel \$		\$-	
						Deliverable Cost	<enter description&gt;</enter 	\$-	
Method of Accountability						Other	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	unding Catego	ry		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Subcontract Co	sts	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	TOTAL DIREC	T COSTS	\$-	
Domain 3 Activities	0.0%	0.0%	0.0% (\$0)	Indirect Rate					
Domain 4 Activities	0.0%	0.0% 0.0% 0.0% 0.0% (\$0)			0.0% (\$0)	TOTAL INDIRECT COSTS \$		\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)         0.0% (\$0)         0.0% (\$0)         0.0% (\$0)         0.0% (\$0)						\$-	

	Ba	sic Information					Itemized Costs	;	Justification
Name of Contractor						Salary and Wag	jes	\$-	
Method of Selection						Fringe Benefits		\$-	
Justification for Sole Source Selection (if applicable)						Consultant Cos	ts	\$-	
Period of Performance						Equipment		\$-	
Scope of Work						Supplies		\$-	
						Travel \$		\$-	
						Deliverable Cost	<enter description&gt;</enter 	\$-	
Method of Accountability						Other	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	Funding Catego	ry		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Subcontract Co	sts	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	TOTAL DIREC	T COSTS	\$-	
Domain 3 Activities	0.0%	0.0%	0.0% (\$0)	Indirect Rate					
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	TOTAL INDIRECT COSTS		\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)         0.0% (\$0)         0.0% (\$0)         0.0% (\$0)         0.0% (\$0)						\$-	

	Ba	sic Information					Itemized Costs	i	Justification
Name of Contractor						Salary and Wa	ges	\$-	
Method of Selection						Fringe Benefits		\$-	
Justification for Sole Source Selection (if applicable)						Consultant Cos	ts	\$-	
Period of Performance						Equipment		\$-	
Scope of Work						Supplies		\$-	
Scope of Work						Travel \$		\$-	
						Deliverable Cost	<enter description&gt;</enter 	\$-	
Method of Accountability						Other	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	Funding Catego	ory		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Subcontract Co	sts	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	TOTAL DIREC	TOTAL DIRECT COSTS		
Domain 3 Activities	0.0%	0.0%	0.0% (\$0)	Indirect Rate					
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	TOTAL INDIRECT COSTS		\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)         0.0% (\$0)         0.0% (\$0)         0.0% (\$0)         0.0% (\$0)						\$-	

	Ba	sic Information					Itemized Costs	;	Justification
Name of Contractor						Salary and Wa	ges	\$-	
Method of Selection						Fringe Benefits		\$-	
Justification for Sole Source Selection (if applicable)						Consultant Cos	ts	\$-	
Period of Performance						Equipment		\$-	
Scope of Work						Supplies		\$-	
						Travel \$		\$-	
						Deliverable Cost	<enter description&gt;</enter 	\$-	
Method of Accountability						Other	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	unding Catego	ry		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Subcontract Co	sts	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	TOTAL DIREC	T COSTS	\$-	
Domain 3 Activities	0.0%	0.0%	0.0% (\$0)	Indirect Rate					
Domain 4 Activities	0.0%	0.0% 0.0% 0.0% 0.0% (\$0)			0.0% (\$0)	TOTAL INDIRECT COSTS \$		\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)         0.0% (\$0)         0.0% (\$0)         0.0% (\$0)         0.0% (\$0)						\$-	

	Ba	sic Information					Itemized Costs	;	Justification
Name of Contractor						Salary and Wag	jes	\$-	
Method of Selection						Fringe Benefits		\$-	
Justification for Sole Source Selection (if applicable)						Consultant Cos	ts	\$-	
Period of Performance						Equipment		\$-	
Scope of Work						Supplies		\$-	
						Travel \$		\$-	
						Deliverable Cost	<enter description&gt;</enter 	\$-	
Method of Accountability						Other	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	Funding Catego	ry		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Subcontract Co	sts	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	TOTAL DIREC	T COSTS	\$-	
Domain 3 Activities	0.0%	0.0%	0.0% (\$0)	Indirect Rate					
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	TOTAL INDIRECT COSTS		\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)         0.0% (\$0)         0.0% (\$0)         0.0% (\$0)         0.0% (\$0)						\$-	

	Ba	sic Information					Itemized Costs	;	Justification
Name of Contractor						Salary and Wa	ges	\$-	
Method of Selection						Fringe Benefits		\$-	
Justification for Sole Source Selection (if applicable)						Consultant Cos	ts	\$-	
Period of Performance						Equipment		\$-	
Scope of Work						Supplies		\$-	
						Travel \$		\$-	
						Deliverable Cost	<enter description&gt;</enter 	\$-	
Method of Accountability						Other	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	unding Catego	ry		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Subcontract Co	sts	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	TOTAL DIREC	T COSTS	\$-	
Domain 3 Activities	0.0%	0.0%	0.0% (\$0)	Indirect Rate					
Domain 4 Activities	0.0%	0.0% 0.0% 0.0% 0.0% (\$0)			0.0% (\$0)	TOTAL INDIRECT COSTS \$		\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)         0.0% (\$0)         0.0% (\$0)         0.0% (\$0)         0.0% (\$0)						\$-	

	Basic Information								Justification
Name of Contractor						Salary and Wag	Salary and Wages \$		
Method of Selection						Fringe Benefits		\$-	
Justification for Sole Source Selection (if applicable)						Consultant Cos	ts	\$-	
Period of Performance						Equipment		\$-	
Scope of Work						Supplies		\$-	
Scope of Work						Travel \$		\$-	
							<enter description&gt;</enter 	\$-	
Method of Accountability						Other	<enter description&gt;</enter 	\$-	
	Allocation of Cost by	y Domain and F	Funding Catego	ory		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Subcontract Co	sts	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	TOTAL DIREC	TOTAL DIRECT COSTS		
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	) Indirect Rate			
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	TOTAL INDIRE	CT COSTS	\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR C	ONTRACT	\$-	

	Basic Information								Justification
Name of Contractor						Salary and Wag	Salary and Wages \$		
Method of Selection						Fringe Benefits		\$-	
Justification for Sole Source Selection (if applicable)						Consultant Cos	ts	\$-	
Period of Performance						Equipment		\$-	
Scope of Work						Supplies		\$-	
Scope of Work						Travel \$		\$-	
							<enter description&gt;</enter 	\$-	
Method of Accountability						Other	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	Funding Catego	ory		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Subcontract Co	sts	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	TOTAL DIREC	TOTAL DIRECT COSTS		
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	) Indirect Rate			
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	TOTAL INDIRE	CT COSTS	\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR C	ONTRACT	\$-	

	Basic Information								Justification
Name of Contractor						Salary and Wag	Salary and Wages \$		
Method of Selection						Fringe Benefits		\$-	
Justification for Sole Source Selection (if applicable)						Consultant Cos	ts	\$-	
Period of Performance						Equipment		\$-	
Scope of Work						Supplies		\$-	
Scope of Work						Travel \$		\$-	
							<enter description&gt;</enter 	\$-	
Method of Accountability						Other	<enter description&gt;</enter 	\$-	
	Allocation of Cost by	y Domain and F	Funding Catego	ory		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Subcontract Co	sts	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	TOTAL DIREC	TOTAL DIRECT COSTS		
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	) Indirect Rate			
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	TOTAL INDIRE	CT COSTS	\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR C	ONTRACT	\$-	

	Basic Information								Justification
Name of Contractor						Salary and Wag	Salary and Wages \$		
Method of Selection						Fringe Benefits		\$-	
Justification for Sole Source Selection (if applicable)						Consultant Cos	ts	\$-	
Period of Performance						Equipment		\$-	
Scope of Work						Supplies		\$-	
Scope of Work						Travel \$		\$-	
							<enter description&gt;</enter 	\$-	
Method of Accountability						Other	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	Funding Catego	ory		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Subcontract Co	sts	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	TOTAL DIREC	TOTAL DIRECT COSTS		
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	) Indirect Rate			
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	TOTAL INDIRE	CT COSTS	\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR C	ONTRACT	\$-	

	Basic Information								Justification
Name of Contractor						Salary and Wag	Salary and Wages \$		
Method of Selection						Fringe Benefits		\$-	
Justification for Sole Source Selection (if applicable)						Consultant Cos	ts	\$-	
Period of Performance						Equipment		\$-	
Scope of Work						Supplies		\$-	
Scope of Work						Travel \$		\$-	
							<enter description&gt;</enter 	\$-	
Method of Accountability						Other	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	Funding Catego	ory		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Subcontract Co	sts	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	TOTAL DIREC	TOTAL DIRECT COSTS		
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	) Indirect Rate			
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	TOTAL INDIRE	CT COSTS	\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR C	ONTRACT	\$-	

	Basic Information							i	Justification
Name of Contractor						Salary and Wages \$		\$-	
Method of Selection						Fringe Benefits		\$-	
Justification for Sole Source Selection (if applicable)						Consultant Cos	ts	\$-	
Period of Performance						Equipment		\$-	
Scope of Work						Supplies \$			
Scope of Work						Travel \$		\$-	
							<enter description&gt;</enter 	\$-	
Method of Accountability						Other	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	Funding Catego	ry		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Subcontract Co	sts	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	TOTAL DIREC	T COSTS	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Indirect Rate			
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	TOTAL INDIRE	CT COSTS	\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR C	ONTRACT	\$-	

	Basic Information								Justification
Name of Contractor						Salary and Wag	Salary and Wages \$		
Method of Selection						Fringe Benefits		\$-	
Justification for Sole Source Selection (if applicable)						Consultant Cos	ts	\$-	
Period of Performance						Equipment		\$-	
Scope of Work						Supplies		\$-	
Scope of Work						Travel \$		\$-	
							<enter description&gt;</enter 	\$-	
Method of Accountability						Other	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	Funding Catego	ory		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Subcontract Co	sts	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	TOTAL DIREC	TOTAL DIRECT COSTS		
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	) Indirect Rate			
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	TOTAL INDIRE	CT COSTS	\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR C	ONTRACT	\$-	

	Basic Information							i	Justification
Name of Contractor						Salary and Wages		\$-	
Method of Selection						Fringe Benefits		\$-	
Justification for Sole Source Selection (if applicable)						Consultant Cos	ts	\$-	
Period of Performance						Equipment		\$-	
Scope of Work						Supplies		\$-	
								\$-	
						Deliverable Cost	<enter description&gt;</enter 	\$-	
Method of Accountability						Other	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	unding Catego	ry		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Subcontract Co	sts	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	TOTAL DIREC	TOTAL DIRECT COSTS		
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	(\$0) Indirect Rate			
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	TOTAL INDIRECT COSTS		\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR C	ONTRACT	\$-	

	Ba	sic Information					Itemized Costs	;	Justification
Name of Contractor						Salary and Wag	jes	\$-	
Method of Selection						Fringe Benefits		\$-	
Justification for Sole Source Selection (if applicable)						Consultant Cos	ts	\$-	
Period of Performance						Equipment		\$-	
Scope of Work						Supplies		\$-	
						Travel		\$-	
						Deliverable Cost	<enter description&gt;</enter 	\$-	
Method of Accountability						Other	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	Funding Catego	ry		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Subcontract Co	sts	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	TOTAL DIREC	T COSTS	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Indirect Rate			
Domain 4 Activities	0.0%	0.0% 0.0% 0.0% 0.0% 0.0%						\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR C	ONTRACT	\$-	

	Ba	sic Information					Itemized Costs	;	Justification
Name of Contractor						Salary and Wag	jes	\$-	
Method of Selection						Fringe Benefits		\$-	
Justification for Sole Source Selection (if applicable)						Consultant Cos	ts	\$-	
Period of Performance						Equipment		\$-	
Scope of Work						Supplies		\$-	
						Travel		\$-	
						Deliverable Cost	<enter description&gt;</enter 	\$-	
Method of Accountability						Other	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	Funding Catego	ry		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Subcontract Co	sts	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	TOTAL DIREC	T COSTS	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Indirect Rate			
Domain 4 Activities	0.0%	0.0% 0.0% 0.0% 0.0% 0.0%						\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR C	ONTRACT	\$-	

	Ba	sic Information					Itemized Costs	;	Justification
Name of Contractor						Salary and Wag	jes	\$-	
Method of Selection						Fringe Benefits		\$-	
Justification for Sole Source Selection (if applicable)						Consultant Cos	ts	\$-	
Period of Performance						Equipment		\$-	
Scope of Work						Supplies		\$-	
						Travel		\$-	
						Deliverable Cost	<enter description&gt;</enter 	\$-	
Method of Accountability						Other	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	Funding Catego	ry		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Subcontract Co	sts	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	TOTAL DIREC	T COSTS	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Indirect Rate			
Domain 4 Activities	0.0%	0.0% 0.0% 0.0% 0.0% 0.0%						\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR C	ONTRACT	\$-	

	Ba	sic Information					Itemized Costs	;	Justification
Name of Contractor						Salary and Wag	jes	\$-	
Method of Selection						Fringe Benefits		\$-	
Justification for Sole Source Selection (if applicable)						Consultant Cos	ts	\$-	
Period of Performance						Equipment		\$-	
Scope of Work						Supplies		\$-	
						Travel		\$-	
						Deliverable Cost	<enter description&gt;</enter 	\$-	
Method of Accountability						Other	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	Funding Catego	ry		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Subcontract Co	sts	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	TOTAL DIREC	T COSTS	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Indirect Rate			
Domain 4 Activities	0.0%	0.0% 0.0% 0.0% 0.0% 0.0%						\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR C	ONTRACT	\$-	

	Ba	sic Information					Itemized Costs	;	Justification
Name of Contractor						Salary and Wa	ges	\$-	
Method of Selection						Fringe Benefits \$			
Justification for Sole Source Selection (if applicable)						Consultant Costs \$ -			
Period of Performance						Equipment		\$-	
Scope of Work						Supplies		\$-	
						Travel		\$-	
						Deliverable Cost	<enter description&gt;</enter 	\$-	
Method of Accountability						Other	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	unding Catego	ry		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Subcontract Co	sts	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	TOTAL DIREC	T COSTS	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Indirect Rate			
Domain 4 Activities	0.0%	0.0% 0.0% 0.0% 0.0% <b>0.0%</b>						\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR C	ONTRACT	\$-	

	Ba	sic Information					Itemized Costs	;	Justification
Name of Contractor						Salary and Wag	jes	\$-	
Method of Selection						Fringe Benefits		\$-	
Justification for Sole Source Selection (if applicable)						Consultant Cos	ts	\$-	
Period of Performance						Equipment		\$-	
Scope of Work						Supplies		\$-	
						Travel		\$-	
						Deliverable Cost	<enter description&gt;</enter 	\$-	
Method of Accountability						Other	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	Funding Catego	ry		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Subcontract Co	sts	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	TOTAL DIREC	T COSTS	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Indirect Rate			
Domain 4 Activities	0.0%	0.0% 0.0% 0.0% 0.0% 0.0%						\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR C	ONTRACT	\$-	

	Ba	sic Information					Itemized Costs	;	Justification
Name of Contractor						Salary and Wa	ges	\$-	
Method of Selection						Fringe Benefits \$			
Justification for Sole Source Selection (if applicable)						Consultant Costs \$ -			
Period of Performance						Equipment		\$-	
Scope of Work						Supplies		\$-	
						Travel		\$-	
						Deliverable Cost	<enter description&gt;</enter 	\$-	
Method of Accountability						Other	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	unding Catego	ry		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Subcontract Co	sts	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	TOTAL DIREC	T COSTS	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Indirect Rate			
Domain 4 Activities	0.0%	0.0% 0.0% 0.0% 0.0% <b>0.0%</b>						\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR C	ONTRACT	\$-	

	Ba	sic Information					Itemized Costs	;	Justification
Name of Contractor						Salary and Wag	jes	\$-	
Method of Selection						Fringe Benefits		\$-	
Justification for Sole Source Selection (if applicable)						Consultant Cos	ts	\$-	
Period of Performance						Equipment		\$-	
Scope of Work						Supplies		\$-	
						Travel		\$-	
						Deliverable Cost	<enter description&gt;</enter 	\$-	
Method of Accountability						Other	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	Funding Catego	ry		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Subcontract Co	sts	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	TOTAL DIREC	T COSTS	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Indirect Rate			
Domain 4 Activities	0.0%	0.0% 0.0% 0.0% 0.0% 0.0%						\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR C	ONTRACT	\$-	

	Ba	sic Information					Itemized Costs	i	Justification
Name of Contractor						Salary and Wa	ges	\$-	
Method of Selection						Fringe Benefits		\$-	
Justification for Sole Source Selection (if applicable)						Consultant Cos	ts	\$-	
Period of Performance						Equipment		\$-	
Scope of Work						Supplies		\$-	
Scope of Work						Travel		\$-	
						Deliverable Cost	<enter description&gt;</enter 	\$-	
Method of Accountability						Other	<enter description&gt;</enter 	\$-	
	Allocation of Cost by	y Domain and F	Funding Catego	ory		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Subcontract Co	sts	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	TOTAL DIREC	T COSTS	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Indirect Rate			
Domain 4 Activities	0.0%	0.0%	0.0% (\$0)	TOTAL INDIRECT COSTS \$		\$-			
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR C	ONTRACT	\$-	

	Ba	sic Information					Itemized Costs	;	Justification
Name of Contractor						Salary and Wag	jes	\$-	
Method of Selection						Fringe Benefits		\$-	
Justification for Sole Source Selection (if applicable)						Consultant Cos	ts	\$-	
Period of Performance						Equipment		\$-	
Scope of Work						Supplies		\$-	
						Travel		\$-	
						Deliverable Cost	<enter description&gt;</enter 	\$-	
Method of Accountability						Other	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	Funding Catego	ry		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Subcontract Co	sts	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	TOTAL DIREC	T COSTS	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Indirect Rate			
Domain 4 Activities	0.0%	0.0% 0.0% 0.0% 0.0% 0.0%						\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR C	ONTRACT	\$-	

	Ba	sic Information					Itemized Costs	i	Justification
Name of Contractor						Salary and Wa	ges	\$-	
Method of Selection						Fringe Benefits		\$-	
Justification for Sole Source Selection (if applicable)						Consultant Cos	ts	\$-	
Period of Performance						Equipment		\$-	
Scope of Work						Supplies		\$-	
Scope of Work						Travel		\$-	
						Deliverable Cost	<enter description&gt;</enter 	\$-	
Method of Accountability						Other	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	Funding Catego	ory		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Subcontract Co	sts	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	TOTAL DIREC	T COSTS	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Indirect Rate			
Domain 4 Activities	0.0%	0.0%	0.0% (\$0)	TOTAL INDIRECT COSTS \$		\$-			
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR C	ONTRACT	\$-	

	Ba	sic Information					Itemized Costs	;	Justification
Name of Contractor						Salary and Wag	jes	\$-	
Method of Selection						Fringe Benefits		\$-	
Justification for Sole Source Selection (if applicable)						Consultant Cos	ts	\$-	
Period of Performance						Equipment		\$-	
Scope of Work						Supplies		\$-	
						Travel		\$-	
						Deliverable Cost	<enter description&gt;</enter 	\$-	
Method of Accountability						Other	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	Funding Catego	ry		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Subcontract Co	sts	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	TOTAL DIREC	T COSTS	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Indirect Rate			
Domain 4 Activities	0.0%	0.0% 0.0% 0.0% 0.0% 0.0%						\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR C	ONTRACT	\$-	

	Ba	sic Information					Itemized Costs	;	Justification
Name of Contractor						Salary and Wag	jes	\$-	
Method of Selection						Fringe Benefits		\$-	
Justification for Sole Source Selection (if applicable)						Consultant Cos	ts	\$-	
Period of Performance						Equipment		\$-	
Scope of Work						Supplies		\$-	
						Travel		\$-	
						Deliverable Cost	<enter description&gt;</enter 	\$-	
Method of Accountability						Other	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	Funding Catego	ry		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Subcontract Co	sts	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	TOTAL DIREC	T COSTS	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Indirect Rate			
Domain 4 Activities	0.0%	0.0% 0.0% 0.0% 0.0% <b>0.0%</b>						\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR C	ONTRACT	\$-	

	Ba	sic Information					Itemized Costs	;	Justification
Name of Contractor						Salary and Wa	ges	\$-	
Method of Selection						Fringe Benefits			
Justification for Sole Source Selection (if applicable)						Consultant Costs \$			
Period of Performance						Equipment		\$-	
Scope of Work						Supplies		\$-	
						Travel		\$-	
						Deliverable Cost	<enter description&gt;</enter 	\$-	
Method of Accountability						Other	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	unding Catego	ry		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Subcontract Co	sts	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	TOTAL DIREC	T COSTS	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Indirect Rate			
Domain 4 Activities	0.0%	0.0%	0.0% (\$0)	TOTAL INDIRECT COSTS \$		\$-			
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR C	ONTRACT	\$-	

	Ba	sic Information					Itemized Costs	;	Justification
Name of Contractor						Salary and Wa	ges	\$-	
Method of Selection						Fringe Benefits			
Justification for Sole Source Selection (if applicable)						Consultant Costs \$			
Period of Performance						Equipment		\$-	
Scope of Work						Supplies		\$-	
						Travel		\$-	
						Deliverable Cost	<enter description&gt;</enter 	\$-	
Method of Accountability						Other	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	unding Catego	ry		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Subcontract Co	sts	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	TOTAL DIREC	T COSTS	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Indirect Rate			
Domain 4 Activities	0.0%	0.0%	0.0% (\$0)	TOTAL INDIRECT COSTS \$		\$-			
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR C	ONTRACT	\$-	

	Ba	sic Information					Itemized Costs	i	Justification
Name of Contractor						Salary and Wa	ges	\$-	
Method of Selection						Fringe Benefits		\$-	
Justification for Sole Source Selection (if applicable)						Consultant Cos	ts	\$-	
Period of Performance						Equipment		\$-	
Scope of Work						Supplies		\$-	
Scope of Work						Travel		\$-	
						Deliverable Cost	<enter description&gt;</enter 	\$-	
Method of Accountability						Other	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	Funding Catego	ory		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Subcontract Co	sts	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	TOTAL DIREC	T COSTS	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Indirect Rate			
Domain 4 Activities	0.0%	0.0%	0.0% (\$0)	TOTAL INDIRECT COSTS \$		\$-			
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR C	ONTRACT	\$-	

	Ba	sic Information					Itemized Costs	;	Justification
Name of Contractor						Salary and Wa	ges	\$-	
Method of Selection						Fringe Benefits			
Justification for Sole Source Selection (if applicable)						Consultant Costs \$			
Period of Performance						Equipment		\$-	
Scope of Work						Supplies		\$-	
						Travel		\$-	
						Deliverable Cost	<enter description&gt;</enter 	\$-	
Method of Accountability						Other	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	unding Catego	ry		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Subcontract Co	sts	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	TOTAL DIREC	T COSTS	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Indirect Rate			
Domain 4 Activities	0.0%	0.0%	0.0% (\$0)	TOTAL INDIRECT COSTS \$		\$-			
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR C	ONTRACT	\$-	

	Ba	sic Information					Itemized Costs	;	Justification
Name of Contractor						Salary and Wag	jes	\$-	
Method of Selection						Fringe Benefits		\$-	
Justification for Sole Source Selection (if applicable)						Consultant Cos	ts	\$-	
Period of Performance						Equipment		\$-	
Scope of Work						Supplies		\$-	
						Travel		\$-	
						Deliverable Cost	<enter description&gt;</enter 	\$-	
Method of Accountability						Other	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	Funding Catego	ry		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Subcontract Co	sts	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	TOTAL DIREC	T COSTS	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Indirect Rate			
Domain 4 Activities	0.0%	0.0% 0.0% 0.0% 0.0% <b>0.0%</b>						\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR C	ONTRACT	\$-	

	Ba	sic Information					Itemized Costs	i	Justification
Name of Contractor						Salary and Wa	ges	\$-	
Method of Selection						Fringe Benefits		\$-	
Justification for Sole Source Selection (if applicable)						Consultant Cos	ts	\$-	
Period of Performance						Equipment		\$-	
Scope of Work						Supplies		\$-	
Scope of Work						Travel		\$-	
						Deliverable Cost	<enter description&gt;</enter 	\$-	
Method of Accountability						Other	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	Funding Catego	ory		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Subcontract Co	sts	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	TOTAL DIREC	T COSTS	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Indirect Rate			
Domain 4 Activities	0.0%	0.0%	0.0% (\$0)	TOTAL INDIRECT COSTS \$		\$-			
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR C	ONTRACT	\$-	

	Ba	sic Information					Itemized Costs	;	Justification
Name of Contractor						Salary and Wa	ges	\$-	
Method of Selection						Fringe Benefits			
Justification for Sole Source Selection (if applicable)						Consultant Costs \$			
Period of Performance						Equipment		\$-	
Scope of Work						Supplies		\$-	
						Travel		\$-	
						Deliverable Cost	<enter description&gt;</enter 	\$-	
Method of Accountability						Other	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	unding Catego	ry		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Subcontract Co	sts	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	TOTAL DIREC	T COSTS	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Indirect Rate			
Domain 4 Activities	0.0%	0.0%	0.0% (\$0)	TOTAL INDIRECT COSTS \$		\$-			
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR C	ONTRACT	\$-	

	Ba	sic Information					Itemized Costs	;	Justification
Name of Contractor						Salary and Wag	jes	\$-	
Method of Selection						Fringe Benefits		\$-	
Justification for Sole Source Selection (if applicable)						Consultant Cos	ts	\$-	
Period of Performance						Equipment		\$-	
Scope of Work						Supplies		\$-	
						Travel		\$-	
						Deliverable Cost	<enter description&gt;</enter 	\$-	
Method of Accountability						Other	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	Funding Catego	ry		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Subcontract Co	sts	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	TOTAL DIREC	T COSTS	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Indirect Rate			
Domain 4 Activities	0.0%	0.0% 0.0% 0.0% 0.0% <b>0.0%</b>						\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR C	ONTRACT	\$-	

	Ba	sic Information					Itemized Costs	;	Justification
Name of Contractor						Salary and Wag	jes	\$-	
Method of Selection						Fringe Benefits		\$-	
Justification for Sole Source Selection (if applicable)						Consultant Cos	ts	\$-	
Period of Performance						Equipment		\$-	
Scope of Work						Supplies		\$-	
						Travel		\$-	
						Deliverable Cost	<enter description&gt;</enter 	\$-	
Method of Accountability						Other	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	Funding Catego	ry		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Subcontract Co	sts	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	TOTAL DIREC	T COSTS	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Indirect Rate			
Domain 4 Activities	0.0%	0.0% 0.0% 0.0% 0.0% <b>0.0%</b>						\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR C	ONTRACT	\$-	

	Ba	sic Information					Itemized Costs	;	Justification
Name of Contractor						Salary and Wag	jes	\$-	
Method of Selection						Fringe Benefits		\$-	
Justification for Sole Source Selection (if applicable)						Consultant Cos	ts	\$-	
Period of Performance						Equipment		\$-	
Scope of Work						Supplies		\$-	
						Travel		\$-	
						Deliverable Cost	<enter description&gt;</enter 	\$-	
Method of Accountability						Other	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	Funding Catego	ry		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Subcontract Co	sts	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	TOTAL DIREC	T COSTS	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Indirect Rate			
Domain 4 Activities	0.0%	0.0% 0.0% 0.0% 0.0% <b>0.0%</b>						\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR C	ONTRACT	\$-	

	Ba	sic Information					Itemized Costs	;	Justification
Name of Contractor						Salary and Wa	ges	\$-	
Method of Selection						Fringe Benefits			
Justification for Sole Source Selection (if applicable)						Consultant Costs \$			
Period of Performance						Equipment		\$-	
Scope of Work						Supplies		\$-	
						Travel		\$-	
						Deliverable Cost	<enter description&gt;</enter 	\$-	
Method of Accountability						Other	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	unding Catego	ry		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Subcontract Co	sts	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	TOTAL DIREC	T COSTS	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Indirect Rate			
Domain 4 Activities	0.0%	0.0%	0.0% (\$0)	TOTAL INDIRECT COSTS \$		\$-			
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR C	ONTRACT	\$-	

# Consultants

	Ba	sic Information					Itemized Costs	3	Justification
Name of Consultant						Number of D Consultation			
Organizational Affiliation						Expected Daily Rate of Compensation		\$-	
Nature of Services to Be						BASE COM SUBTOTAL	PENSATION	\$-	
Rendered						Travel		\$-	
Relevance of Service to						Per Diem (to consultation)	tal for all days )	\$-	
the Project						Supplies		\$-	
Method of Accountability						Deliverable Cost	<enter description&gt;</enter 	\$-	
	Allocation of Cost by	y Domain and F	unding Catego	iry		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	EXPENSES SUBTOTAL		\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR CONSULTANT		\$-	

				nts					
	Ba	sic Information			Itemized Costs		Justification		
Name of Consultant						Number of Days of Consultation			
Organizational Affiliation						Expected Da Compensatio	uly Rate of	\$-	
Nature of Services to Be						BASE COM	PENSATION	\$-	
Rendered						Travel		\$-	
Relevance of Service to						Per Diem (to consultation)	tal for all days	\$-	
the Project						Supplies		\$-	
Method of Accountability						Deliverable Cost	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	unding Catego	ory		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	EXPENSES	SUBTOTAL	\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR CONSULTANT \$ -		\$-	

				nts					
	Ba	sic Information			Itemized Costs		Justification		
Name of Consultant						Number of Days of Consultation			
Organizational Affiliation						Expected Da Compensatio	uly Rate of	\$-	
Nature of Services to Be						BASE COM	PENSATION	\$-	
Rendered						Travel		\$-	
Relevance of Service to						Per Diem (to consultation)	tal for all days	\$-	
the Project						Supplies		\$-	
Method of Accountability						Deliverable Cost	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	unding Catego	ory		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	EXPENSES	SUBTOTAL	\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR CONSULTANT \$ -		\$-	

				nts					
	Ba	sic Information			Itemized Costs		Justification		
Name of Consultant						Number of Days of Consultation			
Organizational Affiliation						Expected Da Compensatio	uly Rate of	\$-	
Nature of Services to Be						BASE COM	PENSATION	\$-	
Rendered						Travel		\$-	
Relevance of Service to						Per Diem (to consultation)	tal for all days	\$-	
the Project						Supplies		\$-	
Method of Accountability						Deliverable Cost	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	unding Catego	ory		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	EXPENSES	SUBTOTAL	\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR CONSULTANT \$ -		\$-	

				nts					
	Ba	sic Information			Itemized Costs		Justification		
Name of Consultant						Number of Days of Consultation			
Organizational Affiliation						Expected Da Compensatio	uly Rate of	\$-	
Nature of Services to Be						BASE COM	PENSATION	\$-	
Rendered						Travel		\$-	
Relevance of Service to						Per Diem (to consultation)	tal for all days	\$-	
the Project						Supplies		\$-	
Method of Accountability						Deliverable Cost	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	unding Catego	ory		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	EXPENSES	SUBTOTAL	\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR CONSULTANT \$ -		\$-	

				nts					
	Ba	sic Information			Itemized Costs		Justification		
Name of Consultant						Number of Days of Consultation			
Organizational Affiliation						Expected Da Compensatio	uly Rate of	\$-	
Nature of Services to Be						BASE COM	PENSATION	\$-	
Rendered						Travel		\$-	
Relevance of Service to						Per Diem (to consultation)	tal for all days	\$-	
the Project						Supplies		\$-	
Method of Accountability						Deliverable Cost	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	unding Catego	ory		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	EXPENSES	SUBTOTAL	\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR CONSULTANT \$ -		\$-	

				nts					
	Ba	sic Information			Itemized Costs		Justification		
Name of Consultant						Number of Days of Consultation			
Organizational Affiliation						Expected Da Compensatio	uly Rate of	\$-	
Nature of Services to Be						BASE COM	PENSATION	\$-	
Rendered						Travel		\$-	
Relevance of Service to						Per Diem (to consultation)	tal for all days	\$-	
the Project						Supplies		\$-	
Method of Accountability						Deliverable Cost	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	unding Catego	ory		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	EXPENSES	SUBTOTAL	\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR CONSULTANT \$ -		\$-	

				nts					
	Ba	sic Information			Itemized Costs		Justification		
Name of Consultant						Number of Days of Consultation			
Organizational Affiliation						Expected Da Compensatio	uly Rate of	\$-	
Nature of Services to Be						BASE COM	PENSATION	\$-	
Rendered						Travel		\$-	
Relevance of Service to						Per Diem (to consultation)	tal for all days	\$-	
the Project						Supplies		\$-	
Method of Accountability						Deliverable Cost	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	unding Catego	ory		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	EXPENSES	SUBTOTAL	\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR CONSULTANT \$ -		\$-	

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	Ba	sic Information				Itemized Costs	;	Justification	
Name of Consultant						Number of Days of Consultation			
Organizational Affiliation						Expected Da Compensatio		\$ -	
Nature of Services to Be						BASE COM SUBTOTAL	PENSATION	\$-	
Rendered						Travel		\$-	
Relevance of Service to						Per Diem (to consultation)	ital for all days )	\$-	
the Project						Supplies		\$-	
Method of Accountability						Deliverable Cost	<enter description&gt;</enter 	\$-	
	Allocation of Cost by	y Domain and F	unding Catego	ory		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	EXPENSES SUBTOTAL \$		\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR CONSULTANT \$ -		\$ -	

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	Ba	sic Information			Itemized Costs		Justification		
Name of Consultant						Number of Days of Consultation			
Organizational Affiliation						Expected Da Compensatio	uly Rate of	\$-	
Nature of Services to Be						BASE COM	PENSATION	\$-	
Rendered						Travel		\$-	
Relevance of Service to						Per Diem (to consultation)	tal for all days	\$-	
the Project						Supplies		\$-	
Method of Accountability						Deliverable Cost	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	unding Catego	ory		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	EXPENSES	SUBTOTAL	\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR CONSULTANT \$ -		\$-	

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	Ba	sic Information			Itemized Costs		Justification		
Name of Consultant						Number of Days of Consultation			
Organizational Affiliation						Expected Da Compensatio	uly Rate of	\$-	
Nature of Services to Be						BASE COM	PENSATION	\$-	
Rendered						Travel		\$-	
Relevance of Service to						Per Diem (to consultation)	tal for all days	\$-	
the Project						Supplies		\$-	
Method of Accountability						Deliverable Cost	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	unding Catego	ory		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	EXPENSES	SUBTOTAL	\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR CONSULTANT \$ -		\$-	

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	Ba	sic Information			Itemized Costs		Justification		
Name of Consultant						Number of Days of Consultation			
Organizational Affiliation						Expected Da Compensatio	uly Rate of	\$-	
Nature of Services to Be						BASE COM	PENSATION	\$-	
Rendered						Travel		\$-	
Relevance of Service to						Per Diem (to consultation)	tal for all days	\$-	
the Project						Supplies		\$-	
Method of Accountability						Deliverable Cost	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	unding Catego	ory		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	EXPENSES	SUBTOTAL	\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR CONSULTANT \$ -		\$-	

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	Ba	sic Information					Itemized Costs		Justification
Name of Consultant						Number of Days of Consultation			
Organizational Affiliation						Expected Da Compensatio	uly Rate of	\$-	
Nature of Services to Be						BASE COM	PENSATION	\$-	
Rendered						Travel		\$-	
Relevance of Service to						Per Diem (to consultation)	tal for all days	\$-	
the Project						Supplies		\$-	
Method of Accountability						Deliverable Cost	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	unding Catego	ory		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	EXPENSES	SUBTOTAL	\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR CONSULTANT \$ -		\$-	

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	Ba	sic Information					Itemized Costs		Justification
Name of Consultant						Number of Days of Consultation			
Organizational Affiliation						Expected Da Compensatio	uly Rate of	\$-	
Nature of Services to Be						BASE COM	PENSATION	\$-	
Rendered						Travel		\$-	
Relevance of Service to						Per Diem (to consultation)	tal for all days	\$-	
the Project						Supplies		\$-	
Method of Accountability						Deliverable Cost	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	unding Catego	ory		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	EXPENSES	SUBTOTAL	\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR CONSULTANT \$ -		\$-	

<State>

				nts					
	Ba	sic Information					Itemized Costs		Justification
Name of Consultant						Number of Days of Consultation			
Organizational Affiliation						Expected Da Compensatio	uly Rate of	\$-	
Nature of Services to Be						BASE COM	PENSATION	\$-	
Rendered						Travel		\$-	
Relevance of Service to						Per Diem (to consultation)	tal for all days	\$-	
the Project						Supplies		\$-	
Method of Accountability						Deliverable Cost	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	unding Catego	ory		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	EXPENSES	SUBTOTAL	\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR CONSULTANT \$ -		\$-	

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	Ba	sic Information					Itemized Costs	;	Justification
Name of Consultant						Number of Days of Consultation			
Organizational Affiliation						Expected Da Compensatio		\$ -	
Nature of Services to Be						BASE COM SUBTOTAL	PENSATION	\$-	
Rendered						Travel		\$-	
Relevance of Service to						Per Diem (to consultation)	ital for all days )	\$-	
the Project						Supplies		\$-	
Method of Accountability						Deliverable Cost	<enter description&gt;</enter 	\$-	
	Allocation of Cost by	y Domain and F	unding Catego	ory		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	EXPENSES	SUBTOTAL	\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR CONSULTANT \$		\$-	

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	Ba	sic Information					Itemized Costs		Justification
Name of Consultant						Number of Days of Consultation			
Organizational Affiliation						Expected Da Compensatio	uly Rate of	\$-	
Nature of Services to Be						BASE COM	PENSATION	\$-	
Rendered						Travel		\$-	
Relevance of Service to						Per Diem (to consultation)	tal for all days	\$-	
the Project						Supplies		\$-	
Method of Accountability						Deliverable Cost	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	unding Catego	ory		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	EXPENSES	SUBTOTAL	\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR CONSULTANT \$ -		\$-	

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	Ba	sic Information					Itemized Costs	;	Justification
Name of Consultant						Number of Days of Consultation			
Organizational Affiliation						Expected Da Compensatio		\$ -	
Nature of Services to Be						BASE COM SUBTOTAL	PENSATION	\$-	
Rendered						Travel		\$-	
Relevance of Service to						Per Diem (to consultation)	ital for all days )	\$-	
the Project						Supplies		\$-	
Method of Accountability						Deliverable Cost	<enter description&gt;</enter 	\$-	
	Allocation of Cost by	y Domain and F	unding Catego	ory		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	EXPENSES	SUBTOTAL	\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR CONSULTANT \$		\$-	

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	Ba	sic Information					Itemized Costs		Justification
Name of Consultant						Number of Days of Consultation			
Organizational Affiliation						Expected Da Compensatio	uly Rate of	\$-	
Nature of Services to Be						BASE COM	PENSATION	\$-	
Rendered						Travel		\$-	
Relevance of Service to						Per Diem (to consultation)	tal for all days	\$-	
the Project						Supplies		\$-	
Method of Accountability						Deliverable Cost	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	unding Catego	ory		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	EXPENSES	SUBTOTAL	\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR CONSULTANT \$ -		\$-	

				nts					
	Ba	sic Information					Itemized Costs		Justification
Name of Consultant						Number of Days of Consultation			
Organizational Affiliation						Expected Da Compensatio	uly Rate of	\$-	
Nature of Services to Be						BASE COM	PENSATION	\$-	
Rendered						Travel		\$-	
Relevance of Service to						Per Diem (to consultation)	tal for all days	\$-	
the Project						Supplies		\$-	
Method of Accountability						Deliverable Cost	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	unding Catego	ory		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	EXPENSES	SUBTOTAL	\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR CONSULTANT \$ -		\$-	

				nts					
	Ba	sic Information					Itemized Costs		Justification
Name of Consultant						Number of Days of Consultation			
Organizational Affiliation						Expected Da Compensatio	uly Rate of	\$-	
Nature of Services to Be						BASE COM	PENSATION	\$-	
Rendered						Travel		\$-	
Relevance of Service to						Per Diem (to consultation)	tal for all days	\$-	
the Project						Supplies		\$-	
Method of Accountability						Deliverable Cost	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	unding Catego	ory		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	EXPENSES	SUBTOTAL	\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR CONSULTANT \$ -		\$-	

				nts					
	Ba	sic Information					Itemized Costs		Justification
Name of Consultant						Number of Days of Consultation			
Organizational Affiliation						Expected Da Compensatio	uly Rate of	\$-	
Nature of Services to Be						BASE COM	PENSATION	\$-	
Rendered						Travel		\$-	
Relevance of Service to						Per Diem (to consultation)	tal for all days	\$-	
the Project						Supplies		\$-	
Method of Accountability						Deliverable Cost	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	unding Catego	ory		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	EXPENSES	SUBTOTAL	\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR CONSULTANT \$ -		\$-	

				nts					
	Ba	sic Information					Itemized Costs		Justification
Name of Consultant						Number of Days of Consultation			
Organizational Affiliation						Expected Da Compensatio	uly Rate of	\$-	
Nature of Services to Be						BASE COM	PENSATION	\$-	
Rendered						Travel		\$-	
Relevance of Service to						Per Diem (to consultation)	tal for all days	\$-	
the Project						Supplies		\$-	
Method of Accountability						Deliverable Cost	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	unding Catego	ory		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	EXPENSES	SUBTOTAL	\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR CONSULTANT \$ -		\$-	

				nts					
	Ba	sic Information					Itemized Costs		Justification
Name of Consultant						Number of Days of Consultation			
Organizational Affiliation						Expected Da Compensatio	uly Rate of	\$-	
Nature of Services to Be						BASE COM	PENSATION	\$-	
Rendered						Travel		\$-	
Relevance of Service to						Per Diem (to consultation)	tal for all days	\$-	
the Project						Supplies		\$-	
Method of Accountability						Deliverable Cost	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	unding Catego	ory		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	EXPENSES	SUBTOTAL	\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR CONSULTANT \$ -		\$-	

				nts					
	Ba	sic Information				Itemized Costs		Justification	
Name of Consultant						Number of Days of Consultation			
Organizational Affiliation						Expected Da Compensatio	uly Rate of	\$-	
Nature of Services to Be						BASE COM	PENSATION	\$-	
Rendered						Travel		\$-	
Relevance of Service to						Per Diem (to consultation)	tal for all days	\$-	
the Project						Supplies		\$-	
Method of Accountability						Deliverable Cost	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	unding Catego	ory		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	EXPENSES	SUBTOTAL	\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR CONSULTANT \$ -		\$-	

				nts					
	Ba	sic Information				Itemized Costs	;	Justification	
Name of Consultant						Number of Days of Consultation			
Organizational Affiliation						Expected Da Compensatio		\$ -	
Nature of Services to Be						BASE COM SUBTOTAL	PENSATION	\$-	
Rendered						Travel		\$-	
Relevance of Service to						Per Diem (to consultation)	ital for all days )	\$-	
the Project						Supplies		\$-	
Method of Accountability						Deliverable Cost	<enter description&gt;</enter 	\$-	
	Allocation of Cost by	y Domain and F	unding Catego	ory		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	EXPENSES SUBTOTAL \$		\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR CONSULTANT		\$-	

				nts					
	Ba	sic Information			Itemized Costs	;	Justification		
Name of Consultant						Number of Days of Consultation			
Organizational Affiliation						Expected Da Compensatio	uly Rate of	\$-	
Nature of Services to Be						BASE COM SUBTOTAL	PENSATION	\$-	
Rendered						Travel		\$-	
Relevance of Service to						Per Diem (to consultation)	tal for all days	\$-	
the Project						Supplies		\$-	
Method of Accountability						Deliverable Cost	<enter description&gt;</enter 	\$-	
	Allocation of Cost by	y Domain and F	unding Catego	ory		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	EXPENSES SUBTOTAL \$		\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR CONSULTANT \$ -		\$-	

				nts					
	Ba	sic Information				Itemized Costs		Justification	
Name of Consultant						Number of Days of Consultation			
Organizational Affiliation						Expected Da Compensatio	uly Rate of	\$-	
Nature of Services to Be						BASE COM	PENSATION	\$-	
Rendered						Travel		\$-	
Relevance of Service to						Per Diem (to consultation)	tal for all days	\$-	
the Project						Supplies		\$-	
Method of Accountability						Deliverable Cost	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	unding Catego	ory		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	EXPENSES	SUBTOTAL	\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR CONSULTANT \$ -		\$-	

				nts					
	Ba	sic Information				Itemized Costs		Justification	
Name of Consultant						Number of Days of Consultation			
Organizational Affiliation						Expected Da Compensatio	uly Rate of	\$-	
Nature of Services to Be						BASE COM	PENSATION	\$-	
Rendered						Travel		\$-	
Relevance of Service to						Per Diem (to consultation)	tal for all days	\$-	
the Project						Supplies		\$-	
Method of Accountability						Deliverable Cost	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	unding Catego	ory		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	EXPENSES	SUBTOTAL	\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR CONSULTANT \$ -		\$-	

				nts					
	Ba	sic Information				Itemized Costs		Justification	
Name of Consultant						Number of Days of Consultation			
Organizational Affiliation						Expected Da Compensatio	uly Rate of	\$-	
Nature of Services to Be						BASE COM	PENSATION	\$-	
Rendered						Travel		\$-	
Relevance of Service to						Per Diem (to consultation)	tal for all days	\$-	
the Project						Supplies		\$-	
Method of Accountability						Deliverable Cost	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	unding Catego	ory		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	EXPENSES	SUBTOTAL	\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR CONSULTANT \$ -		\$-	

				nts					
	Ba	sic Information				Itemized Costs		Justification	
Name of Consultant						Number of Days of Consultation			
Organizational Affiliation						Expected Da Compensatio	uly Rate of	\$-	
Nature of Services to Be						BASE COM	PENSATION	\$-	
Rendered						Travel		\$-	
Relevance of Service to						Per Diem (to consultation)	tal for all days	\$-	
the Project						Supplies		\$-	
Method of Accountability						Deliverable Cost	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	unding Catego	ory		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	EXPENSES	SUBTOTAL	\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR CONSULTANT \$ -		\$-	

				nts					
	Ba	sic Information				Itemized Costs		Justification	
Name of Consultant						Number of Days of Consultation			
Organizational Affiliation						Expected Da Compensatio	uly Rate of	\$-	
Nature of Services to Be						BASE COM	PENSATION	\$-	
Rendered						Travel		\$-	
Relevance of Service to						Per Diem (to consultation)	tal for all days	\$-	
the Project						Supplies		\$-	
Method of Accountability						Deliverable Cost	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	unding Catego	ory		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	EXPENSES	SUBTOTAL	\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR CONSULTANT \$ -		\$-	

<State>

				nts					
	Ba	sic Information				Itemized Costs		Justification	
Name of Consultant						Number of Days of Consultation			
Organizational Affiliation						Expected Da Compensatio	uly Rate of	\$-	
Nature of Services to Be						BASE COM	PENSATION	\$-	
Rendered						Travel		\$-	
Relevance of Service to						Per Diem (to consultation)	tal for all days	\$-	
the Project						Supplies		\$-	
Method of Accountability						Deliverable Cost	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	unding Catego	ory		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	EXPENSES	SUBTOTAL	\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR CONSULTANT \$ -		\$-	

				nts					
	Ba	sic Information				Itemized Costs		Justification	
Name of Consultant						Number of Days of Consultation			
Organizational Affiliation						Expected Da Compensatio	uly Rate of	\$-	
Nature of Services to Be						BASE COM	PENSATION	\$-	
Rendered						Travel		\$-	
Relevance of Service to						Per Diem (to consultation)	tal for all days	\$-	
the Project						Supplies		\$-	
Method of Accountability						Deliverable Cost	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	unding Catego	ory		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	EXPENSES	SUBTOTAL	\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR CONSULTANT \$ -		\$-	

				nts					
	Ba	sic Information				Itemized Costs		Justification	
Name of Consultant						Number of Days of Consultation			
Organizational Affiliation						Expected Da Compensatio	uly Rate of	\$-	
Nature of Services to Be						BASE COM	PENSATION	\$-	
Rendered						Travel		\$-	
Relevance of Service to						Per Diem (to consultation)	tal for all days	\$-	
the Project						Supplies		\$-	
Method of Accountability						Deliverable Cost	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	unding Catego	ory		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	EXPENSES	SUBTOTAL	\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR CONSULTANT \$ -		\$-	

				nts					
	Ba	sic Information				Itemized Costs		Justification	
Name of Consultant						Number of Days of Consultation			
Organizational Affiliation						Expected Da Compensatio	uly Rate of	\$-	
Nature of Services to Be						BASE COM	PENSATION	\$-	
Rendered						Travel		\$-	
Relevance of Service to						Per Diem (to consultation)	tal for all days	\$-	
the Project						Supplies		\$-	
Method of Accountability						Deliverable Cost	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	unding Catego	ory		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 3 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 4 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	EXPENSES	SUBTOTAL	\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR CONSULTANT \$ -		\$-	

					Consultan	ts			
	sic Information		Itemized Costs			Justification			
Name of Consultant						Number of D Consultation			
Organizational Affiliation						Expected Da Compensatio	uly Rate of	\$-	
Nature of Services to Be						BASE COM	PENSATION	\$-	
Rendered						Travel		\$-	
Relevance of Service to						Per Diem (to consultation)	tal for all days	\$-	
the Project						Supplies \$		\$-	
Method of Accountability						Deliverable Cost	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	unding Catego	ory		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 3 Activities	0.0%	.0% 0.0% 0.0% 0.0% <b>0.0% (\$0)</b>					<enter description&gt;</enter 	\$-	
Domain 4 Activities	0.0%	0.0% 0.0% 0.0% 0.0% <b>0.0% (\$0)</b>						\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR CONSULTA		\$-	

					Consultan	ts			
	sic Information		Itemized Costs			Justification			
Name of Consultant						Number of D Consultation			
Organizational Affiliation						Expected Da Compensatio	uly Rate of	\$-	
Nature of Services to Be						BASE COM	PENSATION	\$-	
Rendered						Travel		\$-	
Relevance of Service to						Per Diem (to consultation)	tal for all days	\$-	
the Project						Supplies \$		\$-	
Method of Accountability						Deliverable Cost	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	unding Catego	ory		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 3 Activities	0.0%	.0% 0.0% 0.0% 0.0% <b>0.0% (\$0)</b>					<enter description&gt;</enter 	\$-	
Domain 4 Activities	0.0%	0.0% 0.0% 0.0% 0.0% <b>0.0% (\$0)</b>						\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR CONSULTA		\$-	

					Consultan	ts			
	sic Information		Itemized Costs			Justification			
Name of Consultant						Number of D Consultation			
Organizational Affiliation						Expected Da Compensatio	uly Rate of	\$-	
Nature of Services to Be						BASE COM	PENSATION	\$-	
Rendered						Travel		\$-	
Relevance of Service to						Per Diem (to consultation)	tal for all days	\$-	
the Project						Supplies \$		\$-	
Method of Accountability						Deliverable Cost	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	unding Catego	ory		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 3 Activities	0.0%	.0% 0.0% 0.0% 0.0% <b>0.0% (\$0)</b>					<enter description&gt;</enter 	\$-	
Domain 4 Activities	0.0%	0.0% 0.0% 0.0% 0.0% <b>0.0% (\$0)</b>						\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR CONSULTA		\$-	

					Consultan	its			
	sic Information		Itemized Costs			Justification			
Name of Consultant						Number of D Consultation	ays of		
Organizational Affiliation						Expected Da Compensatio		\$-	
Nature of Services to Be						BASE COM SUBTOTAL	PENSATION	\$-	
Rendered						Travel		\$-	
Relevance of Service to						Per Diem (to consultation)	tal for all days	\$-	
the Project						Supplies \$		\$-	
Method of Accountability						Deliverable Cost	<enter description&gt;</enter 	\$-	
	Allocation of Cost b	y Domain and F	unding Catego	ory		Other	<enter description&gt;</enter 	\$-	
Eunding Category Domain	HDSP	Diabetes	NPAO	SH	Domain Total	Other	<enter description&gt;</enter 	\$-	
Basic Activities		0.0%		0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 2 Activities	0.0%	0.0%	0.0%	0.0%	0.0% (\$0)	Other	<enter description&gt;</enter 	\$-	
Domain 3 Activities	0.0%	0.0%	0.0% 0.0% 0.0% <b>0.0% (\$0)</b>				<enter description&gt;</enter 	\$-	
Domain 4 Activities	0.0%	0.0% 0.0% 0.0% 0.0% <b>0.0% (\$0)</b>						\$-	
Funding Category Total	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	0.0% (\$0)	TOTAL FOR CONSULTA		\$-	

### Basic Funding BUDGET FOR BASIC

	Planned Budget	Obligated to Date	Expended to Date	Unobligated Balance
Salary and Wages	\$ -			\$-
Fringe Benefits	\$ -			\$-
Consultant Costs	\$ -			\$-
Equipment	\$ -			\$-
Supplies	\$ -			\$-
Travel	\$ -			\$-
Other	\$ -			\$-
Contractual Costs	\$ -			\$-
Total Direct Costs	\$ -	\$-	\$-	\$-
Indirect Costs				
TOTAL	\$ -	\$-	\$-	\$-
TARGET	\$ -			
DIFFERENCE (should be zero)	\$ -			

Description of Indirect Cost Calculations (also applies to enhanced domains)						

Personnel Salary and Fringe		
Totaled from Personnel Salary and Frin	Total Salary and Wages Planned	Total Fringe Planned
TOTAL:	\$-	\$-
Consultant Costs Totaled from Consultants tab(click to v	Total Amount Planned	
TOTAL:	\$-	
Contractual Costs		

Contractual Costs	
Totaled from Contracts tab(click to viev	Total Amount Planned
TOTAL:	\$ -

Equipment					
In most cases, awardees may not use funds from this grant fo	r the purchase	of furniture or	equipment. Se	lect "Yes" at right if you plan to purchase equipment.	Select
Item Requested	Number Needed	Unit Cost	Amount Planned	Justification	
			\$ -		
			\$ -		
			\$ -		
			\$ -		
			\$ -		
			\$-		
			\$-		
			\$ -		
			\$ -		
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			\$ -		
			\$-		

BUDGET FOR BASIC									
		\$-							
		\$-							
		\$-							
		\$-							
		\$-							
		\$-							
		\$-							
		\$-							
	TOTAL:	\$ -							

Supplies					
Item Requested	Type (if appropriate)	Number Needed	Unit Cost	Amount Planned	Justification
				\$-	
				\$-	
				\$-	
				\$-	
				\$-	
				\$-	
				\$ -	
				\$-	
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				\$-	
				\$-	
				\$-	
				\$-	
				\$-	
			TOTAL:	\$-	

Travel						
Description and Number of People	Cost of Airfare or Mileage	Cost of Per Diem or Lodging	Cost of Ground Transportation	Other Costs	Total Amount Planned	Justification
					\$-	
					\$-	
					\$-	
					\$-	
					\$-	
					\$-	
					\$-	
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				BUDO	GET FOR BA	SIC								
					\$-									
					\$-									
					\$-									
TOTAL	- \$	\$-	\$-	\$-	\$-									

Other				
Item Requested	Number Needed	Unit Cost	Amount Planned	Justification
			\$-	
			\$-	
			\$-	
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			\$-	
			\$-	
			\$-	
		TOTAL:	\$-	

### Domain 2: Environmental Approaches that Promote Health BUDGET FOR DOMAIN 2

	Pla	nned Budget			Obligated to Da	te	E	Expended to Da	te	Unobligated Balance			
Funding Category	HDSP	NPAO	SH	HDSP	NPAO	SH	HDSP	NPAO	SH	HDSP	NPAO	SH	
Salary and Wages	\$ -	\$ -	\$-							\$-	\$-	\$-	
Fringe Benefits	\$ -	\$ -	\$-							\$-	\$-	\$-	
Consultant Costs	\$ -	\$ -	\$-							\$-	\$-	\$-	
Equipment	\$ -	\$-	\$-							\$-	\$-	\$-	
Supplies	\$ -	\$ -	\$-							\$-	\$-	\$-	
Travel	\$ -	\$ -	\$-							\$-	\$-	\$-	
Other	\$ -	\$ -	\$-							\$-	\$-	\$-	
Contractual Costs	\$-	\$-	\$-							\$-	\$-	\$-	
Total Direct Costs	\$-	\$ -	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-	
Indirect Costs										\$-	\$-	\$-	
TOTAL	\$ -	\$ -	\$-	\$-	\$-	\$ -	\$-	\$-	\$-	\$-	\$-	\$ -	
TARGET	\$ -	\$ -	\$ -										
DIFFERENCE (should be zero)	\$ -	\$ -	\$-										

Personnel Salary and Fringe			_					
	Total Salary and Wages Planned	Salary and Wages funded by HDSP	Salary and Wages funded by NPAO	Salary and Wages funded by SH	Total Fringe Planned	Fringe funded by HDSP	Fringe funded by NPAO	Fringe funded by SH
TOTAL:	\$ -	\$-	\$-	\$ -	\$-	\$-	\$-	\$-

Consultant Costs				
Totaled from Consultants tab(click to v	Total Amount Planned	Amount funded by HDSP	Amount funded by NPAO	Amount funded by SH
TOTAL:	\$ -	\$-	\$-	\$-

Contractual Costs				
Totaled from Contracts tab(click to viev	Total Amount Planned	Amount funded by HDSP	Amount funded by NPAO	Amount funded by SH
TOTAL:	\$-	\$-	\$ -	\$-

#### Equipment

In most cases, awardees may not use funds from this grant	for the purchase	of furniture or	equipment. So	elect "Yes" at ri	ght if you plan	to purchase ed	quipment.				Select
Item Requested	Number Needed	Unit Cost	Amount Planned	% allocated to HDSP activities	Amount funded by HDSP	% allocated to NPAO activities	Amount funded by NPAO	% allocated to SH activities	Amount funded by SH		Justification
			\$-		\$-		\$ -		\$ -		
			\$-		\$-		\$ -		\$-		
			\$-		\$-		\$ -		\$-		
			\$-		\$-		\$ -		\$-		
			\$-		\$-		\$ -		\$-		
			\$ -		\$ -		\$ -		\$-		
			\$ -		\$ -		\$ -		\$ -		
			\$ -		\$ -		\$ -		\$ -		
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			\$ -		\$ -		\$ -		\$ -		
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			\$ -		\$ -		\$ -		\$ -		
			\$ -		\$ -		\$ -		\$ -		
			\$ -		\$ -		\$ -		\$ -		
TOTAL:			\$ -		- \$		\$ -		\$-		

#### BUDGET FOR DOMAIN 2

Supplies		_									
Item Requested	Type (if appropriate)	Number Needed	Unit Cost	Amount Planned	% allocated to HDSP activities	Amount funded by HDSP	% allocated to NPAO activities	Amount funded by NPAO	% allocated to SH activities	Amount funded by SH	Justification
				\$-		\$-		\$ -		\$-	
				\$-		\$-		\$-		\$-	
				\$-		\$ -		\$-		\$ -	
				\$-		\$ -		\$-		\$ -	
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ravel												
Description and Number of People	Cost of Airfare or Mileage	Cost of Per Diem or Lodging	Cost of Ground Transportation	Other Costs	Total Amount Planned	% allocated to HDSP activities	Amount funded by HDSP	% allocated to NPAO activities	Amount funded by NPAO	% allocated to SH activities	Amount funded by SH	Justification
					\$-		\$ -		\$-		\$-	
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TOTAL:	\$	\$-	\$-	\$-	\$-		\$-		\$ -		\$ -	

Other													
Item Requested	Number Needed	Unit Cost	Amount Planned	% allocated to HDSP activities	Amount funded by HDSP	% allocated to NPAO activities	Amount funded by NPAO	% allocated to SH activities	Amount funded by SH	Justification			
			\$-		\$ -		\$-		\$-				
			\$-		\$ -		\$-		\$				
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		BUDGET	FOR DOM	MAIN 2			
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	\$-	\$	-	\$	-	\$-	
	\$-	\$	-	\$	-	\$ -	
TOTAL	\$-	\$	-	\$	-	\$-	

### Domain 3: Health System Interventions BUDGET FOR DOMAIN 3

	Planned	Budge	et	Obligat	ed to Date	Expende	ed to Date	Unobligated Balance		
Funding Category	HDSP		Diabetes	HDSP	Diabetes	HDSP	Diabetes	HDSP	)	Diabetes
Salary and Wages	\$	- \$	-					\$	-	\$-
Fringe Benefits	\$	- \$	-					\$	-	\$-
Consultant Costs	\$	- \$	-					\$	-	\$-
Equipment	\$	- \$	-					\$	-	\$-
Supplies	\$	- \$	-					\$	-	\$-
Travel	\$	- \$	-					\$	-	\$-
Other	\$	- \$	-					\$	-	\$-
Contractual Costs	\$	- \$	-					\$	-	\$-
Total Direct Costs	\$	- \$	-	\$-	\$-	\$-	\$-	\$	-	\$-
Indirect Costs								\$	-	\$-
TOTAL	\$	- \$	-	\$-	\$-	\$-	\$-	\$	-	\$-
TARGET	\$	- \$	-							
DIFFERENCE (should be zero)	\$	- \$	-							

Personnel Salary and Fringe						
Totaled from Personnel Salary and Frin	Total Salary and Wages Planned	Salary and Wages funded by HDSP	Salary and Wages funded by Diabetes	Total Fringe Planned	Fringe funded by HDSP	Fringe funded by Diabetes
TOTAL:	\$-	\$-	\$-	\$-	\$-	\$-

Consultant Costs		_	_
Totaled from Consultants tab(click to v	Total Amount Planned	Amount funded by HDSP	Amount funded by Diabetes
TOTAL:	\$-	\$-	\$-

Contractual Costs			
Totaled from Contracts tab(click to viev	Total Amount Planned	Amount funded by HDSP	Amount funded by Diabetes
TOTAL:	\$-	\$-	\$-

Equipment									
In most cases, awardees may not use funds from this grant fo	r the purchase	of furniture or e	equipment. Se	lect "Yes" at rio	jht if you plan t	o purchase equ	uipment.		Select
Item Requested	Number Needed	Unit Cost	Amount Planned	% allocated to HDSP activities	Amount funded by HDSP	% allocated to Diabetes activities	Amount funded by Diabetes	Justifi	cation
			\$-		\$-		\$-		
			\$-		\$-		\$ -		
			\$-		\$-		\$ -		
			\$-		\$-		\$-		
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			\$-		\$-		\$ -		

	BUDGET FOR DOMAIN 3										
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	\$ -	\$ -	\$ -								
	\$ -	\$ -	\$ -								
	\$ -	\$ -	\$ -								
TOTAL:	\$ -	\$-	\$-								

Supplies									
Item Requested	Type (if appropriate)	Number Needed	Unit Cost	Amount Planned	% allocated to HDSP activities	Amount funded by HDSP	% allocated to Diabetes activities	Amount funded by Diabetes	Justification
				\$-		\$-		\$-	
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				<del>\$</del> -		<del>3</del> - \$ -		\$ -	
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				\$ -		\$ -		\$ -	
				\$ -		\$-		\$-	
			TOTAL:	+		\$-		\$-	

Travel	ravel										
Description and Number of People	Cost of Airfare or Mileage	Cost of Per Diem or Lodging	Cost of Ground Transportation	Other Costs	Total Amount Planned	% allocated to HDSP activities	Amount funded by HDSP	% allocated to Diabetes activities	Amount funded by Diabetes	Justification	
					\$-		\$-		\$-		
					\$-		\$-		\$-		
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	BUDGET FOR DOMAIN 3									
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TOTAL	\$-	\$ -	\$ -	\$ -	\$-		\$ -		\$-	

Noter Contract of the second se									
Item Requested	Number Needed	Unit Cost	Amount Planned	% allocated to HDSP activities	Amount funded by HDSP	% allocated to Diabetes activities	Amount funded by Diabetes	Justification	
			\$-		\$-		\$-		
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			\$ -		\$ -		\$ -		
		TOTAL:	\$-		\$-		\$-		

### Domain 4: Community-Clinical Linkages BUDGET FOR DOMAIN 4

	Plar	nned Budget		0	bligated to Da	te	E	Expended to Da	te	U	nobligated Bala	nce
Funding Category	HDSP	Diabetes	SH	HDSP	Diabetes	SH	HDSP	Diabetes	SH	HDSP	Diabetes	SH
Salary and Wages	\$ -	\$ -	\$-							\$-	\$-	\$-
Fringe Benefits	\$ -	\$-	\$ -							\$-	\$-	\$-
Consultant Costs	\$ -	\$-	\$ -							\$-	\$-	\$-
Equipment	\$ -	\$ -	\$-							\$-	\$ -	\$-
Supplies	\$ -	\$ -	\$-							\$-	\$ -	\$-
Travel	\$ -	\$-	\$-							\$-	\$-	\$-
Other	\$ -	\$-	\$-							\$-	\$-	\$-
Contractual Costs	\$ -	\$ -	\$-							\$-	\$ -	\$-
Total Direct Costs	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-
Indirect Costs										\$-	\$-	\$-
TOTAL	\$ -	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$ -	\$-
TARGET	\$ -	\$ -	\$-							-		
DIFFERENCE (should be zero)	\$-	\$-	\$-									

Personnel Salary and Fringe								
Totaled from Personnel Salary and	Frin Total Salary and Wages Planned	Salary and Wages funded by HDSP	Salary and Wages funded by Diabetes	Salary and Wages funded by SH	Total Fringe Planned	Fringe funded by HDSP	Fringe funded by Diabetes	Fringe funded by SH
TOT	AL: \$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$-

Consultant Costs				
Totaled from Consultants tab(click to v	Total Amount Planned	Amount funded by HDSP	Amount funded by Diabetes	Amount funded by SH
TOTAL:	\$	\$-	\$-	\$-

Contractual Costs				
Totaled from Contracts tab(click to viev	Total Amount Planned	Amount funded by HDSP	Amount funded by Diabetes	Amount funded by SH
TOTAL:	\$ -	\$-	\$-	\$-

#### Equipment

Equipment										
In most cases, awardees may not use funds from this grant f	or the purchase	of furniture or						-		Select
Item Requested	Number Needed	Unit Cost	Amount Planned	% allocated to HDSP activities	Amount funded by HDSP	% allocated to Diabetes activities	Amount funded by Diabetes	% allocated to SH activities	Amount funded by SH	Justification
			\$ -		\$ -		\$ -		\$	
			\$ -		\$-		\$ -		\$-	
			\$ -		\$ -		\$ -		\$-	
			\$ -		\$-		\$ -		\$-	
			\$ -		\$ -		\$ -		\$-	
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			\$ -		\$ -		\$ -		\$ -	
TOTAL:			\$ -		\$-		\$-		s -	

#### BUDGET FOR DOMAIN 4

Supplies		_									
Item Requested	Type (if appropriate)	Number Needed	Unit Cost	Amount Planned	% allocated to HDSP activities	Amount funded by HDSP	% allocated to Diabetes activities	Amount funded by Diabetes	% allocated to SH activities	Amount funded by SH	Justification
				\$-		\$-		\$ -		\$-	
				\$-		\$-		\$-		\$-	
				\$-		\$ -		\$-		\$ -	
				\$-		\$ -		\$-		\$-	
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				\$ -		\$ -		\$ -		\$ -	
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Travel	ravel											
Description and Number of People	Cost of Airfare or Mileage	Cost of Per Diem or Lodging	Cost of Ground Transportation	Other Costs	Total Amount Planned	% allocated to HDSP activities	Amount funded by HDSP	% allocated to Diabetes activities	Amount funded by Diabetes	% allocated to SH activities	Amount funded by SH	Justification
					\$-		\$-		\$-		\$ -	
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TOTAL:	\$-	ъ -	\$-	\$-	\$-		\$ -		ъ -		\$-	

Other										
Item Requested	Number Needed	Unit Cost	Amount Planned	% allocated to HDSP activities	Amount funded by HDSP	% allocated to Diabetes activities	Amount funded by Diabetes	% allocated to SH activities	Amount funded by SH	Justification
			\$-		\$-		\$-		\$-	
			\$-		\$-		\$-		\$	
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	BUDGET FOR DOMAIN 4										
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	\$-	\$	-		\$ -		\$ -				
TOTAL	\$-	\$	-		\$-		\$ -				

# Budget Reports PPHF Budget

	Target versus Planned Budget by Domain and Funding Category													
	Funding Category	Heart Disease and Stroke Prevention	Diabetes	Nutrition, Physical Activity, and Obesity	School Health	TOTAL								
	Basic	\$-	\$-	\$-	\$-	\$-								
	Enhanced	\$ -	\$-	\$ -	\$-	\$-								
	Domain 2	\$ -	\$-	\$-	\$ -	\$-								
Target Funding	Domain 3	\$-	\$-	\$ -	\$-	\$-								
	Domain 4	\$-	\$-	\$ -	\$-	\$-								
	TOTAL TARGET	\$-	\$-	\$-	\$-	\$-								
	Basic	\$-	\$-	\$-	\$-	\$-								
	Enhanced	\$ -	\$-	\$-	\$-	\$-								
Planned Budget	Domain 2	\$-	\$-	\$-	\$-	\$-								
Flaimed Buuget	Domain 3	\$ -	\$-	\$-	\$-	\$-								
	Domain 4	\$-	\$-	\$-	\$-	\$-								
	TOTAL PLANNED	\$-	\$-	\$-	\$-	\$-								
	Basic	\$-	\$-	\$ -	\$-	\$-								
	Enhanced	\$ -	\$-	\$ -	\$ -	\$-								
Balance	Domain 2	\$ -	\$-	\$ -	\$-	\$-								
(Not Yet Planned)	Domain 3	\$ -	\$-	\$ -	\$-	\$-								
	Domain 4	\$ -	\$-	\$-	\$-	\$-								
	NET BALANCE	\$ -	\$ -	\$-	\$ -	\$-								

# Budget Reports

# **PPHF Budget**

## Planned Budget by Object Class and Funding Category

## **Basic Component**

	Funding Category												
Object Class	HDSP	Diabetes	NPAO	SH	TOTAL								
Salary and Wages	\$-	\$-	\$-	\$-	\$-								
Fringe Benefits	\$-	\$-	\$-	\$-	\$-								
Consultant Costs	\$ -	\$-	\$-	\$-	\$-								
Equipment	\$ -	\$-	\$ -	\$-	\$-								
Supplies	\$ -	\$-	\$ -	\$-	\$-								
Travel	\$ -	\$-	\$ -	\$-	\$-								
Other	\$ -	\$-	\$ -	\$-	\$-								
Contractual Costs	\$ -	\$-	\$ -	\$-	\$-								
Indirect Costs	\$ -	\$ -	\$ -	\$ -	\$-								
TOTAL	\$ -	\$-	\$ -	\$-	\$-								

### **Enhanced Component**

	Funding Category												
Object Class	HDSP	Diabetes	NPAO	SH	TOTAL								
Salary and Wages	\$ -	\$-	\$-	\$-	\$-								
Fringe Benefits	\$ -	\$ -	\$-	\$-	\$-								
Consultant Costs	\$ -	\$ -	\$-	\$-	\$-								
Equipment	\$-	\$ -	\$-	\$-	\$-								
Supplies	\$-	\$ -	\$-	\$-	\$-								
Travel	\$-	\$ -	\$-	\$-	\$-								
Other	\$-	\$ -	\$-	\$-	\$-								
Contractual Costs	\$-	\$ -	\$-	\$-	\$-								
Indirect Costs	\$ -	\$ -	\$ -	\$ -	\$-								
TOTAL	\$ -	\$ -	\$ -	\$-	\$ -								

# Form 424A, Section B

### PPHF Funding

			anung		
		PPHF Funding	PPHF Funding	PPHF Funding	
		Funding Category			
Object Class Categories	Basic (HDSP, Diabetes, NPAO)	Enhanced Heart Disease & Stroke Prev	Enhanced Diabetes	TOTAL Enhanced (sum of C-F)	TOTAL Award (Basic & Enhanced) (sum of B and G)
a. Personnel	\$-	\$-	\$-	\$-	\$-
b. Fringe Benefits	\$-	\$-	\$-	\$-	\$-
c. Travel	\$-	\$-	\$-	\$-	\$-
d. Equipment	\$-	\$-	\$ -	\$-	\$-
e. Supplies	\$-	\$-	\$ -	\$-	\$-
f. Contractual	\$-	\$-	\$ -	\$-	\$-
g. Construction	\$-	\$-	\$ -	\$-	\$-
h. Other	\$-	\$-	\$ -	\$-	\$-
i. Total Direct Charges (sum of a-h)	\$-	\$-	\$-	\$-	\$-
j. Indirect Charges	\$-	\$-	\$-	\$ -	\$-
k. TOTALS (sum of i and j)	\$ -	\$-	\$ -	\$-	\$-

		Form 424A	, S	ection B					
		Non-PPH	F Fu	nding					
		Non-PPHF Funding	Non-	-PPHF Funding	Non-PPHF Funding	Non-PPHF Funding		_	
		1	Fu	nding Category					
Object Class Categories	Basic (SH)	Enhanced Heart Disease & Stroke Prev		Enhanced Diabetes	Enhanced School Health	Enhanced Nutrition, PA & Obesity	TOTAL Enhanced (sum of C-F)	TOTAL Award (Ba & Enhanced) (sum of B and G	
a. Personnel	\$ -	\$-	\$	-	\$-	\$-	\$-	\$	-
b. Fringe Benefits	\$ -	\$-	\$	-	\$-	\$-	\$-	\$	-
c. Travel	\$ -	\$-	\$	-	\$-	\$-	\$-	\$	-
d. Equipment	\$ -	\$-	\$	-	\$-	\$-	\$-	\$	-
e. Supplies	\$ -	\$-	\$	-	\$-	\$-	\$-	\$	-
f. Contractual	\$ -	\$-	\$	-	\$-	\$-	\$-	\$	-
g. Construction	\$ -	\$-	\$	-	\$-	\$-	\$-	\$	-
h. Other	\$ -	\$-	\$	-	\$-	\$-	\$-	\$	-
i. Total Direct Charges (sum of a-h)	\$ -	\$-	\$	-	\$-	\$-	\$-	\$	-
j. Indirect Charges	\$ -	\$-	\$	-	\$-	\$-	\$-	\$	-
k. TOTALS (sum of i and j)	\$ -	\$-	\$	-	\$-	\$-	\$-	\$	-

# In-Kind Funding (Optional)

Total non-Federal Funds (if not using table below)

	Estimated In-Kind Funding													
Object Class	Applicant Funds	State Funds	Local Funds	Other	Program Income	TOTAL								
Salary and Wages						\$-								
Fringe Benefits						\$-								
Consultant Costs						\$-								
Equipment						\$-								
Supplies						\$-								
Travel						\$-								
Other						\$-								
Contractual Costs						\$-								
TOTAL	\$-	\$-	\$ -	\$-	\$ -	\$-								

You may use the space below to provide additional detail on in-kind and matching funds provided.