



Grant Budget Form

Community Health Investment Program (CHIP)

Applicant: _____ Date: _____

Project Title: _____

Revenue:

CHIP Grant Request	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
	Total	\$ _____

Expenses:

_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
	Total	\$ _____

How will the CHIP dollars specifically be used?

Is applicant a 501 (c) 3 Non-profit Organization? Yes _____ No _____

If yes, please complete:

Total Annual Operating Budget of the Applying Organization \$ _____

Tax Identification Number _____

I certify that the organization is current on all IRS filings, including form 990 tax returns and all quarterly payroll returns:

Printed Name and Title

Signature

Date