Minnesota Department of Health

# Work Plan and Budget Template

## Introduction

Please complete the work plan and budget. The additional context is optional.

Applicant Name:

Applicant Organization:

## Project Work Plan and Budget

Project Activities and Deliverables

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | **Details** | **Key Deliverables** | **Time Frame** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Budget

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | **Quantity** | **Cost Per Unit** | **Total Cost** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Total cost:

## Additional Context/Narrative (optional):