

Mental Health Safety Net Grant

Grantee Organization Name Budget

Categories	Description of expenses	Total
EXAMPLE Clinical Salaries	.50 FTE for Mental Health Nurse who provided clinical services to x eligible clients	\$50,000

Personnel:	Description of expenses	Total
Administrative salaries		
Administrative fringe		
Clinical salaries		
Clinical fringe		
Personnel Total		

Non-Personnel:	Description of expenses	Total
Supplies		
Travel		
Equipment & Capital Improvements		
Consultants/Subcontractors		
Other:		
TOTAL		