

**Ulster County Health Department  
Tobacco Education and Prevention Program  
Grant Budget Supplemental Form  
Calendar Year 2006**

Please use this form to define and/or explain expenditures listed on Budget Form:

**1. Personal Service:**

- List the name(s) and title(s) of persons who will be working on this grant.
- Show hourly rate, number of hours, and total amount of pay for each person listed for this project. See attached budget format.
- If you are contracting for personal services, state the hourly contract rate and number of hours contracted for as shown above.

**2. Other Than Personal Service:**

- List items and services that will be purchased to meet project goals and estimate cost.

**Please note the following:**

- In order to be reimbursed by Ulster County, you must submit receipts or invoices which state what was purchased, the purchase date, amount paid, and proof of payment. No claims will be paid without receipts or invoices. Receipt/Invoice dates must be within the year for which the funding was granted.
- Prepaying for goods and services that will be received after the end date of the grant will not be reimbursed.

**Ulster County Health Department  
Tobacco Education and Prevention Program  
Grant Budget Form  
Calendar Year 2006**

**Name of Organization:**

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**Personal Services (PS)**

| <u>Name/Title</u> | <u>Hourly Rate</u> | <u># of Hours</u> | <u>Total Amt Requested</u> |
|-------------------|--------------------|-------------------|----------------------------|
|-------------------|--------------------|-------------------|----------------------------|

\$

**Total Personal Service**

\$

**Other Than Personal Service (OTPS)**

Materials and Supplies

\$

**Total OTPS**

\$

**TOTAL PROJECT BUDGET**

**Total PS + OTPS** \$