

Oral Health FY 27 Budget and Budget Narrative (July 1, 2026-June 30, 2027)		
Organization Name:		
Contact Person:		
Phone Number:		
Email Address:		

Line Item Description and Budget Justification	Portion Requested from BVCS ECI	Portion Requested from Other Funding	Total for Services/ Project
<b>Staff salaries (role, FTE)</b>	\$ 6.00	\$ 6.00	\$ 12.00
	\$ 1.00	\$ 1.00	
	\$ 1.00	\$ 1.00	
	\$ 1.00	\$ 1.00	
	\$ 1.00	\$ 1.00	
	\$ 1.00	\$ 1.00	
	\$ 1.00	\$ 1.00	
<b>Staff Benefits</b>	\$ 6.00	\$ 6.00	\$ 12.00
	\$ 1.00	\$ 1.00	
	\$ 1.00	\$ 1.00	
	\$ 1.00	\$ 1.00	
	\$ 1.00	\$ 1.00	
	\$ 1.00	\$ 1.00	
<b>Professional Development/Training</b>	\$ 3.00	\$ 3.00	\$ 6.00
	\$ 1.00	\$ 1.00	
	\$ 1.00	\$ 1.00	
	\$ 1.00	\$ 1.00	
<b>Travel</b>	\$ 3.00	\$ 3.00	\$ 6.00
	\$ 1.00	\$ 1.00	
	\$ 1.00	\$ 1.00	
	\$ 1.00	\$ 1.00	
<b>Other (supplies, operations, etc)</b>	\$ 3.00	\$ 3.00	\$ 6.00
	\$ 1.00	\$ 1.00	
	\$ 1.00	\$ 1.00	
	\$ 1.00	\$ 1.00	
<b>Contracted Services</b>	\$ 2.00	\$ 2.00	\$ 4.00
	\$ 1.00	\$ 1.00	
	\$ 1.00	\$ 1.00	
<b>Indirect (maximum allowed without a federally approved rate is 10%) (Include a summary of the items included in the indirect cost).</b>	\$ 2.00	\$ 2.00	\$ 4.00
	\$ 1.00	\$ 1.00	
	\$ 1.00	\$ 1.00	
<b>Total</b>	\$ 25.00	\$ 25.00	

Total Investment per family