AT THE FOREFRONT
UChicago Medicine

UNIVERSITY OF CHICAGO MEDICINE
URBAN HEALTH INITIATIVE
SOCIAL DETERMINANTS OF HEALTH (SDOH) GRANT
APPENDIX B: BUDGET TEMPLATE

Directions: Complete the following questions from "Part IV: Budget" of RFP. Fill in the table below. Add rows to table template as needed. 1-page maximum, not including your response to question 3.

1. What is the amount of funding dollars you are requesting?

2. Please attach a complete description of the proposed project overall budget, anticipated funding and justification for each line item. ***USE APPENDIX B.***

3. Please provide a copy of your organization's annual budget **(does not contribute to 1-page max)**. Please also list major sources of revenue for your organization.

Expense Category	Requested Amount from UCM	Current or Anticipated Funding and Source	Total Budget Amount	Justification/ Explanation