# SFY 2026 Tobacco Prevention Budget

## Instructions:

### Services Budget:

Provide a summary total for each line-item category in the budget. If a line-item category has no funding budgeted, insert “$0.00” in the grant funds total column.

### Budget Justification:

The budget justification is used to provide breakdowns of the budget category (line item) amounts listed in the grant funds sections above.

* A. Salaries/Fringe: In "Details", enter the employee name, position title, annual salary, annual fringe, and full-time employee (FTE) amount to be charged to grant funds. If position is vacant, enter the position title and 'Vacant'. In the 'Grant Funds' field enter the dollar amount to be charged to Grant Funds.
* B. Subcontract: In "Details", enter name of contracted provider and a brief description of the activity subcontracted. In the 'Grant Funds' field enter the dollar amount to be charged to Grant Funds. Subcontract is only for Iowa HHS approved paid media.
* C. Other: In "Details", enter description and details of other expenses to be charged to the program. Expenses should be clearly noted in separate categories. In the 'Grant Funds' field enter the dollar amount to be charged to Grant Funds.
* D. Include any indirect/administrative costs plus a justification for these costs. Include a statement ensuring there is no duplication of direct costs in the requested rate/cost.

Add or delete budget category line items as needed.

## County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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### Services Budget

|  |  |
| --- | --- |
| **Budget Category** | **Grant Funds Total** |
| Salaries/Fringe |  |
| Subcontract |  |
| Other |  |
| Indirect or Administrative Costs |  |
| **TOTAL** |  |

### Budget Justification

|  |  |  |
| --- | --- | --- |
| **Budget Category** | **Details** | **Grant Funds** |
| A. Salaries/Fringe |  |  |
| A. Salaries/Fringe |  |  |
| A. Salaries/Fringe |  |  |
| B. Subcontract |  |  |
| B. Subcontract |  |  |
| C. Other |  |  |
| C. Other |  |  |
| D. Indirect/Admin. |  |  |
| **TOTAL** | |  |