

CareOregon

Care Support and System Innovation Program

To use this form, click inside the shaded area and/or press the tab key to move to the next field.

DATE SUBMITTED:				PROJECT TITLE:				
PROVIDER ORGANIZATION:								
DIRECT COSTS						TOTAL BUDGET (OMIT CENTS)	REQUESTED/ CAREOREGON	SECURED/ OTHER SOURCES*
POSITION	ROLE ON TEAM	TOTAL BASE SALARY	% EFFORT ON PROJECT	SALARY FOR PROJECT	FRINGE BENEFITS	SALARY & BENEFITS		
SUBTOTAL								
SUPPLIES (Itemize by category)								
SUBTOTAL SUPPLIES								
OTHER EXPENSES (Itemize by category)								
SUBTOTAL OTHER EXPENSES								
SUBTOTAL DIRECT COSTS								
INDIRECT COSTS (not to exceed 5% of direct costs)								
TOTAL COSTS FOR 2008								

*List other sources:

This form is available in Word and Excel formats. To receive these versions or if you have questions about the budget categories listed above, please contact Diana Wolford, CSSI Program Coordinator, at (503) 416-1725 or wolfordd@careoregon.org.