



Budget Narrative

Please discuss how you would allocate the grant funds. The grant is valued at \$5,750, including SMI consultation worth \$1500 and free Program Membership with the Street Medicine Institute for one year (\$750).

Awardees will receive a \$3500 check to be applied at your discretion within the following limits.

This grant is restricted to tangible items or activities which support or enable patient outreach and / or patient care, such as:

1. Backpacks
2. Supplies
3. Medicines
4. Application for 501(c)3 status

The funds **SHOULD NOT** be used for:

1. Salaries
2. Meals for your team
3. Travel expenses

Please list below the items and related expenses for which you intend to use your grant award. The narrative section should be utilized to explain your choice of these planned expenditures and how they address the gaps identified in your needs assessment.

The completed Budget Narrative will be uploaded to the application form. Please remember that the application must be completed in one sitting, so you will want to have all of the requirements ready before starting.



Program Name: _____