**National Breast and Cervical Cancer Early Detection Program  
Clinical and Non-Clinical Services Budget Breakdown Worksheet**

**Program Year 2017–2018**

**Note:** *Clinical services* refer to activities formerly listed in the 60% restriction of the total budget. *Non-clinical services* refers to activities that were formerly listed in the 40% cap of the total budget. Patient navigation services should be listed under clinical services.

Grantee Name:

| Budget Category | Total Proposed Expense | Clinical Services | Non-Clinical Services |
| --- | --- | --- | --- |
| Personnel – Position Title |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| TOTAL PERSONNEL EXPENSE |  |  |  |
| Fringe Benefits |  |  |  |
|  |  |  |  |
| total fringe benefits |  |  |  |
| Contract – Contractor Name |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| TOTAL CONTRACT EXPENSE |  |  |  |
| Consultant – Consultant Name |  |  |  |
|  |  |  |  |
|  |  |  |  |
| TOTAL CONSULTANT EXPENSE |  |  |  |
| Equipment |  |  |  |
|  |  |  |  |
| Total equipment expense |  |  |  |
| Supplies |  |  |  |
|  |  |  |  |
| total supply expense |  |  |  |
| Travel |  |  |  |
|  |  |  |  |
| total travel expense |  |  |  |
| Other |  |  |  |
|  |  |  |  |
|  |  |  |  |
| TOTAL OTHER EXPENSE |  |  |  |
|  |  |  |  |
| Indirect Cost |  |  |  |
| Administrative Cost |  |  |  |
|  |  |  |  |
| TOTAL BUDGET |  |  |  |
| PERCENTAGE OF clinical/non-clinical TOTAL BUDGET |  |  |  |