

**ORAL HEALTH APPLICATION
BUDGET INSTRUCTIONS**

In order to assist health departments in the preparation of their budget and to comply with the requirements of this RFA, Budget Instructions and a Budget Form have been prepared for use with the application. Health departments shall submit their budget using the included template in accordance with the instructions on the template and as specified herein. Please do not alter the form; however, you may re-label the line items to reflect your request. A few blank spaces have been provided for additional budget line items as needed.

The budget form is used to calculate the health department's total Oral Health award request.

- A. All line items must be clearly entered in whole dollars, e.g., \$5,550.
- B. All line items must be the actual estimated cost for which funds are requested from the Office of Oral Health, DHMH as identified in the RFA.
- C. Any goods or services requested from the Office of Oral Health through this RFA should be clearly entered under "DHMH Funding Request." If other funding sources including in-kind support, will be used to support this program, please include the amount under "Other Funding". Explain these sources in the Justification box. (Boxes which have been blacked out do not require justification.)
- D. Every line item in the budget form shall be addressed. If the line item does not apply, please enter \$0 (or N/A in the justification column.)
- E. Except as instructed on the form, nothing shall be entered on the form that alters or proposes conditions or contingencies on the cost.
- F. It is imperative that the explanation for the estimated cost included on the budget form be clear and accurate. This information will weigh heavily on the decision of the Review committee in awarding funds.

If you have any questions, please contact the Office of Oral Health at fhauga-oralhealth@dnhm.state.md.us or 410-767-7922.