

BLUE CROSS BLUE SHIELD OF MASSACHUSETTS FOUNDATION
SAMPLE LINE ITEM BUDGET
(Insert Applicant Organization Name)

Check one: **Innovation Fund for the Uninsured** **Connecting Consumers with Care**
 Strengthening the Voice for Access **Closing the Gap on Health Care Disparities**

Grant Period: from ____/____/____ to ____/____/____

I. Personnel:	Base Salary	FTEs	Total	BCBSMA Grant	Other Support
Program Director/Manager			_____	_____	_____
Program Staff			_____	_____	_____
Administrative Staff			_____	_____	_____
Other Staff:			_____	_____	_____
Fringe Benefits (____%)			_____	_____	_____
Sub-Total			_____	_____	_____
II. Other Direct Costs:					
Project Operations			_____	_____	_____
Equipment			_____	_____	_____
Meeting Expenses			_____	_____	_____
Marketing/Communications/Outreach			_____	_____	_____
Travel			_____	_____	_____
Surveys			_____	_____	_____
Program Space			_____	_____	_____
Other:			_____	_____	_____
Sub-Total			_____	_____	_____
III. Purchased Services					
Consultants			_____	_____	_____
Contracts			_____	_____	_____
Sub-Total			_____	_____	_____
IV. Indirect Costs (15% Foundation approved rate)*			_____	_____	_____
TOTAL			_____	_____	_____

*Indirect costs are overhead and administrative expenses related to overall operations and are shared among projects and/or functions, such as executive oversight, accounting, grants management, legal, utilities and facility maintenance.