

**MINISTRY OF HEALTH AND LONG-TERM CARE
HEALTH PROMOTION IMPLEMENTATION BRANCH**

BUDGET PROPOSAL

Legal Name of Organization: Middlesex-London Health Unit	Total Project Budget: \$84,503
Name of Program/Project: Workplace-based Cessation Demonstration Project	Contact Telephone Number: 519-663-5317 ext.2302
Budget Period: April 1, 2013 -- March 31, 2014	Contact Person, Title: Donna Kosmack

	DIRECT SERVICES/ PROGRAM ADMIN. COSTS	CENTRAL ADMIN. COSTS*	TOTAL
Salaries and wages (List Total # of FTEs & Amount)	\$46,069		\$46,069
0.8	\$46,069		\$46,069
Contract employees (List Total # of FTEs & Amount)			
Employee benefits (List Total # of FTEs & Amount)			
Fee for services* (List items)**			
Transportation & communication (List Items)**	\$17,867		\$17,867
Travel for PHU staff	\$10,428		\$10,428
Travel for Project Coordinator	\$3,375		\$3,375
Travel for Worksite staff to participate in steering committee	\$1,200		\$1,200
Teleconference	\$2,864		\$2,864
Services (List Items)**	\$9,500		\$9,500
Evaluation	\$9,500		\$9,500
Supplies (List Items)**	\$1,767		\$1,767
Meeting Supplies	\$1,767		\$1,767

	DIRECT SERVICES/ PROGRAM ADMIN. COSTS	CENTRAL ADMIN. COSTS*	TOTAL
Program materials (List Items)**	\$9,300		\$9,300
Promotional material	\$9,300		\$9,300
Acquisition (List Items) **			
Others (please specify items under direct costs or central administration costs column)			
Note: Providing a percentage cost for administration fees is not acceptable			
TOTAL:	\$84,503		
% OF BUDGET	100%		
OVERALL PROGRAM/PROJECT TOTAL:			\$84,503

Please refer to the Tab 1-Guide to complete this template.

* Central administration costs must not exceed 18% of the total budget; the allowable % is subject to change.

** Budget items must include HST, net of your rebate entitlement, where applicable.

Overall program/project total to be rounded to the nearest \$100

To the best of my knowledge, the enclosed budget reflects realistic projections of the program/project and their associated costs. Copy of letters patent, articles of incorporation or other incorporation documents are attached to confirm the organization's legal name, listed above.

Authorized Signature: _____

Print Name: Dr. Bryna Warshawsky
 Acting Medical Officer of
 Health & CEO

Date: April 10, 2013