



Generation Rx Medication Disposal Grant Program Budget Template

Name of organization applying:	
City/State:	
Project title:	
Request amount:	

Revenue			
<i>Provide detail of the revenue needed to support this program.</i>			
Revenue	Secured	Pending	Total
Request to Cardinal Health Foundation			
*Other foundation / corporate support			
*Public / government support			
Individual support			
Cash support from organization applying			
In-kind support from organization applying			
Other			
Total			

Expenses				
<i>Provide detail of the organization's expenses to implement this program. Enter 0 if there are no expenses in a line item</i>				
Expenses	Request to Cardinal Health Foundation	Secured	Pending	Total
Salaries				
Fringe benefits				
Consultants / consulting fees				
Facility costs				
Printing				
Media/Advertising				
Travel				
Supplies				
Postage				
Indirect costs (limited to 15%)**				
Evaluation				
Other:				
Other:				
Other:				
Other:				
Total				

Please note: Cardinal Health Foundation philanthropic dollars may not be used toward products or services that Cardinal Health sells. No capital expenditures can be included as a part of Cardinal Health Foundation funding.

* List each specific funding source.

** A maximum of 15% of the total funds requested from the Cardinal Health Foundation may be used towards indirect costs.