## **CHEST Foundation Grant Budget**

Part 1. Application (Columns B.&C)
To be completed with your grant application submission.

Salary costs must be related to this project's effects only. The CHEST Foundation does not support indirect costs. Any costs incurred by your institution or organization for processing, managing, or submitting the grant/application cannot be included in your grant award budget and will not be reimbursed by the CHEST Foundation. All expenses must be direct expenses related to this project you are submitting for consideration. All amounts must be listed in USO. See instructions tab for more information.

Part 2. Reconciliation (Columns D. & F)
Columns 0. & F on or need to be completed with your grant application. If awarded, you will need to finish completing this form by filling in Columns 0. & F and or need to be completed with your grant application. If awarded, you will need to finish completing this form by filling in Columns 0. & F as part of your grant reconciliation/Final Report submission.

Please list the actual CHEST Foundation grant funds that were used for the project (Column 0). Include justifications and calculations for each line item. Also include any explanations for any variance between the original budgeted line item and actual funds utilized.

Please list the actual CHEST Foundation grant funds that were used	To the project (column b). medde ji	suitations and careasions for each line term. Add meade any	Appariations for any variance between an	c originar booketed intentent	and below turned differen
	Application:	Application:	Reconciliation:	Reconciliation:	Reconciliation:
	Funds Requested from the	Budget Justification and Calculations	Actual Foundation Funds Used	Unused Funds To be	Explanation of Actual Project Budget Allocations
	CHEST Foundation			Returned	
Personnel (Salary, Fringe, Hourly, or Temp Staff)					
		The project will pay Asthma Educator consultant,			
		which is \$300 per program offered at five schools.			
Technical Personnel Support	1500	\$300 x 5 = \$1500		1500	
Administrative Assistance Support				0	
Undergraduate Support Temp Staff Support				0	
Personnel Total	1500		0	1500	
Other Direct Costs	1500			1300	
Program Supplies (Medications, Disposables, Etc.)	3400	(\$425 per box of 25) Need 5 boxes of Spacers		3400	
Program Materials (Print)				0	
Office Supplies				0	
Health Education Materials				0	
Consultant or Contractual Fees				0	
Lab Fees				0	
Graphic Design Production Fees (AV related)				0	
Postage, Shipping				0	
Printing, Publications, Copying				0	
		(\$120 per box of 10) Need 20 boxes of Peak flow			
Other-Specify In Justification - #1	2400	Meters		2400	
	1	Total Min. The decision will be used as 1 1 1			
	1	Test Kit The device will be used to determine asthma control. This device allows the Respiratory			
		Therapist to measure the FeNO and to share the			
	1	result with the student and family to take to the			
		health care physician. These results in turn are			
		used to make changes to the asthma disease			
		management plan. This kit includes the unit, test			
		kit, adapter, manual, USB Cable, USB drive with			
		visual Incentive, NO scrubber, and QC Plug. The			
Other-Specify In Justification - #2	3565	url to view the video and obtain information about this device are located at [website].		3565	
Other-Specify in Justification - #2	3505	this device are located at [website].		3505	
		Training Kit will be used to ensure the student			
		is able to generate the correct inspiratory flow			
		rate to properly use the metered dose and dry powered inhalers. This is extremely important for			
		medication deposition into the lungs. The device is			
		sold separately from each of the adapters that			
		simulate the metered dose and dry powdered			
		inhaler. The price includes the device,			
		mouthpieces, and 3 adapters for the dry powder			
Other-Specify In Justification - #3	265	and metered dose inhaler.		265	
		Video Camera will be used to record the			
		asthma education activities associated with the			
		education stations so that we can document the			
Other-Specify In Justification - #4	110	project as a replicable model for other elementary schoolbased asthma education programs.		110	
Other-Specify III Justification - #4	110	schoolbased astrillia education programs.		110	
	1	Fun Food Learning Activity the learning			
	1	activities include corn syrup and gelatin for			
	İ	creating pretend mucus to be used to demonstrate			
	1	how this affects the airway. Packing peanuts,			
	İ	spray bottles, and rubber bands are used to			
	İ	demonstrate the constriction of the airway as it			
	İ	applies to asthma. There is a learning activity using food to reinforce the concepts of asthma.			
	1	This includes tortillas, turkey, lettuce, and string			
	1	cheese – these food items will be used to			
	İ	demonstrate an airway and how asthma affects			
	1	the airway. The tortilla will be the airway, turkey			
	1	will be a mucus plug, lettuce will be			
	İ	inflammation, and cheese will be used to			
	İ	demonstrate the tightening of the airway by tying			
	1	it around the tortilla. The tunnel, jump ropes, and plastic balls are used to simulate the asthma			
	1	airway to reinforce the knowledge learned in the			
Other-Specify In Justification - #5	700			700	
Other-Specify In Justification - #6	700			0	
Other-Specify In Justification - #7				0	
Other-Specify In Justification - #8				0	
Other-Specify In Justification - #9				0	
Other-Specify In Justification - #10				0	
Other Direct Costs Total	10440		0		
Total Direct Costs			0		Total Amount to Return to the CHEST Foundation Pending Final Report & Budget Review
List all other funding sources both pending and approved f	or this project. If funding has be	on approved or is being matched by your institution/orga	nization place provide the signed	arcoment as an attached	document to this hudget PDE. All matched amounts must be confirmed prior to the foundation

Use all other funding sources both one more to costs.

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Use all other funding sources both one more to this project. If funding has been approved or is being matched by your institution/organization, please provide the signed agreement as an attached document to this budget PO's. All matched amounts must be confirmed prior to the foundation conferring any grants. In the appropriate section of the application, include in the explanation how the additional funding requested will be used to support your project's progress and proposed outcomes and how the funding use will differ or compliment that of the CHEST Foundation proposed funding.

Institution/Organization Matched Amount		
Total Other Support	\$ -	