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| LHD or Tribe Name:  | Date submitted: |
| Name of person submitting: |
| **PLEASE COMPLETE THE APPROPRIATE SECTIONS BELOW.***(If more space is needed, please submit as many pages as necessary.)* |
| *PERSONNEL* |
| **Employee’s Name, Position Title** | **Annual Salary** | **% Effort for COVID-19** | **Amount Requested** |
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| *FRINGE BENEFITS* |
| **Employee’s Name, Position Title** | **Rate of Fringe Benefits** | **Fringe Total** |
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| *CONSULTANT COSTS* |
| **Name of Consultant** |  |
| **Organizational Affiliation** |  |
| **Nature of Service to be Rendered** |  |
| **Relevance of Service to the Project** |  |
| **Number of Days/Hours of Consultation (Basis for Fee)** |  |
| **Expected Rate of Compensation** |  |
| **Method of Accountability** |  |
| *EQUIPMENT* |
| **Item Requested & Description** | **Who’s Using It** | **Quantity** | **Unit Cost** | **Amount** |
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| *SUPPLIES* |
| **Supplies** | **Number Needed** | **Unit Cost** | **Total** |
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| *IN-STATE TRAVEL* |
| **In-State Travel Purpose** | **Number of Trips** | **Number of Employee(s) & their position title(s)** | **Approximate Dates of Travel** | **Total Number of Miles** | **Cost per mile** | **Per Diem** | **Lodging Cost** | **Total Expense per item** |
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| *OTHER* |
| **Item** | **Details** | **Total** |
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| *CONTRACTUAL COSTS* |
| **Name of Contractor** |  |
| **Method of Selection** |  |
| **Period of Performance** |  |
| **Scope of Work** |  |
| **Method of Accountability** |  |
| **Itemized Budget and Justification** |  |
| *INDIRECT COSTS* |
| **Indirect Costs** | **Methodology** | **$0** |
|  |  |  |
| KDHE use below |
| Reviewed by: | Approval date: | Received finalized expenditure report:[ ]  |