

***PUBLIC SERVICE COMMISSION***

**UNIVERSAL SERVICE FUND  
TELEMEDICINE EQUIPMENT GRANT PROGRAM**

**Budget Summary – FY2016 or FY2017**

<b>PROJECT EXPENSES</b>	<b>USF Funds Requested</b>	<b>Vendor Name and Address</b>
1. Medical Telecommunications Equipment (describe major components)		
a.		
b.		
c.		
d.		
<b>TOTAL USF EXPENSES BEING REQUESTED</b>		
2. Non-Medical Telecommunications Equipment (needed for project but not funded by USF)		
3. Other costs (specify)		
<b>TOTAL EXPENSES</b>		

**NOTE: Attach price quotes from vendor(s).**

**ORGANIZATION NAME:** \_\_\_\_\_

**CONTACT NAME:** \_\_\_\_\_

**CONTACT PHONE NUMBER:** \_\_\_\_\_

**CONTACT E-MAIL ADDRESS:** \_\_\_\_\_