

Fillable version – ERF # 491752

**UNIVERSAL SERVICE FUND**

**TELEMEDICINE EQUIPMENT GRANT FY2024 – 2025**

**Budget Details Form**

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

**PROJECT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instruction**. Fill out the table in the next page providing the following, (add as many rows as you need),

* A complete list of equipment(s), any installation costs, training costs, or other operating expenses
* For each equipment, a planned vendor(s), and selection rationale

 If the vendor was not yet selected, report information on, how the equipment price was determined, and future vendor section process

* For each equipment’s price, report a warranty or maintenance agreement(s) (if any). No more than one year of a maintenance agreement can be reimbursed from grant funds.
* Make sure you have one or more pieces of evidence for each listed price (such as: vendors’ quote, a price quote from an internet page, or any other evidence for the proposed purchase price). Please add them to this document as appendices.

|  |  |  |  |
| --- | --- | --- | --- |
| PROJECT EXPENSES | **USF Funds Requested** | **Vendor Name and Address** | **Vendor selection rationale** |
| 1. Medical Telecommunications Equipment (describe major components)a. |  |  |  |
| b. |  |  |  |
| c. |  |  |  |
| d. |  |  |  |
| **TOTAL USF EXPENSES REQUESTED** |  |  |  |
| 2. Non-Medical Telecommunications Equipment (needed for project but not funded by USF) |  |  |  |
| 3. Other costs (specify)  |  |  |  |
| **Total project Expenses** |  |  |  |

**NOTE: Attach price quotes as appendices.**

**Appendices**