*PUBLIC SERVICE COMMISSION*

**UNIVERSAL SERVICE FUND**

**TELEMEDICINE EQUIPMENT GRANT PROGRAM**

# Budget Detail – FY2022 / FY2023

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

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

###### ORGANIZATION NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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