

PUBLIC SERVICE COMMISSION

**UNIVERSAL SERVICE FUND
TELEMEDICINE EQUIPMENT GRANT PROGRAM**

Budget Summary – FY2018 or FY2019

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: _____