

**New York State Department of Health  
TELEHEALTH CAPITAL PROGRAM  
Attachment 5  
BUDGET SUMMARY**

APPLICANT ORGANIZATION NAME: [Click or tap here to enter text.](#)

PROJECT NAME: [Click or tap here to enter text.](#)

Applicants must provide a line-item budget for all items for which funding is being requested. All items must directly relate to the purpose of the telehealth capital program. State grant funds requested must not exceed \$25,000.

<b>CATEGORY OF EXPENSE</b>	<b>STATE GRANT FUNDS</b>	<b>OTHER FUNDS</b>	<b>TOTAL</b>
1. Design			
2. Acquisition			
3. Construction			
4. Administration			
5. Other			
TOTAL			

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***BUDGET DETAIL***

DESIGN – TYPE/DESCRIPTION	ITEM # (IF APPLICABLE)	QUANTITY (IF APPLICABLE)	UNIT PRICE (IF APPLICABLE)	TOTAL
1.				
2.				
3.				
TOTAL				

ACQUISITION – TYPE/DESCRIPTION	ITEM # (IF APPLICABLE)	QUANTITY (IF APPLICABLE)	UNIT PRICE (IF APPLICABLE)	TOTAL
1.				
2.				
3.				
TOTAL				

CONSTRUCTION – TYPE/DESCRIPTION	ITEM # (IF APPLICABLE)	QUANTITY (IF APPLICABLE)	UNIT PRICE (IF APPLICABLE)	TOTAL
1.				
2.				
3.				
TOTAL				

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ADMINISTRATION – TYPE/DESCRIPTION	ITEM # (IF APPLICABLE)	QUANTITY (IF APPLICABLE)	UNIT PRICE (IF APPLICABLE)	TOTAL
1.				
2.				
3.				
TOTAL				

OTHER – TYPE/DESCRIPTION	ITEM # (IF APPLICABLE)	QUANTITY (IF APPLICABLE)	UNIT PRICE (IF APPLICABLE)	TOTAL
1.				
2.				
3.				
TOTAL				