

**New Jersey Department of Health
APPLICATION FOR GRANT FUNDS**

**SCHEDULE C
OTHER COST CATEGORIES**

Name of Applicant	Proposed Grant Title	Date of Application
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List other cost categories applicable to grant proposal, such as travel, supplies, equipment, and other direct expenses. A copy of lease agreement, travel regulations, and any other pertinent agreement is to be attached when requesting funds for these budget categories.

IF ADDITIONAL SPACE IS NEEDED, PLEASE USE THE SCHEDULE C FORM THAT IS AVAILABLE ELECTRONICALLY AS AN INDIVIDUAL DOCUMENT.

Other Cost Categories (specify)	Basis for Cost Estimate	Total Funds Needed	Grant Funds Requested From State	Funds From Other Sources	STATE USE ONLY
A.					
B.					
C.					
D.					
E.					
TOTAL COSTS					

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**SCHEDULE C
OTHER COST JUSTIFICATION**

Name of Applicant	Proposed Grant Title	Date of Application
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Justify below all items or services which are listed in SCHEDULE C: OTHER COSTS. Justify the items or services in the same order as they are listed on the schedule. Attach copy of lease agreement when requesting funds for rent. The cost allocation method should be included in the justification if a cost category is distributed among multiple funding services.

IF ADDITIONAL SPACE IS NEEDED, PLEASE USE THE SCHEDULE C FORM THAT IS AVAILABLE ELECTRONICALLY AS AN INDIVIDUAL DOCUMENT.