

	Requested	Grantee Contribution	Total
E. Travel (max. \$1,000)			
(Describe on Budget Justification Form)			
F. Patient Care & Clinical Services (please refer to FY2010 BCCCP Rate Schedule)			
# of Screening Mammograms @ \$			
# of Diagnostic Mammograms @ \$			
# of Ultrasounds @ \$			
# of MRI's @ \$			
# of Fine Needle Aspirations @ \$			
# of Breast Biopsies @ \$			
# of Specialist Consults @ \$			
G. Other Expenses			
(Describe on Budget Justification Form)			
H. Project Poster (required)			
Grantees are required to provide to Komen Mid-Michigan a rigid (foam core) laminated poster, 24" x 36", describing your grant-funded program. Budget approximately \$125 to cover the cost of providing this poster.	\$125	\$0	\$125
TOTAL PROJECT COST:	\$125	\$0	\$125