**NVRH Community Health Fund Budget Template**

*Please use this template (add lines as needed)*

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| --- | --- |
| **Organization Name:** |   |
| **Total Amount Requested:** |  |
| **Submission Date:** |  |

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|  | **NVRH** **Request Amount** | **Amount from****Other Sources** | **Total Cost** | **Name of** **Other Sources** |
| **Program Expenses:****(list by line item)** |   |   |   |   |
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| **Totals** |  $ |  $ |  $  |   |