

**ATTACHMENT B: Grant Budget Proposal**

Applicant Name: \_\_\_\_\_

**Overall, One-Time Figures (100%)**

	NUMBER OF AMBULANCES REQUESTED	AMOUNT REQUESTED
<b>Non-Personnel</b>	(MAX 2)	(MAX \$220,000)
1) Type II "Sprinter" Ambulances		
*****	*****	*****
Total Project Costs (100%)		

**Grant Budget Narrative**

Provide a narrative explaining how you secured bids and attach a detailed invoice for the vehicle(s) you are requesting to purchase in accordance with Section III.B of the RFF main document.