Budget Proposal

California Tobacco Prevention Clearinghouse
Contractor and Proposed Subcontractors

List your organization in the Contractor field under Agency Name. List known Subcontractors by name in the Subcontractor field(s) under Agency Name. If you plan to subcontract any portion of the Scope of Work but have not identified an agency, indicate TBD (to be determined) in place of the name. List the fully loaded costs to complete each of the specified services for each fiscal year.

SERVICE	AGENCY NAME	BUDGET YEAR 1 10/01/26 - 06/30/27	BUDGET YEAR 2 07/01/27 - 06/30/28	BUDGET YEAR 3 07/01/28 - 06/30/29	TOTAL
1. Community Education Activities					
Contractor		$	$	$	$
Subcontractor #1		$	$	$	$
Subcontractor #2		$	$	$	$
Subcontractor #3		$	$	$	$
2. Coordination & Collaboration					
Contractor		$	$	$	$
Subcontractor #1		$	$	$	$
Subcontractor #2		$	$	$	$
Subcontractor #3		$	$	$	$
3. Educational Material Development					
Contractor		$	$	$	$
Subcontractor #1		$	$	$	$
Subcontractor #2		$	$	$	$
Subcontractor #3		$	$	$	$
4. Training and Technical Services					
Contractor		$	$	$	$
Subcontractor #1		$	$	$	$
Subcontractor #2		$	$	$	$
Subcontractor #3		$	$	$	$
5. Evaluation					
Contractor		$	$	$	$
Subcontractor #1		$	$	$	$
Subcontractor #2		$	$	$	$
Subcontractor #3		$	$	$	$
TOTAL Costs per above		$	$	$	$