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**NURSE INNOVATOR AWARD**

**Step 2 Budget Template**

This template is designed to provide guidance in the design of your budget. Categories are provided as examples and are not meant to suggest that every budget submission needs to include all items. You may also want to request funds for something that doesn’t match the existing categories. Feel free to add a budget line that better matches your innovation implementation needs. Please keep in mind that the budget is to reflect 1 year of requested funds. Funds will be provided in November for an innovation that will be completed in the following year.

**In Kind Contributions**: We encourage you to consider how your employer or others, where appropriate, can support you with in-kind contributions. These are contributions that are provided by your organization (or others) in support of your innovation such that you don’t need to include these items in your request for funding. For example, your organization (or others) might provide release time from your FT role to give you time to work on the innovation. This could be calculated as the number of hours per week x an hourly rate x the number of weeks required to complete the project. Other examples of in-kind support might be access to equipment, supplies, travel, conference fees for presenting, or evaluation assistance.

**Other Financial Support**: If applicable, please identify other funding support for the innovation which has already been received or is pending and provide the source and the amount. This can be provided on a separate page attached to the table.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Budget Item** | **Justification\*** | **Cost per item** |  **Funds requested** |  **In-Kind (Source and Amount per budget item)** |
| personnel: (e.g., release time) |  |  |  |  |
| personnel: (e.g.,technical support, analysis, graphics, other)  |  |  |  |  |
| equipment  |  |  |  |  |
| supplies |  |  |  |  |
| travel  |  |  |  |  |
| knowledge translation, e.g., conference fees |  |  |  |  |
| other |  |  |  |  |

\*Please provide justification for each budget item (i.e., why the funding for that item is necessary to meet the requirements of the implementation plan). This can be done on a separate page attached to the table.