

**EXHIBIT III
BUDGET SUMMARY FOR ALL CORE UNITS***

SAMPLE FORMAT

| PROJECT NUMBER | PROJECT LEADER | PERSONNEL | CONSULTANT COST | EQUIPMENT | SUPPLY | TRAVEL | PATIENT CARE | ALT. and RENOV | CONTRACT COST | TOTAL |
|-----------------------|-----------------------|------------------|------------------------|------------------|---------------|---------------|---------------------|-----------------------|----------------------|--------------|
| | | | | | | | | | | |

*Table columns may be omitted if grant has no allocated costs for those items; i.e., patient care, alterations and renovations columns may not be necessary.

