

**New Jersey Department of Health
APPLICATION FOR GRANT FUNDS**

**SCHEDULE A
PERSONNEL COSTS**

Name of Applicant	Proposed Grant Title	Date of Application
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List all full and part-time paid staff, including fringe benefits. Justify fringe benefit costs on a separate sheet.	Standard Weekly Work Hours./Employee
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IF ADDITIONAL SPACE IS NEEDED, PLEASE USE THE SCHEDULE A FORM THAT IS AVAILABLE ELECTRONICALLY AS AN INDIVIDUAL DOCUMENT.

Position Title	Incumbent Name, Vacant, or New Position	Annual Salary	Weekly Hours on Project	% of Weekly Work Time On Project	Total Funds Needed	Grant Funds Requested From State	Funds From Other Sources	STATE USE ONLY
Sub-Totals								
_____ % Fringe Benefits								
TOTAL PERSONNEL COSTS								

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**SCHEDULE A
PERSONNEL JUSTIFICATION**

Name of Applicant	Proposed Grant Title	Date of Application
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List, justify, and submit a curriculum vitae for each position title, excluding clerical and manual positions, in same order as listed on SCHEDULE A: PERSONNEL COSTS. Briefly describe the agency's personnel policy for salary increases on a separate sheet.

IF ADDITIONAL SPACE IS NEEDED, PLEASE USE THE SCHEDULE A FORM THAT IS AVAILABLE ELECTRONICALLY AS AN INDIVIDUAL DOCUMENT.

Position Title	Minimum Qualifications (education and experience)