

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

**SCHEDULE B
CONSULTANT SERVICES COSTS**

Name of Applicant	Proposed Grant Title	Date of Application
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List services which provide for program or client benefit and are contracted for on a cost per client, percentage or time, or number of hours basis. Examples of consultant services: accounting, medical, psychological, psychiatric, and other professional services. A copy of individual agreements will be required if an award is made.

Do consultant services demonstrate a true employer / non-employee relationship as per IRS regulations? Yes No

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

Nature of Consultant Service	Basis for Cost Estimate (Rate X Time)	Total Funds Needed	Grant Funds Requested From State	Funds From Other Sources	STATE USE ONLY
TOTAL CONSULTANT SERVICES COSTS					

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**SCHEDULE B
CONSULTANT SERVICES JUSTIFICATION**

Name of Applicant	Proposed Grant Title	Date of Application
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List and justify each consultant service in same order as on SCHEDULE B: CONSULTANT SERVICES COSTS.

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Nature of Consultant Services	Responsibilities and/or Duties	Minimum Qualifications (education and experience)