



**FORM B - BUDGET AND SCOPE OF WORK**  
(Part 1 of 2)

*Infant Safe Sleep Public Education and Awareness Campaign*

Complete the following table with anticipated activities and dollar amounts for the contract period. Please note, the below information is an estimate only. Multiple rows for activities were included, but applicants may leave rows blank if there are no more activities to list or duplicate this page to add rows. A final scope of work and budget will be developed between F5FC and the identified firm upon recommendation for funding.

Note: If a contractual partnership with a nonprofit public benefit organization is proposed please include any subcontract activities and dollar amount(s) as part of the table below. Then, in the second part of Form B, provide the individual subcontractor’s anticipated budget amount and a summary of subcontractor activities.

<b>Firm Name:</b>			
<b>Total Project Budget Amount:</b>			<b>\$</b>
<b>Scope of Work Deliverables</b>			
Activity Name	Brief Description	Anticipated Timeline	Budget Amount



FORM B - BUDGET AND SCOPE OF WORK

(Part 2 of 2)

*Infant Safe Sleep Public Education and Awareness Campaign*

Does your submission include a contractual partnership with a nonprofit public benefit organization?

Yes

No

If **yes**, complete the contact and budget information below. Complete one form per subcontractor.

Subcontractor Contact Information	
Agency Name:	Approximate Budget Amount:
Contact Person:	Title:
Phone:	Email:
Brief summary of subcontractor's activities under the proposed project:	

**Subcontractor Certification:**

I certify that the above information is true and accurate to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Subcontractor Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name & Title of Subcontractor Authorized Representative