

# Instructions to complete Budget Form

## General Information

1. A separate budget sheet must be completed for each activity type. Example - Live, Enduring (includes web/online and print). Note: Multiple Offerings of same activity type (ex: Live Series Meeting) are considered one activity
2. Fields that are colored blue auto-calculate and do not need to be completed.
3. The first tab in the spreadsheet "Summary" will mostly auto populate from the data that is entered in the individual activity tabs.

0	<b>Expenses</b>	Accrediting Fee (if applicable)		
1		Information Technology		
2		Other (Must specify in Column G)		
3		Subtotal		

4. There are 3 Activity tabs provided on the spreadsheet "Activity 1 - Activity 3". Each Activity sheet will capture data from a single activity. However, in case of multiple offerings of single activity type (ex: Live Series Meeting), data will be captured on one Activity sheet.

28	<b>Direct Program Expenses</b>	meeting room		
29		Audience Generation		
30		Accrediting Fee (if applicable)		
31		Information Technology		
32		Other (Must specify in Column G)		
33		Subtotal		

5. Additional information is provided in the cells with the red triangles in the upper right hand corner

	<b>Subtotal</b>	
Program Development		
Editorial Services		Writing, editing, layout design, and proofreading fees associated with program content.
Creative Development and Production		
Medical Writing and Scientific Review		
Outcomes Analysis (if applicable)		
Other (Must specify in Column G)		

## Instructions to complete Summary Sheet

The summary sheet is mostly populated by the data entered in the activity sheet(s). Fields that need to be entered by the requestor are marked below

1. Rows 7 and 10 are mandatory fields and must be completed by requestor

7	<b>Program Name:</b>					
8		<b>Attendees</b>	<b>Speakers</b>	<b>Staff</b>	<b>Other</b>	<b>Total Participants</b>
9	<b>Estimated Totals</b>	0	0	0	0	0
10	<b>Total amount requested from BMS (Must be completed)</b>					
11	<b>Total projected income</b>					\$0.00
12	<b>Estimated cost of program</b>					\$0.00

2. Row 9 will automatically calculate based on the data entered on the activity sheet(s)

8		<b>Attendees</b>	<b>Speakers</b>	<b>Staff</b>	<b>Other</b>	<b>Total Participants</b>
9	<b>Estimated Totals</b>	0	0	0	0	0
10	<b>Total amount requested from BMS (Must be completed)</b>					


3. Rows 11-31 will automatically calculate based on the data entered on the activity sheet(s)

10	<b>Total amount requested from BMS (Must be completed)</b>					
11	<b>Total projected income</b>					\$0.00
12	<b>Estimated cost of program</b>					\$0.00
13	<b>Total amount of program</b>					\$0.00
14						
15	<b>Category</b>	<b>Total Est. Cost</b>				<b>%</b>
16	<b>Management Fees</b>	\$0.00				Calc
17	<b>Content Development</b>	\$0.00				Calc
18	<b>Direct Program Expenses</b>	\$0.00				Calc
19	<b>Honoraria</b>	\$0.00				Calc
20	<b>Meals/Travel Expenses</b>	\$0.00				Calc
21	<b>Income</b>	\$0.00				Calc
22						
23						
24	<b>METRICS (Cost Per Attendee)</b>					
25	<b>Category</b>	<b>Estimated</b>				
26	Management Fees	Calc				
27	Content Development	Calc				
28	Direct Program Expenses	Calc				
29	Honoraria	Calc				
30	Travel/Meals Expenses	Calc				
31	Total	\$0.00				

## Instructions to complete Activity Sheet

The activity sheets will capture the data from a single activity. Multiple Offerings of same activity type (ex: Live Series Meeting) will be considered one activity.

1. Rows 7 will automatically populate based off of the data entered on the summary sheet

	A	B	C	D	E	F	G
1							
2							
3							
4							
5	Please complete a separate budget sheet for each activity type (Live, Enduring)						
6	Totals in blue will automatically calculate						
7	Program Name:						
8	Program Type:			Total # of Activities:			
9	Program Location(s):			Start Date:	End Date:		
	Other (Please specify in						

2. Rows 8-13 are mandatory fields and must be completed

5	Please complete a separate budget sheet for each activity type (Live, Enduring)						
6	Totals in blue will automatically calculate						
7	Program Name:						
8	Program Type:			Total # of Activities:			
9	Program Location(s):			Start Date:	End Date:		
10		Attendees	Speakers	Staff	Other (Please specify in "Comments" column F)	Comments	Total Participants
11	Estimated Totals						0
12	Total amount requested from BMS (Must be completed)						
13	Other supporter funding expected (Must be completed)						
14	Note: Please complete only those line items relevant for this activity						

- Enter the number of units/hours (Column C) for the items that are relevant, then enter appropriate hourly rate/unit cost (Column D). In column G, fill out the reason for the incurred cost and any additional information you would like to include for the explanation. Any entries to the category "Other" must be specified in column G

Note: Please complete only those line items relevant for this activity

	Category	# of Units or Total Hours	Cost per Unit	Total Est. Cost	Comments
16	Management Fees	Logistic Management Fee		\$0.00	
17		Program Promotion and Advertising		\$0.00	
18		Other (Must specify in Column G)		\$0.00	
19		Subtotal:			\$0.00
20	Content Development	Program Development		\$0.00	
21		Editorial Services		\$0.00	
22		Creative Development and Production		\$0.00	
23		Medical Writing and Scientific Review		\$0.00	
24		Outcomes Analysis (if applicable)		\$0.00	
25		Other (Must specify in Column G)	Column C	Column D	\$0.00
26	Subtotal:			\$0.00	
27	Direct Program Expenses	Materials (Slide kits/CD-Rom, etc.)		\$0.00	
28		Meeting Room		\$0.00	
29		Audience Generation		\$0.00	
30		Accrediting Fee (if applicable)		\$0.00	
31		Information Technology		\$0.00	
32		Other (Must specify in Column G)		\$0.00	
33	Subtotal:			\$0.00	
34	Honoraria	Chairperson		\$0.00	
35		Speaker/Author/Editor Honorarium		\$0.00	
36		Other Honorarium (Must specify in Column G)		\$0.00	
37		Subtotal:			\$0.00

- Enter the number of days (Column C) for the items that are relevant, then enter appropriate cost per person (Column D) and the total number of individuals in (Column E). In column G, fill out the reason for the incurred cost and any additional information you would like to include for the explanation. Any entries to the category "Other" must be specified in column G

\*For buffets, please be sure to break out the estimated cost by the projected number of individuals. Please note all meal costs should include the total cost of the food and/or beverage, tax and tip.

		Number of Days	Cost per Person	Number of Individuals	Total Est. Cost	Comments	
38							
39	Attendee Meals (Only buffet Meals are supported in large settings for 100 or more attendees)	ATTENDEE					
40		Attendee Breakfast			\$0.00		
41		Attendee Lunch			\$0.00		
42		Attendee Dinner			\$0.00		
43		Attendee Breaks			\$0.00		
44	Meals/Travel Expenses	SPEAKER / FACULTY / STAFF					
45		Speaker Travel			\$0.00		
46		Speaker Lodging			\$0.00		
47		Speaker Ground Transfers	Column C	Column D	Column E	\$0.00	Column G
48		Speaker Meal (example Slide Review)			\$0.00		
49		Staff Travel			\$0.00		
50		Staff Lodging			\$0.00		
51		Staff Ground Transfers			\$0.00		
52		Staff Meal			\$0.00		
53		Other Travel (Must specify in Column G)			\$0.00		
54	Subtotal:				\$0.00		

- Enter the cost per person (Column D) and the total number of individuals in (Column E). In column G, fill out the reason for the incurred cost and any additional information you would like to include for the explanation.

			Cost per Person	Number of Individuals	Total Est. Income	
55						
56	Income	Registration Fees Charged for Participation			\$0.00	
57		Subtotal:			\$0.00	

- Rows 61-62 will automatically calculate based on the data entered on the activity sheet

		Estimated	
60			
61	Cost of Program	\$0.00	
62	Total Amount of Program*	\$0.00	
63	*Cost of Program LESS Projected Income		