

**RIDER 3 - LOT 1**

**PHG GRANT BUDGET**

Grantee:

Grantee Vendor #:

Grantee Address:

**Lot 1 - Health Information Exchange (HIO) Infrastructure Grants  
(Cost of \$5,000.00 per registry)**

	Description	Qty	Unit Cost	Total Cost
1.	Immunization			
2.	Electronic Lab			
3.	Cancer Registry			
4.	Syndromic			
5.	PDMP			
6.	Electronic Clinical Quality			
<b>Lot 1 Total Requested</b>				\$

By signing below, I certify that the amounts of funds claimed this invoice have met all requirement as defined in the agreement.

Grantee's Signature	Date
---------------------	------