

RIDER 3 - LOT 2

| | | | |
|-------------------------|--|--|--|
| PHG GRANT BUDGET | | | |
|-------------------------|--|--|--|

| | |
|-------------------|--|
| Grantee: | |
| Grantee Vendor #: | |
| Grantee Address: | |
| | |
| | |
| | |

| | | | |
|--|--|--|--|
| Lot 2 - Public Health System Submission Grants (Costs of \$5,000.00 per Member Organization (MO) Registry Onboarding; Maximum of \$10,000.00 per MO) *Add additional rows as needed | | | |
|--|--|--|--|

| | Member Organization | Registry | Total Cost |
|------------------------------|---------------------|----------|------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| Lot 2 Total Requested | | | \$ |

| | |
|--|------|
| 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 |