**Expanding Safe and Supportive Medical and/or Procedural Abortion Access in New York State Phase Two**

**Additional Funding if Funding Becomes Available**

**Budget Justification**

**1/1/2023 - 12/31/2023**

*Instructions: This is an optional form. Organizations may complete this budget justification in combination with the additional funding budget request to indicate what additional funds would be needed and for what purpose. The related budget file is called “Additional Funding Budget Request.” Please include information about how the funding could further expand access to abortion services. Complete only relevant sections for which additional funding is identified as needed.*

1. **Recruiting New Staff**
2. **Supporting Expansion for Existing Staff**
3. **Training**
4. **Unreimbursed costs of medical or procedural abortion services**
5. **Equipment or other needs (e.g., telehealth)**
6. **Operation Costs to Expand Access**
7. **Care Management or Navigation Expansion**
8. **Reporting and/or Billing Expansion**
9. **Care Management or Navigation Expansion**
10. **Outreach and Marketing**
11. **Other Costs**