

**STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
INSTRUCTIONS FOR THE COMPLETION OF THE
LOCAL HEALTH DEPARTMENT (LHD) BUDGET PACKAGE**

General Instructions

The local health department budget package is an EXCEL-based spreadsheet that includes links to subsidiary schedules. Some of the schedules include cells that are shaded to identify how or by whom that particular field is filled. A four-color coding scheme is used in the budget package. The keys to the four-color coding scheme follow.

Yellow – Any yellow shaded cell is for the sole use of LHD staff.

Blue - **Do not enter data in any blue shaded cells.** Any blue shaded cell is a cell that is either linked to another sheet in the budget package or contains a formula.

Tan – Any tan shaded cell is for the sole use of the DHMH funding administration staff. The tan shaded cells are found only on the 4542A – Program Budget Page (Approval) and the Grant Status Sheet (4542M).

Green – Any green shaded cell is for the sole use of the Division of Grants & Local Health Accounting (DGLHA). The green cells are found only on the 4542A -Program Budget Page (Approval) and the Grant Status Sheet (4542M).

The LHD budget package is to be submitted electronically by the local health department to the funding administration. Each LHD budget file will have a unique file naming convention that must be followed by the LHD. This unique file name format is necessary for DGLHA to manage the hundreds of electronic budget files that will be received, processed and uploaded by DGLHA. There is a required field for the file name on the Program Budget Page. Detailed instructions on the file naming convention are located in the next section.

The cells containing negative numbers, e.g. collections or reductions, must be formatted to contain a parenthesis, for example, (\$1,500). Please make sure that neither brackets nor a minus sign appear for negative numbers. The automatic formatting on the page should show as \$1,500. The formatting has been set by the Department and should not require correcting. The parenthesis format is the required structure for file uploading to FMIS. If something other than a parenthesis for negative numbers is used, the budget file will error out of the upload process.

Local health departments are encouraged to consolidate their use of budget line items. The Program Budget Page provides a list of commonly used line items. Local health departments are free to write over the line item labels or fill in blank cells on the Program Budget Page. Please do not insert or delete any rows from the Program Budget Page (4542A). You can write over existing labels or leave them blank but **do not** insert or delete any rows. Also, please do not use “Cut and Paste” to create or move line items. You can use “Copy and Paste” to alter the line item structure. This will not disrupt the links in the workbook to the upload sheet.

4542 A - Program Budget Page

Funding Administration - Enter the DHMH unit to whom you are submitting the document, e.g., Family Health Administration

Local Health Department - Enter name of submitting local health department

Address – Enter mailing address where information should be sent regarding program and fiscal matters

City, State, Zip Code – Enter relative to above address

Telephone # – Enter number, including area code, where calls should be directed regarding program and fiscal matters

Project Title – Enter specific title indicating program type, e.g., Improved Pregnancy Outcome

Grant Number - Enter the DHMH award number from the UFD, e.g., FH884IPO

Contact Person – Enter the name of the individual(s) who should be contacted at the above telephone number regarding fiscal matters related to this grant award

Federal I.D. # - Enter the Federal I.D. # for the local health department

Index – Enter the county index number for posting to FMIS (see attached list)

Award Period - Enter the period of award, e.g., July 1, 2003 - June 30, 2004

Fiscal Year - Enter applicable state fiscal year, e.g., 2004

County PCA – enter the County PCA code that will be charged for this grant, e.g., F696N; **only one per budget**; if unknown, please contact Ms. Antoinette S. Graves (gravesa@dhmh.state.md.us or 410-767-5128) of Division of Grants & Local Health Accounting (DGLHA).

File Name – Enter the file name exactly in the format as indicated below. Each LHD budget file must have a unique file name in the following format. **There are no exceptions to this file name format.** Please complete the file name exactly as indicated, including the dashes. Please note that there are no blank spaces in the file naming convention.

- File Name Format: FY-County-PCA-Grant #-Suffix for Modification, Supplement, Reduction – no blank spaces in name, e.g.,

04-Howard-F329N-FH884IPO (this would be an original budget)
04-Howard-F329N-FH884IPO-Mod1
04-Howard-F329N-FH884IPO-Red1
04-Howard-F329N-FH884IPO-Sup1
04-BaltoCounty-F329N-FH884IPO-Mod2
04-BaltoCity-F329N-FH884IPO-Sup1

Date Submitted - Enter the date the budget package is submitted to the funding administration

Original Budget, Modification #, Supplement #, Reduction # - If this is the original budget submission for the award, enter “yes.” If this is a modification, supplement or reduction, enter “no” and “#1”, “#2”, etc. on the appropriate line.

Summary Total Columns (above line item detail)

- *Current Budget Column*
- *DHMH Funds Mod/Supp(Red) Column*
- *Local Funds Mod/Supp(Red) Column*
- *Other Funds Mod/Supp(Red) Column*
- *Total Mod/Supp(Red) Column*

In this section, the LHD must only enter amounts in the “Indirect Cost” field. Other than the Indirect Cost fields, the budget package accumulates the total of the line item budget detail. These totals provide the break out of funding for DHMH, local and/or other funds for the original budget and any subsequent budget actions.

Please note that the calculated fields (blue shaded cells) are formatted in the spreadsheet to show cents. This was done to provide an indication that the line item detail contains cells with cents in error. If the totals in this section contain cents, reexamine the line item detail and correct the line item budget. Do not modify the formulas in this section to adjust for the cents. The budget should be prepared in whole dollar increments, and therefore should not contain cents either by direct input or formula.

Descriptive lines used in this section follow.

- Direct Costs Net of Collections – **Do not enter data in this row.** This row contains a formula that calculates the total direct costs net of collections.
- **Indirect Costs – Enter the amount of indirect costs posted to line item 0856 in the respective column in the line item budget detail. Please note that the Current Budget for indirect costs must be adjusted manually if a modification to indirect costs is made.**
- Total Costs Net of Collections - **Do not enter data in this row.** This row contains a formula that calculates all line item postings, including collection line items, entered in the line item budget detail in each respective column.
- DHMH Funding – **Do not enter data in this row.** This row contains a formula that calculates the DHMH Funding Amount by subtracting the Total All Other Funding and Total Local Funding from the Total Costs Net of Collections.
- All Other Funding – **Do not enter data in this row.** This row contains a formula that calculates all line item postings, including collection line items, entered in the line item budget detail in the All Other Funding column.
- Local Funding - **Do not enter data in this row.** This row contains a formula that calculates all line item postings, including collection line items, entered in the line item budget detail in the Local Funding column.
- Total Mod/Supp/(Red) Column – **Do not enter data in this row.** This column contains a formula that simply calculates the total of the postings in the previous three columns in this section.

DHMH Program Approval – (tan shaded cell) Do not enter any information in this section. This section is reserved for the use of the DHMH funding administration.

DGLHA Approval – (green shaded cell) Do not enter any information in this section. This section is reserved for the use of the DGLHA staff.

4542 A - Program Budget Page - Line Item Budget Detail Section

Line Item Number / Description (columns 1 & 2) - For local health departments, enter the line item numbers from the state Chart of Accounts. Commonly used line items are provided on this form. New line items may be added to a blank cell at the bottom of the line item listing or an existing line item can be written over. **It is very important to note that rows should not be inserted or deleted nor should the “Cut and Paste” edit feature be used. To do so, will fracture the links to the budget upload sheet and the file will not upload to FMIS.** Line items can be overwritten or filled in if need be or blanked out or left blank or “Copy and Paste” can be used, but line items should not be added or deleted by inserting/deleting rows on the worksheet.

DHMH Funding Request (column 3) - Enter by line item the amounts to be supported with DHMH funds.

Local Funding (column 4) - Enter by line item the amounts to be supported with local funds.

All Other Funding (column 5) – Enter by line item the amounts to be supported with funds other than DHMH Funding and/or Local Funding.

Total Other Funding (column 6) – This column contains a formula that adds Local Funding (column 4) and All Other Funding (column 5).

Total Program Budget (column 7) - This column contains a formula that adds the DHMH Funding (column 3), Total Other Funding (column 6), and Total of Modification/Supplements or Reductions (column 11).

DHMH Budget, Local Budget, Other Budget – Modification, Supplement, or Reduction (columns 8, 9, 10 and 11) - Enter by line item and funding source (i.e., DHMH, local or other) any changes due to Budget Modifications Supplements, or Reductions. The Total Program Budget (column 7) will be recalculated to include these changes. Please remember that the new Total Program Budget (column 7) will become the new base budget for any subsequent budget submissions.

Supplementary Subsidiary Budget Forms (4542 B thru 440 A)

The following forms have been modified to include links that pull information from the 4542A form. The cells shaded in blue are either linked to another sheet or contain a formula. Please do not enter data in these fields or cells. The fields will be populated automatically upon completion of the 4542A form. **Please do not enter data into a blue shaded cell.**

4542 B - Budget Modification, Supplement or Reduction Line Item Changes and Justification

This form is required ONLY for Budget Modifications, Supplements or Reductions. This form should contain the changes (+ or -) from the most recently approved budget by line item. Specify the type of funding that is affected by the change (i.e., DHMH Funding, Local Funding or All Other Funding) and justification for the change. Please note that justification is required for changes to fee collections.

This schedule contains links to the Program Budget Page (4542A) that pull the line item number and the amount from Column 11. A formula is supplied that accumulates the total of the changes on this page, cross checks the total to the budget page and provides a check total (which should equal zero). These cells are shaded in blue and should not be modified by the LHD.

4542 C Estimated Performance Measures

This schedule is used to detail the estimated performance measures for the fiscal year.

4542 D Schedule of Salary Costs

All fields should be completed on this schedule. Additional guidance follows.

- Merit System - If the position is to be filled using a state or local merit system, identify that system.
- Grade and Step - Ignore if not merit system driven. Temporary positions for replacement of persons on leave should be separately identified.
- Hours per week are required.
- Expected expenditures should be listed if the proposal or the position is for less than one year. Append a note or secondary schedule showing the annual salary.
- If the position is vacant, indicate the expected hiring date.
- Include annual leave, promotions, etc.
- Please do not include fringe costs on this schedule.

The two totals (formula provided) for this schedule must agree with the salary amounts on the Program Budget page (DHMH 4542A). The “DHMH Funded Salary” amount on this schedule must equal the sum of the amount in the DHMH Funding Request Column (Col. 3) plus, if applicable, any amount in the DHMH Budget Modification, Supplement or Reduction Column (Col. 8). The “Total Salary” amount on this schedule must equal the salary amount in the Total Program Budget Column (col. 7) on the DHMH 4542A.

4542 E – Schedule of Special Payments Payroll Costs

All fields should be completed on this schedule. Please list the individual's name. If payment will be made to a business, list the firm's name also. Total costs must equal the hourly rate times the total number of hours.

The two totals (formulas provided) for this schedule must agree with the special payments payroll line item (0280) amounts on the Program Budget page (DHMH 4542A). The “DHMH Funded Cost” amount on this schedule must equal the sum of the amount in the DHMH Funding Request Column (Col. 3) plus, if applicable, any amount in the DHMH Budget Modification, Supplement or Reduction Column (Col. 8) for line item 0280. The “Total Salary” amount on this schedule must equal the special payments payroll (line item 0280) amount in the Total Program Budget Column (col. 7) on the DHMH 4542A.

4542 F - Schedule of Consultant Costs

All fields should be completed on the schedule. Please list the individual consultant's name. If payment will be made to a business, list the firm's name also. List the consultant's professional area; the hourly rate and the budgeted total annual hours. The “Total Cost” is calculated by multiplying the “Hourly Rate” times the “Total Hours”.

The two totals (formula provided) for this schedule must equal the total of Object .02 line items, excluding line items 0280, 0289, 0291 and 0292 amounts on the Program Budget page (DHMH 4542A). The “DHMH Funded Cost” amount on this schedule must equal the sum of the amount in the DHMH Funding Request Column (Col. 3) plus, if applicable, any amount in the DHMH Budget Modification, Supplement or Reduction Column (Col. 8) for Object .02 exclusive of the aforementioned line items. The “Total Cost” amount on this schedule must equal the Object .02 total exclusive of the aforementioned line items in the Total Program Budget Column (col. 7) on the DHMH 4542A.

Note: The consultant-contractor relationship is defined by the individual, personal delivery of service where the consultant has a high degree of autonomy over his/her use of time, selection of process, and utilization of resources. The IRS guidelines can be used to assist in defining the employer/employee relationship and to distinguish between a consultant and an employee.

4542 G - Schedule of Equipment Costs

This schedule details all equipment costing \$500 or more per item to be purchased with DHMH funds and the total cost of all equipment costing under \$500 per item. The description column for items costing over \$500 should list the item to be purchased and its proposed use. Indicate if the item is additional equipment or to replace equipment purchased previously with DHMH funds. If more space is needed, continue the narrative within the column. Use additional pages as necessary.

The two totals (formula provided) for this schedule must agree with the total of all equipment line items in Objects 10 and 11 on the Program Budget page (DHMH 4542A). The “DHMH Funded Cost” amount on this schedule must equal the sum of the amount in the DHMH Funding Request Column (Col. 3) plus, if applicable, any amount in the DHMH Budget Modification, Supplement or Reduction Column (Col. 8) for line items in Objects 10 and object 11. The “Total Cost” amount on this schedule must equal the amount for line items in Objects 10 and object 11 on the Total Program Budget Column (col. 7) on the DHMH 4542A.

4542 H - Purchase of Care Services (Line Item 881)

This schedule is to be used to detail any amounts reflected on the Purchase of Care line item (0881) on the Program Budget page (4542A). This schedule and line item 0881 should only be used for health related unit price contracts and fixed price contracts with organizations. It is **not** to be used for cost reimbursement contracts. List the type of service, the contract type (fixed price or unit price), the vendor from whom the service is to be purchased, the performance measures relative to the purchased service and the DHMH funded cost and total cost for each service.

The two totals (formula provided) for this schedule must agree with the purchase of care line item (0881) amounts on the Program Budget page (DHMH 4542A). The “DHMH Funded Cost” amount on this schedule must equal the sum of the amount in the DHMH Funding Request Column (Col. 3) plus, if applicable, any amount in the DHMH Budget Modification, Supplement or Reduction Column (Col. 8) for line item 0881. The “Total Cost” amount on this schedule must equal the purchase of care (line item 0881) amount in the Total Program Budget Column (col. 7) on the DHMH 4542A.

4542 I – Human Service Contracts (Line Item 896)

This schedule is to be used to detail any amounts reflected on the Human Service Contract line item (0896) on the Program Budget page (4542A). This schedule and line item 0896 is to be used **only** for health related cost reimbursement contracts with organizations. List the type of service, the vendor from whom the service is to be purchased, the performance measures relative to that purchased service and the DHMH funded cost and total cost for each service.

The two totals (formula provided) for this schedule must agree with the human service contracts line item (0896) amounts on the Program Budget page (DHMH 4542A). The “DHMH Funded Cost” amount on this schedule must equal the sum of the amount in the DHMH Funding Request Column (Col. 3) plus, if applicable, any amount in the DHMH Budget Modification, Supplement or Reduction Column (Col. 8) for line item 0896. The “Total Cost” amount on this schedule must equal the human service contracts (line item 0896) amount in the Total Program Budget Column (col. 7) on the DHMH 4542A.

4542 J – Detail of Special Projects (Line Item 899)

This schedule is to be used to detail any amounts reflected on the Special Projects line item (0899) on the Program Budget page (4542A). This schedule and line item 0899 is to be used **only** for NON-health related cost reimbursement contracts with individuals or organizations. List the type of service, the vendor from whom the service is to be purchased, the performance measures relative to that purchased service and the DHMH funded cost and total cost for each service.

The two totals (formula provided) for this schedule must agree with the special projects line item (0899) amounts on the Program Budget page (DHMH 4542A). The “DHMH Funded Cost” amount on this schedule must equal the sum of the amount in the DHMH Funding Request Column (Col. 3) plus, if applicable, any amount in the DHMH Budget Modification, Supplement or Reduction Column (Col. 8) for line item 0899. The “Total Cost” amount on this schedule must equal the special projects line item (0899) amount in the Total Program Budget Column (col. 7) on the DHMH 4542A.

4542 K - Indirect Cost Calculation Form

For local health departments, indirect cost is limited to 7% of the departmental award, defined as DHMH funds and collections. This form includes formulas for the percentage based calculation of indirect costs or allows space for a local health department to show an alternate methodology for the calculation of indirect cost. Regardless of methodology, the indirect cost calculation must be shown on this schedule.

4542 L - Budget Upload Sheet (DGLHA Use Only)

The purpose of this sheet is to upload the budget into FMIS. **Local health department personnel should not enter any information directly onto this sheet. This sheet is for use of DGLHA only.** Data will be entered automatically on this form as the Program Budget Page (4542A) is completed. Please do not attempt to enter data on to this sheet or to modify it in anyway.

4542 M – Grant Status Sheet (For Funding Administration Use)

The purpose of this schedule is to provide sufficient information for DGLHA to post grants to the UFD and to track various types of UFD actions. **This form is to be completed by the funding administration and forwarded to DGLHA.** The funding administration should enter information in all tan shaded fields. Some information fields (blue) on this schedule will be filled automatically from links to the Program Budget Page (4542A). Formula totals (blue) are provided in the section detailing the County PCA, Program Administration PCA, Federal Fund Tracking #, etc. The lone green shaded cell is for DGLHA to enter the date the Grant Status Sheet was received in DGLHA.

DHMH 440 - Annual Report – Year End Reconciliation

The DHMH 440 Annual Report and Performance Measure Report (440A) are provided in this budget package as a convenience.

Local health departments may use FMIS in lieu of the DHMH 440 Report.

If a local health department is filing a DHMH 440 Report, some of the information will be completed automatically (blue shading) from the Program Budget Page (4542A). Line items are provided but they can be modified to reflect those used by the health department for a particular award. Please complete appropriate information (yellow shading) as needed. The total budget and expenditure and overall budget balance is included in Section II at the top of the form. Please DO NOT change the formulas on the Year-End Report.

DHMH 440A - Performance Measures Report

All local health departments must complete this form. Some information (blue shading) is pulled from other budget forms. The “Final FY Count” (yellow shading) is to be completed by the local health department.

DGLHA 3/23/12