COMMENTS REGARDING THE BUDGET PACKAGE and GENERAL PROCESS

Please list below any comments or problems regarding completion of these forms or with the process in general. **Your feedback is important to this process**. Please place a blank row between each entry.

Comments/Problems/Issues:	<u>Name</u>

DEPARTMENT OF HEALTH AND MENTAL HYGIENE LOCAL HEALTH DEPARTMENT BUDGET PACKAGE PROGRAM BUDGET (4542A)

FUNDING ADMINISTRATION:		DATE SUBMITTED:					
LOCAL HEALTH DEPT:		ORIGINAL BUDG. (Y/N	I):				
ADDRESS:		MODIFICATION:	#				
CITY, STATE, ZIPCODE:		SUPPLEMENT:	#				
TELEPHONE #:		REDUCTION:	#				
PROJECT TITLE:				DHMH Funds	Local Funds	Other Funds	Total
AWARD NUMBER:			Current Budget	Mod/Supp/(Red)	Mod/Supp/(Red)	Mod/Supp/(Red)	Mod/Supp/(Red)
CONTACT PERSON:		Direct Costs Net of Collections	0.00	0.00	0.00	0.00	0.00
FEDERAL I.D. #:		Indirect Costs					0.00
INDEX:		Total Costs Net of Collections	0.00	0.00	0.00	0.00	0.00
AWARD PERIOD:		-					
FISCAL YEAR:		DHMH Funding	0.00	0.00			0.00
COUNTY PCA:		Local Funding	0.00		0.00		0.00
FILE NAME: (see instructions)		All Other Funding	0.00	•		0.00	0.00
	(FY-County-CountyPCA-Grant#-)						
DHMH Program Approval							
DGLHA Approval < DGLHA Log In ID	*						

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
				OTHER DIRECT FUND	ING	TOTAL	DHMH BUDGET	LOCAL BUDGET	OTHER BUDGET	TOTAL OF MODIFICATION
NE		DHMH			TOTAL	PROGRAM	MOD., SUPP	MOD., SUPP	MOD., SUPP	SUPPLEMEN
:М Э.	LINE ITEM DESCRIPTION	FUNDING REQUEST	LOCAL FUNDING	ALL OTHER FUNDING	OTHER FUNDING	BUDGET (COL 3 + COL 6 +	or REDUCTION	or REDUCTION	or REDUCTION	OR REDUCTIO (Col 8 + Col 9
1	Salaries			1	(COL 4 + COL 5)	COL 11)	CHANGES (+ OR -)	CHANGES (+ OR -)	CHANGES (+ OR -)	Col 10)
1	FICA				0	0				
31	Retirement				0	0				
39	Def Compensation				0	0				
41	Health Insurance				0	0				
42	Retiree Health Insurance				0	0				
61	Unemployment Insurance				0	0				
32	Workmen's Compensation				0	0				
71 81	Overtime Earnings Additional Assistance				0	0				
82	Adjustments				0	0				
)1	Consultants				0	0				
30	Special Payments Payroll				0	0				
91	FICA				0	0				
92	Unemployment Insurance				0	0				
99	Contractual Services - Salaries &	Fringe			0	0				
)1	Postage				0	0				
)5	Telephone				0	0				
)5	In-state Travel				0	0				
9	Out-of-State Travel				0	0				
15	Training				0	0				
20	Stipend/Tuition				0	0				
)4 13	Electricity Water				0	0				
15	Utilities - Combined				0	0				
01	Gas and Oil				0	0				
03	Insurance & Title				0	0				
05	Vehicle Maintenance & Repair				0	0				
)1	Advertising				0	0				
03	Client Transportation				0	0				
12	Personnel Investigations				0	0				
14	Contractual Labor				0	0				
31	Photocopier Rental				0	0				
33	Repair & Maintenance				0	0				
35 38	Equipment Service Software				0	0				
39	Software Maintenance				0	0				
53	Maintenance				0	0				
54	Housekeeping				0	0				
56	Indirect Cost				0	0				
60	Laboratory Services				0	0				
69	Photography (Commercial)				0	0				
73	Printing				0	0				
B1	Purchase of Care				0	0				
85 ne	Trash Disposal				0	0				
96	Human Service Contracts				0	0				
99 09	Special Projects Cleaning Supplies				0	0				
19	Educational Supplies				0	0				
24	Food				0	0				
53	Medicine, Drugs & Chemicals				0	0				
57	Medical Supplies				0	0				
35	Office Supplies				0	0				
36	Other Supplies				0	0				
60	Computer Equipment				0	0				
73	Office Equipment				0	0				
30	Personal Computer Equipment				0	0				
	Medical Equipment				0	0				
33 31	Office Equipment Dues & Memberships				0	0				
32	Insurance				0	0				
34	Rent				0					
36	Subscriptions				0	0				
00	Interest Income				0					
02	Bad Debt Collections Self-Pay Collections				0					
)6	Medicaid Collections				0					
07	Medicare Collections				0					
08	Other Collections				0	0				
12	County Contribution				0					
					0					
					0					
					0	0				
					0	0				

DEPARTMENT OF HEALTH AND MENTAL HYGIENE LOCAL HEALTH DEPARTMENT BUDGET PACKAGE BUDGET MODIFICATION, SUPPLEMENT, OR REDUCTION LINE ITEM CHANGES AND JUSTIFICATION 4542 B

LOCAL HEALTH DEPT:	0	MODIFICATION: #
PROJECT TITLE:	0	SUPPLEMENT: #
AWARD NUMBER:	0	REDUCTION: #
AWARD PERIOD:	0	DATE SUBMITTED:

Changes to each line item should be listed below. Specify type of funding affected by the change (DHMH, Local, or Other) and justification for the change. Please note that justification is required if there is a change in fee collection

O Total Changes
O Total on Budget Page
O Formula Check (Should equal zero)

1		0	Formula Check (Should	adua zero)
	LINE		TYPE OF	
	ITEM	CHANGE	FUNDING	JUSTIFICATION FOR CHANGE
	0111	0		
	0121	0		
	0131	0		
	0139	0		
	0141	0		
	0142	0		
	0161	0		
	0162	0		
	0171 0181	0		
	0182	0		
	0201	0		
	0280	0		
	0291	0		
	0292	0		
16	0299	0		
	0301	0		
	0305	0		
	0405	0		
	0409	0		
21	0415	0		
22	0420	0		
	0604	0		
	0613	0		
	0615	0		
26	0701	0		
	0703	0		
28	0705	0		
29	0801	0		
	0803	0		
	0812	0		
	0814 0831	0		
	0833	0		
	0835	0		
	0838	0		
	0839	0		
	0853	0		
	0854	0		
	0856	0		
	0860	0		
	0869	0		
	0873	0		
	0881	0		
	0885	0		
46	0896	0		
47	0899	0		
	0909	0		
	0919	0		
	0924	0		
	0953	0		
	0957	0		
	0965	0		
	0986	0		
	1060 1073	0		
	1180	0		
	1192	0		
	1193	0		
	1331	0		
	1332	0		
	1334	0		
	1336	0		
64	1600	0		
65	1602	0		
	1603	0		
67	1606	0		
	1607	0		
	1608	0		
	1612	0		
71	0	0		
72	0			
73	0			
74 75	0			
76	DHMH	0		
77	0	0		
78	0	0		
79	0			
80	0	0		
81	0	0		
82	0			
83	0			
84	0	0		
85	0	0		
86	0	0		
87	0	0		
88	0	0		
89	0	0		
90	0	0		
91	0	0		
92	0	0		
93	0			
94	0			
95	0			
96 97	0			
98	0			
98	0			
100	0			
			3, February 2012)	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE LOCAL HEALTH DEPARTMENT BUDGET PACKAGE ESTIMATED PERFORMANCE MEASURES

LOCAL HEALTH DEPT:	0	ORIGINAL BUDG. (Y/N):		
PROJECT TITLE:	0	MODIFICATION:	#	
AWARD NUMBER:	0	SUPPLEMENT:	#	
AWARD PERIOD:	0	REDUCTION:	#	
		DATE SUBMITTED:		

PERFORMANCE MEASURE	ESTIMATE FOR AWARD PERIOD

(DHMH pms4542C, February 2012)

DEPARTMENT OF HEALTH AND MENTAL HYGIENE LOCAL HEALTH DEPARTMENT BUDGET PACKAGE SCHEDULE OF SALARY COSTS

LOCAL HEALTH DEPT:	0	ORIGINAL BUDG. (Y/N):	
PROJECT TITLE:	0	MODIFICATION:	#
AWARD NUMBER:	0	SUPPLEMENT:	#
AWARD PERIOD:	0	REDUCTION:	#
		DATE SURMITTED:	

MERIT SYSTEM:

WERIT STSTEW.			ı			
					рнмн	
	NAME OF PERSON		GRADE/	HOURS	FUNDED	TOTAL
JOB TITLE OR CLASSIFICATION	FILLING POSITION	TYPE OF SERVICE	STEP	PER WEEK	SALARY	SALARY
TOTAL (MUST EQUAL DHMH AND TOTAL	AL SALARIES ON BUDGET PAGE)				0.00	0.00

(DHMH salary4542D, February 2012)

DEPARTMENT OF HEALTH AND MENTAL HYGIENE LOCAL HEALTH DEPARTMENT BUDGET PACKAGE SCHEDULE OF SPECIAL PAYMENTS PAYROLL COSTS

LOCAL HEALTH DEPT:	0		ORIGINAL BUDG. (Y/N):		
PROJECT TITLE:	0		MODIFICATION:	#	
AWARD NUMBER:	0		SUPPLEMENT:	#	
AWARD PERIOD:	0		REDUCTION:	#	
		<u>-</u> '	DATE SUBMITTED:		

	NAME OF PERSON	TYPE OF	HOURS	HOURLY	DHMH FUNDED	TOTAL
JOB TITLE OR CLASSIFICATION	FILLING POSITION	SERVICE	PER WEEK	RATE	COST	SALARY
JOB THEE CIT CEASON ICATION	TILLING TOOTHON	OLIVIOL	I EK WEEK	IXAIL	0001	OALAINI
TOTAL (MUST EQUAL DHMH AND TO	0.00	0.00				

DHMH specpr4542E, February 2012

DEPARTMENT OF HEALTH AND MENTAL HYGIENE LOCAL HEALTH DEPARTMENT BUDGET PACKAGE SCHEDULE OF COUNTY PAYROLL COSTS

LOCAL HEALTH DEPT:	0			DATE SUBMITTED:		
PROJECT TITLE:	0			ORIGINAL BUDG. (Y/N):		
AWARD NUMBER:	0			MODIFICATION:	#	
AWARD PERIOD:	0			SUPPLEMENT:	#	
			_	REDUCTION:	#	

	r	ı								
JOB TITLE OR CLASSIFICATION							DHMH		DHMH	
Group by Level of Care	NAME OF PERSON	COUNTY	CLASSIFICATION	TYPE OF	FTE	HOURLY	COUNTY	FICA	FUNDED	TOTAL
List Administrative staff as a		PIN#					HEALTH		SALARY	
separate group	FILLING POSITION		LICENSURE	SERVICE	%	RATE	INSUR.		COST	SALARY
										0
										0
										0
										0
										0
										0
										0
										0
										0
										0
										0
										0
										C
										C
										0
										0
										0
										0
										0
TOTAL (MUST EQUAL DHMH AND TOT	AL SPECIAL PAYMENTS	ON BUDGET	PAGE)		0		0	0	0	0

DHMH specpr4542E, February 2012

^{*} Preceed the name with an asterisk for any position funded in another ADAA grant.

**Type of Service: Designate Adolescent, Adult, Men Specific Adult, Woman Specific Adult, Co-Occurring, Criminal Justice, Homeless, or Women and Children

* Preceed the name with a plus sign for any position split between multiple levels of care within one ADAA grant.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE LOCAL HEALTH DEPARTMENT BUDGET PACKAGE SCHEDULE OF CONSULTANT COSTS

LOCAL HEALTH DEPT:	0	ORIGINAL BUDG. (Y/N):	
PROJECT TITLE:	0	MODIFICATION:	#
AWARD NUMBER:	0	SUPPLEMENT:	#
AWARD PERIOD:	0	REDUCTION:	#
		DATE SUBMITTED:	

NAME OF CONSULTANT	PROFESSIONAL AREA	HOURLY RATE	TOTAL HOURS	DHMH FUNDED COST	TOTAL COST
				0.00	0.00

TOTAL (MUST EQUAL TOTAL OF OBJECT .02, EXCLUDING LINE ITEMS 280, 289, 291 & 292)

DHMH consult4542F, February 2012

DEPARTMENT OF HEALTH AND MENTAL HYGIENE LOCAL HEALTH DEPARTMENT BUDGET PACKAGE SCHEDULE OF EQUIPMENT COSTS

LOCAL HEALTH DEPT:	0	ORIGINAL BUDG. (Y/N):	
PROJECT TITLE:	0	MODIFICATION:	#
AWARD NUMBER:	0	SUPPLEMENT:	#
AWARD PERIOD:	0	REDUCTION:	#
		DATE SUBMITTED:	

	MISCELLANEOUS ITEMS COSTING UNDER \$500 EACH	DHMH FUNDED COST	TOTAL COST
TOTAL (All Items)			

LIST BELOW EACH EQUIPMENT ITEM COSTING OVER \$500

LIOT BELOW EACH EQUI MENT TEM GOOTING OVER \$500			
		DHMH	
	NEW OR	FUNDED	TOTAL
DESCRIPTION	REPLACEMENT	COST	COST
DEGGINI HOR	TEI ERVEINEITI	0001	000.
TOTAL	-	0.00	0.00
IOIAL		0.00	0.00

(MUST EQUAL DHMH AND TOTAL OF ALL EQUIPMENT COSTS, i.e., OBJECTS 10 and 11, ON BUDGET PAGE)

DHMH equip4542G, February 2012

DEPARTMENT OF HEALTH AND MENTAL HYGIENE LOCAL HEALTH DEPARTMENT BUDGET PACKAGE PURCHASE OF CARE SERVICES (Line Item 0881) NOTE: THIS FORM NOT TO BE USED FOR COST REIMBURSEMENT CONTRACTS

LOCAL HEALTH DEPT:	0	
PROJECT TITLE:	0	
AWARD NUMBER:	0	
AWARD PERIOD:	0	

ORIGINAL BUDG. (Y/N): MODIFICATION: SUPPLEMENT: REDUCTION: DATE SUBMITTED:

TYPE OF SERVICE NOTE: List only health related	CONTRACT TYPE (Indicate fixed price or		PERFORMANCE MEASURES NUMBER OF UNITS PURCHASED	DHMH FUNDED	TOTAL
Fixed & Unit Price Contracts with organizations on this Schedule	unit price contract)	VENDOR (Organization) NAME	(E.G. HOURS, VISITS, ETC)	COST	COST
FOTAL (MUST EQUAL DHMH AND TOTAL	AL (MUST EQUAL DHMH AND TOTAL PURCHASE OF CARE SERVICES COSTS ON BUDGET PAGE)				

NOTE: Fixed Price & Unit Price Contracts - The funding administration's attestation relating to the documentation of the performance of a comprehensive review of the subprovider's budget is NOT required for these contract types.

DHMH purchcare4542H, February 2012

DEPARTMENT OF HEALTH AND MENTAL HYGIENE LOCAL HEALTH DEPARTMENT BUDGET PACKAGE

HUMAN SERVICE CONTRACTS (Line Item 0896)
NOTE: THIS FORM ONLY TO BE USED FOR COST REIMBURSEMENT CONTRACTS.

LOCAL HEALTH DEPT:	0	
PROJECT TITLE:	0	
AWARD NUMBER:	0	
AWARD PERIOD:	0	
-		_

TYPE OF SERVICE NOTE: List only health related Cost Reimbursement Contracts with organizations on this Schedule	VENDOR (Organization) NAME	PERFORMANCE MEASURES NUMBER OF UNITS PURCHASED (E.G. HOURS, VISITS, ETC)	DHMH FUNDED COST	TOTAL COST
,				
TOTAL (MUST EQUAL DHMH AND TOTA	AL HUMAN SERVICE CONTRACT COSTS ON BU	JDGET PAGE)	0.00	0.00

Cost Reimbursement Contracts - The funding administration's attestation relating to the documentation of the performance of a comprehensive review of the subprovider's budget is required for this human service contract.

DHMH humsercontr4542l, February 2012

DEPARTMENT OF HEALTH AND MENTAL HYGIENE LOCAL HEALTH DEPARTMENT BUDGET PACKAGE DETAIL OF SPECIAL PROJECTS (Line Item 0899) NOTE: THIS FORM ONLY TO BE USED FOR COST REIMBURSEMENT CONTRACTS.

LOCAL HEALTH DEPT:	0		ORIGINAL BUDG. (Y/N):	
PROJECT TITLE:	0		MODIFICATION:	#
AWARD NUMBER:	0		SUPPLEMENT:	#
AWARD PERIOD:	0		REDUCTION:	#
•			DATE CURMITTED.	

TYPE OF SERVICE NOTE: List only NON-health related Cost Reimbursement Contracts with an individual or organization on this Schedule	VENDOR NAME (individual or organization)	PERFORMANCE MEASURES NUMBER OF UNITS PURCHASED (E.G. HOURS, VISITS, ETC)	DHMH FUNDED COST	TOTAL COST
			600	600
				<u> </u>
TOTAL (MUST EQUAL DHMH AND TOTAL SPEC	CIAL PROJECT COSTS ON BUDGET PAGE)		600.00	600.00

Cost Reimbursement Contracts - The funding administration's attestation relating to the documentation of the performance of a comprehensive review of the subprovider's budget is required for this type of human service contract.

DHMH specprojs4542J, February 2012

DEPARTMENT OF HEALTH AND MENTAL HYGIENE LOCAL HEALTH DEPARTMENT BUDGET PACKAGE INDIRECT COST CALCULATION FORM

LOCAL HEALTH DEPT: 0	ORIGINAL BUDG. (Y/N):
PROJECT TITLE: 0	MODIFICATION: #
AWARD NUMBER: 0	SUPPLEMENT: #
AWARD PERIOD: 0	REDUCTION: #
	DATE SURMITTED:

Indirect costs (IDC) are those shared by two or more separately funded projects for which a definite allocation of shared costs cannot be made. Examples of indirect costs are the administrator's and health officer's time. Direct administrative supervision of a project is not an indirect cost.

The indirect cost rate may not be applied to personnel costs that would normally be allocated as indirect costs but are identified as direct costs in a project. DHMH will not pay for indirect costs twice.

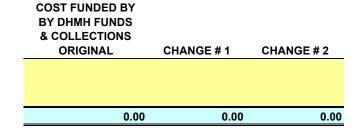
* SPECIAL NOTES - WIC PROGRAM ONLY

1) Due to federal regulations, indirect costs for the WIC program are limited to 10% of salaries (regular and contractual payroll) not including fringe benefits.

In order to allow for the proper review of your request, please provide below the methodology used in determining your indirect cost . The calculation of IDC must be shown below.

METHOD USING TOTAL DIRECT COSTS FUNDED BY DHMH AND COLLECTIONS ONLY

TOTAL DIRECT



AMOUNT-INDIRECT COST BASIS
INDIRECT COST RATE
INDIRECT COST AMOUNT

OR
ALTERNATE METHOD-Calculation MUST
be shown below-calculation is NOT optional.

	O BE UPLOADED		
20 0	TCCODE INDEX	0 0	
0	PCA		
4567890123456 0111	789012345678901 0	23456789012345678901234567890123456 0	
0121	0	0	
0131	0	0	
0139	0	0	
0141 0142	0	0	
0161	0	0	
0162	0	0	
0171 0181	0	0	
0182	0	0	
0201	0	0	
0280	0	0	
0291 0292	0	0	
0299	0	0	
0301	0	0	
0305	0	0	
0405 0409	0	0	
0415	0	0	
0420	0	0	
0604	0	0	
0613 0615	0	0	
0701	0	0	
0703	0	0	
0705	0	0	
0801	0	0	
0803 0812	0	0	
0814	0	0	
0831	0	0	
0833 0835	0	0	
0838	0	0	
0839	0	0	
0853	0	0	
0854 0856	0	0	
0860	0	0	
0869	0	0	
0873	0	0	
0881 0885	0	0	
0896	0	0	
0899	0	0	
0909	0	0	
0919 0924	0	0	
0953	0	0	
0957	0	0	
0965	0	0	
0986 1060	0	0	
1073	0	0	
1180	0	0	
1192	0	0	
1193 1331	0	0	
1332	0	0	
1334	0	0	
1336	0	0	
1600	0	0	
1602 1603	0	0	
1606	0	0	
1607	0	0	
1608 1612	0	0	
0	0	0	
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DHMH 440		0	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE LOCAL HEALTH DEPARTMENT BUDGET PACKAGE GRANT STATUS SHEET FOR LOCAL HEALTH DEPARTMENTS

	NOTE:	THIS SHEET	FOR USE O	F FUNDING AI	DMINISTRATIO	N & DGLHA	STAFF ONLY		
LOCAL HEALTH DE	210						ORIGINAL BUI	DG. (Y/N):	
PROJECT TITLE:	0						MODIFICATION		
AWARD NUMBER:	0						SUPPLEMENT		
AWARD PERIOD:	0						REDUCTION:		
COUNTY PCA:	0							-	
Date to DGLHA:									
Administration:	0				Project Title:		0		
Fiscal Year:	0				Date Received (DGLHA use only			
County PCA	Program Admin. PCA	. Federal Fund Tracking #	CFDA#	Base Award	#1 Supp/(Red)	#2 Supp/(Red)	#3 Supp/(Red)	#4 Supp/(Red)	Revised Award
0									\$0
									\$0 \$0
									\$0 \$0
									\$0
									\$0 \$0
									\$0 \$0
				\$0	\$0	\$0	\$0	\$0	\$0
Contact Person/Phore Type of Action: 1. Supplement - Attact 2. Reduction - Attact 3. Budget Modification	ne Number: ch Copy n Copy on - Attach Copy								
New Grant - Attact Delete Grant Correct Error Budget Attached Grant Status Sheet		ted w/o Budget							
Change in PCA Code From			To:						
Change in Funding S			•			•			
Fron			To:			•			
Change in Condition Fron			To:						
Authorized By (Name	e/Title):								

Division of Grants & Local health Accounting **DHMH grtstatus4542M, February 2012**

DEPARTMENT OF HEALTH AND MENTAL HYGIENE HUMAN SERVICE AGREEMENTS ANNUAL REPORT (DHMH 440)

SECTION I.

LOCAL HEALTH DEPT:	0
ADDRESS:	0
CITY, STATE, ZIPCODE:	0
PROJECT TITLE:	0
TELEPHONE #:	0
CONTACT PERSON:	
FEDERAL I.D. #:	0

SECTION II:

Total	0.00	0.00	0.00
i Otai	0.00	0.00	0.00

SUMMARY OF EXPENDITURES

	SUMMARY OF EXPENDITURES					
	Line Items	Final Approved Total Program Budget	Actual Expenditures	Variance Under/(Over)		
1	Salaries	0.00		0.00		
2	FICA Retirement	0.00		0.00		
4	Def Compensation	0.00		0.00		
5	Health Insurance	0.00		0.00		
6	Retiree Health Insurance	0.00		0.00		
7	Unemployment Insurance	0.00		0.00		
8	Workmen's Compensation	0.00		0.00		
9	Overtime Earnings	0.00		0.00		
10 11	Additional Assistance Adjustments	0.00		0.00		
11	Consultants	0.00		0.00		
13	Special Payments Payroll	0.00		0.00		
14	FICA	0.00		0.00		
15	Unemployment Insurance	0.00		0.00		
16	Contractual Services - Salaries & Frir	0.00		0.00		
17	Postage	0.00		0.00		
18	Telephone	0.00		0.00		
19 20	In-state Travel Out-of-State Travel	0.00		0.00		
20 21	Training	0.00		0.00		
22	Stipend/Tuition	0.00		0.00		
23	Electricity	0.00		0.00		
24	Water	0.00		0.00		
25	Utilities - Combined	0.00		0.00		
26	Gas and Oil	0.00		0.00		
27	Insurance & Title	0.00		0.00		
28	Vehicle Maintenance & Repair	0.00		0.00		
29	Advertising	0.00		0.00		
30 31	Client Transportation Personnel Investigations	0.00		0.00		
32	Contractual Labor	0.00		0.00		
33	Photocopier Rental	0.00		0.00		
34	Repair & Maintenance	0.00		0.00		
35	Equipment Service	0.00		0.00		
36	Software	0.00		0.00		
37	Software Maintenance	0.00		0.00		
38	Maintenance	0.00		0.00		
39 40	Housekeeping Indirect Cost	0.00		0.00		
41	Laboratory Services	0.00		0.00		
42	Photography (Commercial)	0.00		0.00		
43	Printing	0.00		0.00		
44	Purchase of Care	0.00		0.00		
45	Trash Disposal	0.00		0.00		
46	Human Service Contracts	0.00		0.00		
47	Special Projects	0.00		0.00		
48 49	Cleaning Supplies Educational Supplies	0.00		0.00		
50	Food	0.00		0.00		
51	Medicine, Drugs & Chemicals	0.00		0.00		
52	Medical Supplies	0.00		0.00		
53	Office Supplies	0.00		0.00		
54	Other Supplies	0.00		0.00		
55	Computer Equipment	0.00		0.00		
56	Office Equipment	0.00		0.00		
	Personal Computer Equipment	0.00		0.00		
58 59	Medical Equipment Office Equipment	0.00		0.00		
59 60	Dues & Memberships	0.00		0.00		
61	Insurance	0.00		0.00		
62	Rent	0.00		0.00		
63	Subscriptions	0.00		0.00		
63	Interest Income	0.00		0.00		
64	Bad Debt Collections	0.00		0.00		
65 66	Self-Pay Collections	0.00		0.00		
66 67	Medicard Collections Medicare Collections	0.00		0.00		
67 68	Medicare Collections Other Collections	0.00		0.00		
69	County Contribution	0.00		0.00		
70	0.00	0.00		0.00		
71	0.00	0.00		0.00		
	0.00	0.00		0.00		
72		0.00		0.00		
73	0.00					
	0.00 0.00 0.00	0.00		0.00		

AWARD NUMBER:	#VALUE!	
FISCAL YEAR:	0	
AWARD PERIOD:	0	
TOTAL DHMH AWARD:	0	
SIGNATURE: (Blue Ink)		
DATE:		
SECTION III.		
SECTION III:		

SUMMARY OF RECEIPTS

	Actual	DGLHA Use
Source of Funds		
DHMH STATE PAID EXPENDITURES	Receipts	Only
Other State		
Local Government		
Direct Federal		
Fund Raising		
United Charities		
Interest		
Carryover		
Food Stamps		
Contingency Fund		
Other (Specify)		
- Client Fees -		
Private Pay		
Medicaid		
Medicare		
Insurance		
SSI		
Other (Specify)		
TOTAL	0.00	

SECTION IV:

RECONCILIATION (DGI HA Use Only)

RECONCILIATION	(DGLHA USE OHly)
Total Receipts	0.00
Total Expenditures	0.00
Variance - Under/(Over)	0.00
(CSA Only) \$ To Contingency Fund	
DGLHA Action:	
BY:	
DATE:	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE HUMAN SERVICE AGREEMENTS ANNUAL REPORT (DHMH 440A) PERFORMANCE MEASURES REPORT

FUNDING ADMINISTRATION:	0
AWARD NUMBER:	0
AWARD PERIOD:	0
COUNTY PCA:	0
FISCAL YEAR:	0
LOCAL HEALTH DEPT:	0
ADDRESS:	0
CITY, STATE, ZIPCODE:	0
TELEPHONE #:	0
PROJECT TITLE:	0

PERFORMANCE	BUDGET YEAR	FINAL FY
MEASURE	ESTIMATE	COUNT
0	0	
0	0	
0	0	
0	0	
0	0	
0	0	
0	0	
0	0	
0	0	
0	0	
0	0	
0	0	
0	0	

NOTE: The County Index number is to be entered in cell D14 on the Program Budget Page 4542A.

County LHD County Index

Allegany	20001
Anne Arundel	20002
Baltimore County	20003
Calvert	20004
Caroline	20005
Carroll	20006
Cecil	20007
Charles	20008
Dorchester	20009
Frederick	20010
Garrett	20011
Harford	20012
Howard	20013
Kent	20014
Montgomery	20015
Prince George's	20016
Queen Annne's	20017
St. Mary's	20018
Somerset	20019
Talbot	20020
Washington	20021
Wicomico	20022
Worcester	20023
Baltimore City	20030
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