

STAFFING GRANT PROCESS AND PROCEDURES

FINANCIAL STATUS REPORT FORM PREPARATION INSTRUCTIONS

The Financial Status Report (FSR) is used to provide a standardized format for reporting the financial status of individual programs. All expenditures, including fees, local, state, federal, and others) for the particular program are reported on the FSR. The FSR is prepared shortly after the end of the month and must be submitted to the Detroit Wayne Mental Health Authority (DWMHA) by the 5th business day following the close of the calendar month. The FSR is to be prepared reporting expenditures and submitted with Original signature(s) to the attention of Mrs. Keisha Burnett, SUD Finance and/or Mrs. Karra Thomas, Prevention Services Manager by hand or U.S. Mail to DWMHA 640 Temple, 4th floor, Detroit, MI 48201

FORM PREPARATION:

- A. This space is no longer used.
- B. Local Agency Name- Enter the name of the local agency.
- C. Street Address- Enter the street address of the local agency.
- D. City, State ZIP Code- Enter the City, State, and ZIP Code of the local agency.
- E. Contract Number- Not applicable.
- F. Program- Enter the title of the program.
- G. Code- Enter a program code, if applicable.
- H. Report Period- Enter the inclusive dates covered by the report (report month).
- I. Date Prepared -Enter the date on which the report is prepared.
- J. Agreement Period- Enter the inclusive dates of the agreement (fiscal year).
- K. F.E. ID Number- Enter your Federal Employer Identification Number.
- L. Expenditures Current Period Column – Enter the current period expenditures for the following items. Expenditures must include only those authorized under the terms of the agreement, as specified in the approved program budget

summary and cost detail. Report all expenditures related to the contract, regardless of funding source (the current period must represent the report period).

1. Salaries and Wages- This category includes the compensation paid to all permanent and part-time employees on the payroll of the agency and assigned directly to the program. This does not include contractual services, professional fees or personnel hired on a private contract basis. It is necessary to maintain sufficient documentation to support the allocation of staff working less than 100% of their time on one program.
2. Fringe Benefits- This category is to include the employer's contributions for insurance, retirement, FICA, and other similar benefits for all permanent and part time employees assigned to the program.
3. Travel- Use only for travel costs of permanent and part-time employees assigned to the program. This includes costs for mileage, per diem, lodging, registration fees and approved seminars or conferences, and other approved travel costs incurred by the employees for the conduct of the program. Travel of consultants is included under Other Expenses – Consultant Services.
4. Supplies and Materials- Use for all consumable and short-term items and equipment items costing less than five thousand dollars (\$5,000.00). This includes office, printing, janitorial, postage, and education supplies; medical supplies; contraceptives and vaccines; tape and gauze; educational films, etc., according to the requirements of each applicable program.
5. Contractual (Sub-Contracts) - Use for written contracts or agreements with secondary recipient organizations such as affiliates, cooperating institutions or delegate agencies. Payments to individuals such as stipends, allowances for trainees, and consulting fees are to be identified in the Other Expenses category.
6. Equipment – This category includes stationary and movable equipment to be used in carrying out the objectives of the program. The cost of a single unit or piece of equipment includes the necessary accessories, and installation costs and any taxes. Equipment items costing less than five thousand dollars (\$5,000.00) each are to be included in the Supplies and Materials category. All expenditures for equipment must relate to the budgeted equipment items. Equipment is defined to be an article of non-expendable tangible personal property having a useful life of more than one (1) year and acquisition cost of \$5,000.00 per unit.
7. Other Expenses -This category includes other allowable costs incurred for the benefit of the program. Identify on the available lines the same items identified in the approved Program Budget. Some of the more significant groups or sub-categories of costs follow:
 - a. Consultant Services -These are costs for consultation services related to

the planning and operations of the program or for some special aspect of the project. This does not include consultant services for patient care, which is covered under item 7.b. Travel and other costs of these consultants are also to be included in this category.

- b. **Patient Care** – Services as required such as medical, social and educational services to patients relating to prevention, diagnosis and treatment. This category also includes medical fees, laboratory, pharmacy or other health inpatient care, home care services, treatments, professional and consultation fees and related travel costs, transportation of patients including accompanying parents or guardians (or other escort), and for sundry related support such as meals and housing. This does not include personnel costs which are included under Salaries and Wages.
- c. **Rentals and Leases** -Costs of building space, rental of equipment, instruments, etc., necessary for the operation of the program.
- d. **Communication Costs** – Cost of telephone, telegraph, data lines, etc., when related directly to the operation of the program.
- e. **Other**- All other items purchased exclusively for the operation of the program and not previously included. These items must be listed.

8. Total Direct- The total of the direct expenditures (lines 1-7).

9a. Indirect Costs – Enter the indirect rate #1 and the amount of the indirect costs for the current period. Indirect costs can only be applied if an approved indirect cost rate has been established and is accepted by the Detroit Wayne Mental Health Authority (DWMHA)

9b. Indirect Costs – Enter the indirect rate #2 and the amount of the indirect costs for the current period. Indirect costs can only be applied if an approved indirect cost rate has been established and is accepted by the DWMHA.

NOTE: TOTAL INDIRECT COSTS (9a plus 9b) CANNOT EXCEED 10% OF TOTAL DIRECT COSTS.

10. Total Expenditures- Enter the total expenditures being reported for the program.

This is the total of lines 8, 9a, and 9b.

11-14. Source of Funds- The various sources of funds utilized to provide program support. Funding received from the DWMHA should be reported on Line 12, State Agreement.

15. Fees and Collections- Fees and collections received during the current report period. Fees and collections represent funds, which the program earns through its operation and retains for operational purposes. This would include fees for services, payments by third parties (insurance, patient collections, Medicaid, etc.), and any other collections.

16. Total Funding- The total funding (lines 12-15) must be equal to the total expenditures (line 10).

- M. Expenditures Agreement YTD Column -Add the "Current Period" amounts from this period's report and the "Agreement YTD" amounts from the previously submitted periods' report for each item (line 1-16) in the Agreement YTD column.

Enter only amounts for the current agreement period in this column. The local agency should assure that no items or unallowable category deviations are reported until approval is requested and received from the Detroit Wayne Mental Health Authority (DWMHA).

- N. Agreement Budget Column- This column needs to reflect the program agreement budgeted amount. Enter the "Agreement Budget" amounts for each item (lines 1-16). DO NOT CHANGE BUDGET AMOUNTS UNLESS A SIGNED AMENDMENT HAS BEEN RECEIVED. You may change line item budget amounts by submitting a Request in writing, to the Detroit Wayne Mental Health Authority (DWMHA). (AS LONG AS THE TOTAL BUDGET DOES NOT CHANGE).

- O. Agreement Balance Column- These balances are computed by subtracting the "Agreement YTD" expenditure amount from the "Agreement Budget" amount for each item. DO NOT SHOW ANY NEGATIVE AMOUNTS.

P. Authorized Signature and Date Signed- This section must be signed by an authorize official, certifying that documentation and records are available and easily accessible in support of all the data contained on the report. The individual signing on behalf of the Local Agency certifies by his/her signature that he/she is authorized to sign on behalf of the Local Agency. Any item found as a result of audits to be improper or undocumented will be subject to an audit citation and generally will require a payment adjustment.

Q. Title- Enter the title of the person signing as authorized signee.

R. Contact Person- Enter the person's name to which questions should be directed concerning this report.

S. FOR STATE/ DWMHA USE ONLY- This section of the form is for State/ DWMHA use only.

For questions/concerns regarding completion and/or submission of the Financial Status Reports, please contact one of the following persons:

Mrs. Karra Thomas, Prevention Services Manager, at (313) 833-2418

Mrs. Keisha Burnett, SUD Finance at (313) 833-2307.

DWMHA

**FSR SUPPORT
SCHEDULE FORM
PREPARATION
INSTRUCTIONS**

The FSR Support Schedule is used to provide a detailed summary of monthly expenditures of individual programs. The FSR Support Schedule is typically prepared as backup documentation to the monthly FSR and must be submitted with the FSR to the DWMHA by the 5th day following the close of the calendar month.

FORM PREPARATION:

1. **Agency Name-** Enter the name of the local agency.
2. **Month Ending-** Enter the ending date for the report month.
3. **Salaries-** Enter the current month's compensation paid to all permanent and part-time employees on the payroll of the agency and assigned directly to the program. Do not include contractual services, professional fees or personnel hired on a private contract basis. Carry over the subtotal amount to Line 1 in the 'Current Period' column on the FSR.
4. **Fringe Benefits-** Enter the current month's employer's contributions for insurance, retirement, FICA, and other similar benefits for all permanent and part-time employees assigned to the program. Carry over the subtotal amount to Line 2 in the 'Current Period' column on the FSR.
5. **Travel-** Enter the current month's travel costs of permanent and part-time employees assigned to the program. Include costs for mileage, per diem, lodging, registration fees and approved seminars or conferences, and all other approved travel costs incurred by the employees for the conduct of the program. Carry over the subtotal to Line 3 in the 'Current Period' column on the FSR.
6. **Supplies and Materials-** Enter the current month's expenditures for all consumable and short-term items and equipment costing less than five thousand dollars (\$5,000.00).

This includes office, printing, janitorial, postage, and education supplies; medical supplies; contraceptives and vaccines; tape and gauze; educational films, etc. Carry over the subtotal to Line 6 in the 'Current Period' column on the FSR.

7. **Contractual (sub-contracts)** - Enter the current month's expenditures for written contracts or agreements with secondary recipient organizations such as affiliates, cooperating institutions or delegate agencies. Carry over the subtotal to Line 7 in the 'Current Period' column on the FSR.
8. **Equipment-** Enter the current month's expenditures for stationary and movable equipment costing \$5,000.00 or more to be used in carrying out the objectives of the program. Carry over the subtotal to Line 8 in the 'Current Period' column on the FSR.
9. **Other-** Enter the current month's expenditures for other allowable costs incurred for the benefit of the program. Identify on the available lines the same items identified in the approved Program Budget, such as consultant services, patient care, rentals and leasing), communication costs, and all other items purchased exclusively for the operation of the program. Carry over the subtotal to Line 9 in the 'Current Period' column
10. **Total-** Enter the total of the expenditures (lines 1-9), then carryover to Line 10 in the 'Current Period' column on the FSR.

YOU MAY ONLY DEDUCT EXPENDITURES THAT WERE IDENTIFIED IN THE APPROVED PROGRAM BUDGET.

**FINANCIAL STATUS REPORT
DETROIT WAYNE MENTAL HEALTH AUTHORITY**

BPO Number		Contract Number		Page 1	Of 2
Local Agency Name ABC Company		Program Prevention		Code	
Street Address 123 Main St.		Report Period 10/01/14 Thru 09/30/15		Date Prepared 11/01/14	
City, State, ZIP Code Detroit, MI 48202		Agreement Period 10/01/14 Thru 09/30/15		FE ID Number 11-1111111	
Category	Expenditures		Agreement		
	Current Period	Agreem ent YTD	Budget	Balance	
1. Salaries & Wages	\$ 7,125. 00	\$ 7,125. 00	\$ 85,500.0 0	\$ 78,375.00	
2. Fringe Benefits	\$ 545.06	\$ 545.06	\$ 6,541.00	\$ 5,995.94	
3. Travel	\$ -	\$ -	\$ -	\$ -	
4. Supplies & Materials	\$ 208.33	\$ 208.33	\$ 2,500.00	\$ 2,291.67	
5. Contractual (Sub-contracts)	\$ 1,250. 00	\$ 1,250. 00	\$ 15,000.0 0	\$ 13,750.00	
6. Equipment	\$ -	\$ -	\$ 1,500.00	\$ 1,500.00	
7. Other Expenses	\$ 200.00	\$ 200.00	\$ 5,000.00	\$ 4,800.00	
- Office Space/Telephone Service	\$ 635.00	\$ 635.00	\$ 15,000.0 0	\$ 14,365.00	
8. TOTAL DIRECT	\$ 9,963. 39	\$ 9,963. 39	\$ 131,041. 00	\$ 121,077.61	
9. Indirect Costs: Rate %					
10. Other Cost Distributions					

	\$	\$	\$	\$
11. TOTAL EXPENDITURES	9,963.39	9,963.39	131,041.00	121,077.61
SOURCE OF FUNDS:				
12. State Agreement				
13. Local				
	\$	\$	\$	\$
14. Federal	6,572.44	6,572.44	80,000.00	73,427.56
	\$	\$	\$	\$
15. Other	3,390.95	3,390.95	31,041.00	27,650.05
16. Fees & Collections				
	\$	\$	\$	\$
17. TOTAL FUNDING	9,963.39	9,963.39	111,041.00	101,077.61
CERTIFICATION: I certify that I am authorized to sign on behalf of the local agency and that this is an accurate statement of expenditures and collections for the report period. Appropriate documentation is available and will be maintained for the required period to support costs and receipts reported.				
Authorized Signature Date			Title CFO	
Contact Person Name Prevention Financier			Telephone Number (313) 555-5555	

FOR STATE USE ONLY

	Advance	INDEX	PCA	OBJ · COD E	AMOU NT
Advance Outstanding					
Advance Issued or Applied					
Balance					
Authority: P.A. 368 of 1978 Completion: is a Condition of Reimbursement DCH-0384 (Rev. 4/01) (W) Previous Edition Obsolete			The Department of Community Health is an equal opportunity, employer, services, and programs provider.		

FSR Support Schedule

Agency Name: ABC

Month Ending:

Current Month

Salaries: Position Titles
Director

Sub Total

Fringe Benefits:

Travel

Mileage

Sub Total

Supplies & Materials:

Office Supplies

Program Supplies

Postage

Sub Total

Contractual (sub-contracts):

Media Group

SET Company

Sub Total

Equipment:

Sub Total

Other:

Space costs

Insurance

Sub Total

Total

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ATTACHMENT B

INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

I. INTRODUCTION

The budget should reflect all expenditures and funds associated with the program, including local, state and federal funding sources. When developing a budget it is important to note that total expenditures for a program should equal total funds,

The Program Budget Summary (DCH-0385) is utilized to provide a standard format for the presentation of the financial requirements (both expenditure and funding) for each applicable program. Detail information supporting the Program Budget Summary is contained in the Program Budget-Cost Detail Schedule (DCH-0386). General instruction for the completion of these forms follows in Sections II-III.

II. PROGRAM BUDGET SUMMARY (OCH-0385) FOR II PREPARATION

Use the Program Budget Summary (DCH-0385) supplied by the Michigan Department of Community Health. An example of this form is attached (see Attachment B.1) for reference. The DCH-0386 form should be completed prior to completing the DCH-0385 form. (Please note: the excel workbook version of the DCH 0385-0386 automatically updates the Program Summary amounts as the user completes the DCH-0386).

- A. Program- Enter the title of the program.
pages comprising the complete budget package.
- B. Date Prepared- Enter the date prepared.
- C. Page of ___ – Enter the page number of this and the total number of
- D. Contractor - Enter the name of the Contractor.
- E. Budget Period- Enter the inclusive dates of the budget period.
- F. Address - Enter the complete address of the Contractor.
- G. Original or Amended - Check whether this is an original budget or an amended budget. The budget attached to the agreement at the time it is signed is considered the original budget although it may have been revised in the negotiation process. If the budget pertains to an amendment, enter the amendment number to which the budget is attached.
- H. Federal Identification Number - Enter the Federal Identification Number as stated on page one of Part I of the agreement.
- I. Expenditure Category Column -All expenditure amounts for the DCH-0385 form should be obtained from the total amounts computed on the Program Budget - Cost Detail Schedule (DCH-0386).

Expenditures:

- 1. Salaries and Wages
- 2. Fringe Benefits
- 3. *Travel*

ATTACHMENT B

INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
PROGRAM BUDGET SUMMARY (DCH-0385) FORM PREPARATION (continued)

4. Supplies and Materials
5. Contractual (Subcontracts)
6. Equipment
7. Other Expenses
8. Total Direct
9. Indirect Cost
10. Total Expenditures

Source of Funds:

11. Fees and Collections - Enter the total fees and collections estimated. The total fees and collections represent funds that the program earns through its operation and retains for operation purposes. This includes fees for services, payments by third parties (insurance, patient collections, Medicaid, etc.) and any other collections.
 12. State Agreement - Enter the amount of MDCH funding allocated for support of this program. (This amount should equal the amount reported in box 16 of the DCH 0016.) State percentages are not required.
 13. Local - Enter the amount of local contractor funds utilized for support of this program. Local percentages are not required. In-kind and donated services from other agencies/sources should not be included on this line.
 14. Federal - Enter the amount of any Federal grants received directly by the Contractor in support of this program and identify the type of grant received in the space provided.
 15. Other - Enter and identify the amount of any other funding received. Other funding could consist of foundation grants, United Way grants, private donations, fund-raising, charitable contributions, etc. In-kind and donated services should not be included unless specifically requested by MDCH.
 16. Total Funding - The total funding amount is entered on line 16. This amount is determined by adding lines 12 through 15. The total funding amount must be equal to line 10- Total Expenditures.
- J. Total Budget Column - The Program Budget Summary is designed for use in presenting a budget for a specific program agreement funded in part by or through the Department or some other non-local funding source. Total Budget column represents the program budget amount. The "J" Total Budget column must be completed while the remaining columns are not required unless additional detail.

ATTACHMENT B
INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

III. PROGRAM BUDGET-COST DETAIL SCHEDULE CDCH-0386) FORM PREPARATION

Use the **Program Budget-Cost Detail Schedule (DCH-0386)** supplied by the Michigan Department of Community Health. An example of this form is attached (**see Attachment B.2**) for reference.

- A. Page of - Enter the page number of this page and the total number of pages comprising the complete budget package.
- B. Program- Enter the title of the program.
- C. Budget Period- Enter the inclusive dates of the budget period.
- D. Date Prepared- Enter the date prepared.
- E. Contractor- Enter the name of the contractor.
- F. Original or Amended - Check whether this is an original budget or an amended budget. If an amended budget, enter the amendment number to which the budget is attached.
- G. Salaries and Wages - Position Description - List all position titles or job descriptions required to staff the program. This category includes compensation paid to all permanent and part-time employees on the payroll of the contractor and assigned directly to the program. This category does not include contractual services, professional fees or personnel hired on a private contract basis. Consulting services, professional fees or personnel hired on a private contracting basis should be included in Other Expenses. Contracts with sub-recipient organizations such as cooperating service delivery institutions or delegate agencies should be included in Contractual (Subcontract) Expenses.
- H. Positions Required- Enter the number of positions required for the program corresponding to the specific position title or description. This entry may be expressed as a decimal when necessary. If other than a full-time position is budgeted, it is necessary to have a basis in terms of a time study or time reports to support time charged to the program.
- I. Total Salary -Compute and enter the total salary cost by multiplying the number of positions required by the annual salary.
- J. Comments - Enter any explanatory information that is necessary for the position description. Include an explanation of the computation of Total Salary in those instances when the computation is not straightforward (i.e., if the employee is limited term and/or does not receive fringe benefits).

ATTACHMENT B
INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
PROGRAM BUDGET-COST DETAIL SCHEDULE (DCH-0386) FORM
PREPARATION (continued)

- K. Salaries and Wages Total - Enter a total in the Position Required column and the Total Salaries and Wages column. The total salary and wages amount is transferred to the Program Budget Summary - Salaries and Wages expenditure category. If more than one page is required, a subtotal should be entered on the last line of each page. On the last page, enter the total Salaries and Wages amounts.
- L. Fringe Benefits- Specify applicable ("X") for staff working in this program. Enter composite fringe benefit rate and total amount of fringe benefit. (The composite rate is calculated by dividing the fringe benefit amount by the salaries and wage amount.) This category includes the employer's contributions for insurance, retirement, FICA, and other similar benefits for all permanent and part-time employees assigned to the program.
- M. Travel- Enter cost of employee travel (mileage, lodging, registration fees). **Use only for travel costs of permanent and part-time employees assigned to the program.** This includes cost for mileage, per diem, lodging, registration fees and approved seminars or conferences and other approved travel costs incurred by the employees (as listed under the Salaries and Wages category) for conducting the program. **Specific detail should be stated in the space provided on the Cost Detail Schedule CDCH-0386 if the Travel line Cline 3) exceeds 10% of the Total Expenditures (line 10).** Travel of consultants is reported under Other Expenses - Consultant Services.
- N. Supplies & Materials- Enter cost of supplies & materials. This category is used for all consumable and short-term items and equipment items costing less than five thousand dollars (\$5,000). This includes office supplies, computers, printers, printing, janitorial, postage, educational supplies, medical supplies, contraceptives and vaccines, tape and gauze, education films, etc., according to the requirements of each applicable program. **Specific detail should be stated in the MCe provided on the Cost Detail Schedule (DCH-0311) if the Supplies and materials line (line 4) exceeds 10% of the Total Expenditures (line 10).**
- O. Subcontracts- **Specify the subcontractor(s) working on this program in the space provided under line 5.** Specific details must include: 1) subcontractor(s) name and address, 2) amount by subcontractor and 3) the total amount for all subcontractor(s). Multiple small subcontracts can be grouped (e.g., various worksite subcontracts). Use this category for written contracts or agreements with sub-recipient organizations such as affiliates. cooperating institutions or delegate contractors when compliance with federal grant requirements is delegated (passed-through) to the sub-recipient contractor. Vendor payments such as stipends and allowances for trainees, fee-for-service or fixed-unit rate patient care, consulting fees, etc., are to be identified in the Other Expense category.

ATTACHMENT 8

INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
PROGRAM BUDGET-COST DETAIL SCHEDULE (DCH-0386) FORM
PREPARATION (continued)

- P. Equipment- Enter a description of the equipment being purchased (including number of units and the unit value), the total by type of equipment and total of all equipment. This category includes stationary and movable equipment to be used in carrying out the objectives of the program. The cost of a single unit or piece of equipment includes the necessary accessories, installation costs and any taxes. Equipment is defined to be an article of non-expendable tangible personal property having a useful life of more than one (1) year and an acquisition cost of \$5,000 or more per unit. Equipment items costing less than five thousand dollars (\$5,000) each are to be included in the Supplies and Materials category. All equipment items summarized on this line must include: item description, quantity and budgeted amount and should be individually identified in the space provided under line 6. Upon completing equipment purchase, equipment must be tagged and listed on the Equipment Inventory Schedule (see Attachment 8.3) and submitted to the agreement's contract manager.
- Q. Other Expenses - This category includes other allowable cost incurred for the benefit of the program. The most significant items should be specifically listed on the Cost Detail Schedule. Other minor items may be identified by general type of cost and summarized as a single line on the Cost Detail Schedule to *arrive* at a total Other Expenses category. Some of the more significant groups or subcategories of costs are described as follows and should be individually identified in the space provided on and under line 7. Specific detail should be stated in the space provided on the Cost Detail Schedule (DCH-0386) if the Other Expenses line (line 7) exceeds 10% of the Total Expenditures (line 10).
1. Communication Costs - Costs of telephone, telegraph, data lines, Internet access, etc., when related directly to the operation of the program.
 2. Space Costs - Costs of building space, rental of equipment, instruments, etc., necessary for the operation of the program. If space is publicly owned, the cost may not exceed the rental of comparable space in privately owned facilities in the same general locality. Department funds may not be used to purchase a building or land.
 3. Consultant Services - These are costs for consultation services, professional fees and personnel hired on a private contracting basis related to the planning and operations of the program, or for some special aspect of the project. Travel and other costs of these consultants are also to be included in this category.
 4. Other- All other items purchased exclusively for the operation of the program and not previously included.

ATTACHMENT B
INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)
MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
PROGRAM BUDGET-COST DETAIL SCHEDULE (DCH-0386) FORM
PREPARATION (continued)

- Q. Total Direct Expenditures-Enter the sum of items 1–7 on line 8.
- R. Indirect Cost Calculations - Enter the allowable indirect costs for the budget. Indirect costs can only be applied if an approved indirect cost rate has been established or an actual rate has been approved by a State of Michigan department (i.e., Michigan Department of Education) or the applicable federal cognizant agency and is accepted by the Department. Attach a current copy of the letter stating the applicable indirect cost rate. Detail on how the indirect amount was calculated must be shown on the Cost Detail Schedule CDCH-0386).
- S. Total Expenditures - Enter the sum of item 8 and 9 on line 10.

PROGRAM BUDGET SUMMARY

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

View at 100% or Larger

Use **WHOLE DOLLARS** Only

ATTACHMENT B.1

PROGRAM		DATE PREPARED		Page	Of
CONTRACTOR NAME		BUDGET PERIOD			
		From:		To:	
MAILING ADDRESS (Number and Street)		BUDGET AGREEMENT		AMENDMENT #	
		<input type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT			
CITY	STATE	ZIP CODE	FEDERAL ID NUMBER		
EXPENDITURE CATEGORY					TOTAL BUDGET (Use Whole Dollars)
1. SALARY & WAGES					
2. FRINGE BENEFITS					
3. TRAVEL					
4. SUPPLIES & MATERIALS					
5. CONTRACTUAL (Subcontracts/Subrecipients)					
6. EQUIPMENT					
7. OTHER EXPENSES					
Fee for Service					
8. TOTAL DIRECT EXPENDITURES <small>(Sum of Lines 1-7)</small>					
9. INDIRECT COSTS: Rate #1 %					
INDIRECT COSTS: Rate #2 %					
10. TOTAL EXPENDITURES					

SOURCE OF FUNDS:

11. FEES & COLLECTIONS					
12. STATE AGREEMENT					
13. LOCAL					
14. FEDERAL					
15. OTHER(S)					
16. TOTAL FUNDING					

AUTHORITY: P.A. 368 of 1978

COMPLETION: Is Voluntary, but is required as a condition of funding.

The Department of Community Health is an equal opportunity employer, services and programs provider.

PROGRAM BUDGET - COST DETAIL SCHEDULE

ATTACHMENT B.

View at 100% or Larger
Use WHOLE DOLLARS Only

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

Page

Of

PROGRAM		BUDGET PERIOD		DATE PREPARED
		From:	To:	
CONTRACTOR NAME			BUDGET AGREEMENT	AMENDMENT #
1. SALARY & WAGES:				
POSITION DESCRIPTION	COMMENTS	POSITIONS REQUIRED		TOTAL SALARY
1. TOTAL SALARY & WAGES:				\$
2. FRINGE BENEFITS:				
Specify: <input type="checkbox"/> FICA <input type="checkbox"/> LIFE INS <input type="checkbox"/> DENTAL INS Composite Rate % <input type="checkbox"/> UNEMPLOY INS <input type="checkbox"/> VISION <input type="checkbox"/> WORK COMP <input type="checkbox"/> RETIREMENT <input type="checkbox"/> HEARING INS <input type="checkbox"/> HOSPITAL INS <input type="checkbox"/> OTHER:specify-				
2. TOTAL FRINGE BENEFITS:				\$
3. TRAVEL: (Specify if category exceeds 10% of Total Expenditures)				
3. TOTAL TRAVEL:				\$
4. SUPPLIES & MATERIALS: (Specify if category exceeds 10% of Total Expenditures)				
4. TOTAL SUPPLIES & MATERIALS:				\$
5. CONTRACTUAL: (Subcontracts/Subrecipients)				
<u>Name</u>	<u>Address</u>		<u>Amount</u>	
5. TOTAL CONTRACTUAL:				\$
6. EQUIPMENT: (Specify)				
6. TOTAL EQUIPMENT:				\$
7. OTHER EXPENSES: (Specify if category exceeds 10% of Total Expenditures)				
Communication: Space Cost: Others (explain):			Amount	
7. TOTAL OTHER EXPENSES:				\$
8. TOTAL DIRECT EXPENDITURES: (Sum of Totals 1-7)			8. TOTAL DIRECT EXPENDITURES:	\$

9. INDIRECT COST CALCULATIONS:

Rate #1 Base \$

x Rate

=

\$

Rate #2 Base \$

-

x Rate

=

\$

9. TOTAL INDIRECT EXPENDITURES:

\$

10. TOTAL ALL EXPENDITURES: (Sum of lines 8-9)

\$