

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.

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

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

FUNDING ADMINISTRATION:
 LOCAL HEALTH DEPT: _____
 ADDRESS: _____
 CITY, STATE, ZIPCODE: _____
 TELEPHONE #: _____
 PROJECT TITLE: _____
 AWARD NUMBER: _____
 CONTACT PERSON: _____
 FEDERAL I.D. #: _____
 INDEX: _____
 AWARD PERIOD: _____
 FISCAL YEAR: _____
 COUNTY PCA: _____
 FILE NAME: (see instructions) _____

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

	Current Budget	DHMH Funds Mod/Suppl/Red)	Local Funds Mod/Suppl/Red)	Other Funds Mod/Suppl/Red)	Total Mod/Suppl/Red)
Direct Costs Net of Collections	0.00	0.00	0.00	0.00	0.00
Indirect Costs					
Total Costs Net of Collections	0.00	0.00	0.00	0.00	0.00
DHMH Funding	0.00	0.00			0.00
Local Funding	0.00		0.00		0.00
All Other Funding	0.00			0.00	0.00

DHMH Program Approval _____
 (EY:County,CountyPCA,Grant#.)
 DGLHA Approval _____
 < DGLHA Log In ID

(1)	(2)	(3)	(4)			(7)	(8)	(9)	(10)	(11)
LINE ITEM NO.	LINE ITEM DESCRIPTION	DHMH FUNDING REQUEST	OTHER DIRECT FUNDING			TOTAL PROGRAM BUDGET (COL 3 + COL 6 + COL 11)	DHMH BUDGET MOD., SUPP or REDUCTION CHANGES (+ OR -)	LOCAL BUDGET MOD., SUPP or REDUCTION CHANGES (+ OR -)	OTHER BUDGET MOD., SUPP or REDUCTION CHANGES (+ OR -)	TOTAL OF MODIFICATIONS, SUPPLEMENTS OR REDUCTIONS (Col 8 + Col 9 + Col 10)
			LOCAL FUNDING	ALL OTHER FUNDING	TOTAL OTHER FUNDING (COL 4 + COL 5)					
1	0111 Salaries				0	0				0
2	0121 FICA				0	0				0
3	0131 Retirement				0	0				0
4	0139 Def Compensation				0	0				0
5	0141 Health Insurance				0	0				0
6	0142 Retiree Health Insurance				0	0				0
7	0161 Unemployment Insurance				0	0				0
8	0162 Workmen's Compensation				0	0				0
9	0171 Overtime Earnings				0	0				0
10	0181 Additional Assistance				0	0				0
11	0182 Adjustments				0	0				0
12	0201 Consultants				0	0				0
13	0280 Special Payments Payroll				0	0				0
14	0291 FICA				0	0				0
15	0292 Unemployment Insurance				0	0				0
16	0299 Contractual Services - Salaries & Fringe				0	0				0
17	0301 Postage				0	0				0
18	0305 Telephone				0	0				0
19	0405 In-state Travel				0	0				0
20	0409 Out-of-State Travel				0	0				0
21	0415 Training				0	0				0
22	0420 Stipend/Tuition				0	0				0
23	0604 Electricity				0	0				0
24	0613 Water				0	0				0
25	0615 Utilities - Combined				0	0				0
26	0701 Gas and Oil				0	0				0
27	0703 Insurance & Title				0	0				0
28	0705 Vehicle Maintenance & Repair				0	0				0
29	0801 Advertising				0	0				0
30	0803 Client Transportation				0	0				0
31	0812 Personnel Investigations				0	0				0
32	0814 Contractual Labor				0	0				0
33	0831 Photocopier Rental				0	0				0
34	0833 Repair & Maintenance				0	0				0
35	0835 Equipment Service				0	0				0
36	0838 Software				0	0				0
37	0839 Software Maintenance				0	0				0
38	0853 Maintenance				0	0				0
39	0854 Housekeeping				0	0				0
40	0856 Indirect Cost				0	0				0
41	0860 Laboratory Services				0	0				0
42	0869 Photography (Commercial)				0	0				0
43	0873 Printing				0	0				0
44	0881 Purchase of Care				0	0				0
45	0885 Trash Disposal				0	0				0
46	0896 Human Service Contracts				0	0				0
47	0899 Special Projects				0	0				0
48	0909 Cleaning Supplies				0	0				0
49	0919 Educational Supplies				0	0				0
50	0924 Food				0	0				0
51	0953 Medicine, Drugs & Chemicals				0	0				0
52	0957 Medical Supplies				0	0				0
53	0965 Office Supplies				0	0				0
54	0966 Other Supplies				0	0				0
55	1060 Computer Equipment				0	0				0
56	1073 Office Equipment				0	0				0
57	1180 Personal Computer Equipment				0	0				0
58	1192 Medical Equipment				0	0				0
59	1193 Office Equipment				0	0				0
60	1331 Dues & Memberships				0	0				0
61	1332 Insurance				0	0				0
62	1334 Rent				0	0				0
63	1336 Subscriptions				0	0				0
64	1600 Interest Income				0	0				0
65	1602 Bad Debt Collections				0	0				0
66	1603 Self-Pay Collections				0	0				0
67	1606 Medicaid Collections				0	0				0
68	1607 Medicare Collections				0	0				0
69	1608 Other Collections				0	0				0
70	1612 County Contribution				0	0				0
71					0	0				0
72					0	0				0
73					0	0				0
74					0	0				0
75					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
 PROJECT TITLE: 0
 AWARD NUMBER: 0
 AWARD PERIOD: 0

MODIFICATION: #
 SUPPLEMENT: #
 REDUCTION: #
 DATE SUBMITTED:

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

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

LINE ITEM	CHANGE	TYPE OF FUNDING	JUSTIFICATION FOR CHANGE
1 0111	0		
2 0121	0		
3 0131	0		
4 0139	0		
5 0141	0		
6 0142	0		
7 0161	0		
8 0162	0		
9 0171	0		
10 0181	0		
11 0182	0		
12 0201	0		
13 0280	0		
14 0291	0		
15 0292	0		
16 0299	0		
17 0301	0		
18 0305	0		
19 0405	0		
20 0409	0		
21 0415	0		
22 0420	0		
23 0604	0		
24 0813	0		
25 0815	0		
26 0701	0		
27 0703	0		
28 0705	0		
29 0801	0		
30 0803	0		
31 0812	0		
32 0814	0		
33 0831	0		
34 0833	0		
35 0835	0		
36 0838	0		
37 0839	0		
38 0853	0		
39 0854	0		
40 0856	0		
41 0860	0		
42 0869	0		
43 0873	0		
44 0881	0		
45 0885	0		
46 0896	0		
47 0899	0		
48 0909	0		
49 0919	0		
50 0924	0		
51 0953	0		
52 0957	0		
53 0965	0		
54 0986	0		
55 1060	0		
56 1073	0		
57 1180	0		
58 1192	0		
59 1193	0		
60 1331	0		
61 1332	0		
62 1334	0		
63 1336	0		
64 1600	0		
65 1602	0		
66 1603	0		
67 1606	0		
68 1607	0		
69 1608	0		
70 1612	0		
71 0	0		
72 0	0		
73 0	0		
74 0	0		
75 0	0		
76 DHMH	0		
77 0	0		
78 0	0		
79 0	0		
80 0	0		
81 0	0		
82 0	0		
83 0	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	0		
94 0	0		
95 0	0		
96 0	0		
97 0	0		
98 0	0		
99 0	0		
100 0	0		

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

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

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

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 COST FUNDED BY BY DHMH FUNDS & COLLECTIONS		
	ORIGINAL	CHANGE # 1	CHANGE # 2
AMOUNT-INDIRECT COST BASIS			
INDIRECT COST RATE			
INDIRECT COST AMOUNT	0.00	0.00	0.00

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

**DEPARTMENT OF HEALTH AND MENTAL HYGIENE
LOCAL HEALTH DEPARTMENT BUDGET PACKAGE
GRANT STATUS SHEET FOR LOCAL HEALTH DEPARTMENTS**

NOTE: THIS SHEET FOR USE OF FUNDING ADMINISTRATION & DGLHA STAFF ONLY

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

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

Date to DGLHA: _____
 Administration: 0
 Fiscal Year: 0

Project Title: 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

Conditions of Award/Comments: _____

Contact Person/Phone Number: _____

- Type of Action:
- 1. Supplement - Attach Copy _____
 - 2. Reduction - Attach Copy _____
 - 3. Budget Modification - Attach Copy _____
 - 4. New Grant - Attach Copy _____
 - 5. Delete Grant _____
 - 6. Correct Error _____
 - 7. Budget Attached _____
 - 8. Grant Status Sheet Previously Submitted w/o Budget _____

Change in PCA Code:
 From: _____ To: _____

Change in Funding Source:
 From: _____ To: _____

Change in Conditions:
 From: _____ To: _____

Authorized By (Name/Title): _____

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

SUMMARY OF EXPENDITURES

Line Items	Final Approved Total Program Budget	Actual Expenditures	Variance Under/(Over)
1 Salaries	0.00		0.00
2 FICA	0.00		0.00
3 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 Additional Assistance	0.00		0.00
11 Adjustments	0.00		0.00
12 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 & Fr	0.00		0.00
17 Postage	0.00		0.00
18 Telephone	0.00		0.00
19 In-state Travel	0.00		0.00
20 Out-of-State Travel	0.00		0.00
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 Client Transportation	0.00		0.00
31 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 Housekeeping	0.00		0.00
40 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 Cleaning Supplies	0.00		0.00
49 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
57 Personal Computer Equipment	0.00		0.00
58 Medical Equipment	0.00		0.00
59 Office Equipment	0.00		0.00
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 Self-Pay Collections	0.00		0.00
66 Medicaid Collections	0.00		0.00
67 Medicare Collections	0.00		0.00
68 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
72	0.00	0.00	0.00
73	0.00	0.00	0.00
74	0.00	0.00	0.00
75	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:

SUMMARY OF RECEIPTS

Source of Funds	Actual Receipts	DGLHA Use Only
DHMH STATE PAID EXPENDITURES		
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 (DGLHA Use Only)

Total Receipts 0.00
Total Expenditures 0.00
Variance - Under/(Over) 0.00
(CSA Only) \$ To Contingency Fund

DGLHA Action:

BY:

DATE:

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

<u>County LHD</u>	<u>County Index #</u>
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 Anne's	20017
St. Mary's	20018
Somerset	20019
Talbot	20020
Washington	20021
Wicomico	20022
Worcester	20023
Baltimore City	20030