

ATTACHMENT H

Budget Forms

MCHB-HS-Unit Cost Budget

SPO-H-205 Budget

SPO-H-206A Budget Justification-Personnel: Salaries & Wages

SPO-H-206B Budget Justification-Personnel: Payroll Taxes, Assessments & Fringe Benefits

SPO-H-206C Budget Justification-Travel: Inter-Island

SPO-H-206E Budget Justification-Contractual Services: Administrative

SPO-H-206F Budget Justification-Contractual Services: Subcontracts

SPO-H-206H Budget Justification-Program Activities

SPO-H-206I Budget Justification-Equipment Purchases

MCHB-HS-Summary Budget

MCHB-HS-Unit Cost Budget Form

Geographic Area: _____

FY 2009: # of FSW x Hourly Rate x Yearly Hours = FSW Total

Example: $9 \times \$32.48 \times 1265 = \$369,784.80$

FY 2009: # of CSp x Hourly Rate x Yearly Hours = CSp Total

Example: $2 \times \$51.26 \times 1265 = \$269,687.80$

FY 2009: # of CDS x Hourly Rate x Yearly Hours = CDS Total

Example: $2 \times \$42.81 \times 1265 = \$108,309.30$

FY 2009 Total:

FSW Total + CSp Total + CDS Total = FY 2009 Unit Cost Total

FY 2010: # of FSW x Hourly Rate x Yearly Hours = FSW Total

Example: $9 \times \$32.48 \times 1265 = \$369,784.80$

FY 2010: # of CSp x Hourly Rate x Yearly Hours = CSp Total

Example: $2 \times \$51.26 \times 1265 = \$269,687.80$

FY 2010: # of CDS x Hourly Rate x Yearly Hours = CDS Total

Example: $2 \times \$42.81 \times 1265 = \$108,309.30$

FY 2010 Total:

FSW Total + CSp Total + CDS Total = FY 2010 Unit Cost Total

**Instructions for Completing
FORM SPO-H-205 BUDGET**

Applicant/Provider:	Enter the Applicant's legal name.
RFP#:	Enter the Request for Proposal (RFP) identifying number for this service activity.
Column (a) Budget Request	Budget Request. Enter the requested budget amounts for each cost item listed. Use the Cost Principles included in the RFP as a guide to determine which costs are allowed.
TOTAL (A+B+C+D)	Sum the subtotals for Budget Categories A, B, C and D, for columns (a) through (d).
SOURCES OF FUNDING: (a) (b) (c) (d)	Identify all sources of funding to be used for this service activity.
TOTAL REVENUE	Enter the sum of all revenue sources cited above.
Budget Prepared by:	Type or print the name of the person who prepared the budget request and their telephone number. If there are any questions or comments, this person will be contacted for further information and clarification. Provide signature of Applicant's authorized representative, and date of approval.

SPECIAL INSTRUCTIONS:

Column (b):
Column (c):
Column (d):

BUDGET

(Period _____ to _____)

Applicant/Provider: XYZ Hawai'i, Inc.

RFP No.: ABC-123

Contract No. (As Applicable): DHS-97-001

BUDGET CATEGORIES	Budget Request (a)	(b)	(c)	(d)
A. PERSONNEL COST				
1. Salaries	70,250			
2. Payroll Taxes & Assessments	7,643			
3. Fringe Benefits	11,451			
TOTAL PERSONNEL COST	89,344			
B. OTHER CURRENT EXPENSES				
1. Airfare, Inter-Island	500			
2. Airfare, Out-of-State	800			
3. Audit Services	500			
4. Contractual Services - Administrative	900			
5. Contractual Services - Subcontracts	900			
6. Insurance	2,000			
7. Lease/Rental of Equipment				
8. Lease/Rental of Motor Vehicle				
9. Lease/Rental of Space				
10. Mileage	400			
11. Postage, Freight & Delivery	200			
12. Publication & Printing	100			
13. Repair & Maintenance	200			
14. Staff Training	100			
15. Substance/Per Diem	1,200			
16. Supplies	1,000			
17. Telecommunication	1,200			
18. Transportation	215			
19. Utilities	3,000			
20.				
21.				
22.				
23.				
TOTAL OTHER CURRENT EXPENSES	13,215			
C. EQUIPMENT PURCHASES	500			
D. MOTOR VEHICLE PURCHASES	9,750			
TOTAL (A+B+C+D)	\$112,809			
SOURCES OF FUNDING		Budget Prepared By:		
(a) Budget Request	\$112,809	Joe E. Hawai'i 999-9999		
(b) Funds Raised		Name (Please type or print) Phone		
(c) Program Income		02/14/97		
(d)		Signature of Authorized Official Date		
		JEE E. HAWAII, EXECUTIVE DIRECTOR		
		Name and Title (Please type or print)		
TOTAL REVENUE	\$112,809	For State Agency Use Only		
		Signature of Reviewer Date		

SAMPLE

**Instructions for Completing
FORM SPO-H-206A BUDGET JUSTIFICATION
PERSONNEL - SALARIES & WAGES**

Applicant/Provider:	Enter the Applicant's legal name.
Period:	Enter the time period for which this budget will cover; usually, this will cover a fiscal year.
Date Prepared	Enter the date this justification was prepared.
POSITION NO.	Enter each employee's position number.
POSITION TITLE	Enter the position title for each identified position.
FULL TIME EQUIVALENT to Organization.	Enter the full-time equivalency of employees to the organization (i.e., full-time is 1.0; half-time is 0.5). If the employee is employed on an hourly basis, estimate the FTE and indicate it is an estimation in the justification/comments section.
ANNUAL SALARY Including Budgeted Salary Increase (A)	Enter the employee's annual salary. If part-time, report what employee actually earns for the year. If employed on an hourly basis, estimate the annual salary and indicate the hourly wage in the comments section (e.g., \$6.00/hr).
% OF TIME BUDGETED to the Contract (B)	Enter the percentage of employees' time charged to the budget for this contract. (e.g., if the employee is employed by the organization at 0.5 FTE and half of that time is for this contract, the percentage will be 50%).
TOTAL SALARY BUDGETED to the Contract (AxB)	Enter the salary budgeted. This should be the result of multiplying (A) x (B). If it is not, a full explanation must be given. At the bottom of this column, enter the TOTAL of this column. It must correspond to the Salaries budgeted for the contract.
JUSTIFICATION/ COMMENTS:	Provide any other comments or explanations. Attach additional sheets, if necessary.

**Instructions for Completing
FORM SPO-H-206B BUDGET JUSTIFICATION
PERSONNEL: PAYROLL TAXES, ASSESSMENTS, & FRINGE BENEFITS**

Applicant/Provider:	Enter the Applicant's legal name.
Period:	Enter the time period for which this budget will cover; usually, this will cover a fiscal year.
Date Prepared	Enter the date this justification was prepared.
TYPE	
Payroll Taxes-Social Security and Unemployment	Indicate the total amount for Social Security and Unemployment Insurance.
Assessments - Workers' Compensation & TDI	Indicate the total amount charged for Workers' Compensation and Temporary Disability Insurance assessments.
BASIS OF FRINGE ASSESSMENTS	
Health Insurance	Indicate the basis of the fringe benefit assessment for health insurance. For example, if an employer is contributing toward the cost of a health insurance plan for its employees and is passing the cost on to the budget, the basis for the assessment to the budget should be indicated, e.g., the percentage of the employer's contribution toward the plan.
Retirement	Indicate the basis of the fringe benefit assessment for retirement. For example, if an employer is making a contribution towards a retirement plan for employees, the basis for the assessment to the budget should be indicated, e.g., the employer's contribution toward the plan based on a percentage (specify) of employee's salaries.
JUSTIFICATION/ COMMENTS:	Provide any other comments or explanations. Attach additional sheets, if necessary.

**BUDGET JUSTIFICATION
PERSONNEL: PAYROLL TAXES, ASSESSMENTS, AND FRINGE BENEFITS**

Applicant/Provider: XYZ Hawaii, Inc.

RFP No.: ABC-123

Contract No. (As Applicable): DHS-97-001

Period: 07/01/95 to 06/30/96

Date Prepared: 02/14

TYPE	BASIS OF ASSESSMENTS OR FRINGE BENEFITS	% OF SALARY	TOTAL
PAYROLL TAXES & ASSESSMENTS:			
Social Security	As required by law	As required by law	5,374
Unemployment Insurance (Federal)	As required by law	As required by law	281
Unemployment Insurance (State)	As required by law	As required by law	1,370
Worker's Compensation	As required by law	As required by law	520
Temporary Disability Insurance	As required by law	As required by law	98
SUBTOTAL:			7,643
FRINGE BENEFITS:			
Health Insurance	Personnel Policy	6.35	4,461
Retirement	Personnel Policy	9.95	6,990
SUBTOTAL:			\$11,451
TOTAL:			\$19,094
JUSTIFICATION/COMMENTS:			

SAMPLE

**Instructions for Completing
FORM SPO-H-206C BUDGET JUSTIFICATION
TRAVEL - INTER-ISLAND**

Applicant/Provider:	Enter the Applicant's legal name.
Period:	Enter the time period for which this budget will cover; usually, this will cover a fiscal year.
Date Prepared	Enter the date this justification was prepared.
NAME OF EMPLOYEE & TITLE	Enter name and/or position title for individual(s) who will be traveling.
DESTINATION	Enter destination and purpose of travel (e.g., training, provision of services, etc.) Travel must be directly related to the program.
NO. DAYS	Enter the estimated number of days of travel.
PER DIEM A	Enter the per diem or subsistence amount requested (i.e., per diem rate multiplied by the number of days of travel.) Per diem should be based on the applicant's per diem policy and should not exceed the maximum allowed by the state purchasing agency.
AIR FARE B	Enter the cost of airfare. First-class travel is not allowed.
TRANSPORTATION C	Enter the estimated cost of ground transportation, based on the applicant's ground transportation policy.
TOTAL	Enter column totals for columns A, B and C and the total travel cost (A+B+C). If the purpose of travel relates to two or more programs, costs for the per diem or subsistence, airfare, and taxi/bus/car should be prorated in accord with a cost allocation method approved by the state purchasing agency.
JUSTIFICATION/ COMMENTS:	Justify the need for travel for the delivery of this service activity. Enter additional explanations. Attach additional sheets, if necessary.

**BUDGET JUSTIFICATION
TRAVEL - INTER-ISLAND**

Applicant/Provider: XYZ Hawaii, Inc.

RFP No.: ABC-123

Contract No. (As Applicable): DHS-97-001

Period: 07/01/95 to 06/30/96

Date Prepared: 02/14/95

NAME OF EMPLOYEE & TITLE	DESTINATION	NO. OR DAYS	PER DIEM OR SUBSISTENCE A	AIR FARE B	TRANSPORTATION C	TOTAL A+B+C
1 Mary Smith, Program Director	O'ahu (Training)	2	100	100	30	230
2 Susan Yamamoto, Case Manager	O'ahu (Training)	2	100	100	10	210
3 Jane Taylor, Social Worker	Moloka'i (Provider Services)	1	30	100	5	135
4 Patrick Lau, Counselor	Moloka'i (Provider Services)	1	30	100	5	135
5 John Ota, Social Worker	Moloka'i (Provider Services)	1	30	100	5	135
SAMPLE						
TOTAL:						
		7	\$290	\$500	\$55	\$845

JUSTIFICATION/COMMENTS:

1 and 2 = To attend training related to the provision of advocacy services for clients.
3, 4, and 5 = To provide advocacy services for clients living on Molokai as contracted.

**Instructions for Completing
FORM SPO-H-206E BUDGET JUSTIFICATION
CONTRACTUAL SERVICES - ADMINISTRATIVE**

Applicant/Provider:	Enter the Applicant's legal name.
Period:	Enter the time period for which this budget will cover; usually, this will cover a fiscal year.
Date Prepared	Enter the date this justification was prepared.
NAME OF BUSINESS OR INDIVIDUAL	Enter the business or individual you are contracting with. If the firm or individual is not known at the time of preparation, enter "(UNKNOWN, to be selected)"
TOTAL BUDGETED	Enter the projected cost to be charged to the budget.
SERVICES PROVIDED	Identify the specific service(s) you are contracting for, with the business or individual (e.g., payroll services, occupational therapy, physical therapy, etc.)
TOTAL	Add the "Total Budgeted" column and enter the sum of the amounts listed.
JUSTIFICATION/ COMMENTS:	Justify the need for contractual services in the delivery of this service activity. Enter additional comments. Attach additional sheets, if necessary.

**BUDGET JUSTIFICATION
CONTRACTUAL SERVICES - ADMINISTRATIVE**

Applicant/Provider: XYZ Hawaii, Inc.

RFP No.: ABC-123

Contract No. (As Applicable): DHS-97-001

Period: 07/01/98 to 06/30/98

Date Prepared: 02/14/95

NAME OF BUSINESS OR INDIVIDUAL	TOTAL BUDGETED	SERVICES PROVIDED	JUSTIFICATION/COMMENTS
Accountants, Inc.	600	Payroll Services	Personnel payroll services
Life Therapeutic	1200	Occupational Therap	Required for periodic client evaluations.
TOTAL:	\$1,800		

SAMPLE

**Instructions for Completing
FORM SPO-H-206F BUDGET JUSTIFICATION
CONTRACTUAL SERVICES - SUBCONTRACTS**

Applicant/Provider:	Enter the Applicant's legal name.
Period:	Enter the time period for which this budget will cover; usually, this will cover a fiscal year.
Date Prepared	Enter the date this justification was prepared.
NAME OF ORGANIZATION OR INDIVIDUAL	Enter the organization or individual you are contracting with. If the firm or individual is not known at the time of preparation, enter "(UNKNOWN, to be selected)"
TOTAL BUDGETED	Enter the projected cost to be charged to the budget.
SERVICES PROVIDED	Identify the specific service(s) you are contracting for, with the organization or individual (e.g., payroll services, occupational therapy, physical therapy, etc.)
TOTAL	Add the "Total Budgeted" column and enter the sum of the amounts listed.
JUSTIFICATION/ COMMENTS:	Justify the need for contractual services in the delivery of this service activity. Enter additional comments. Attach additional sheets, if necessary.

**Instructions for Completing
FORM SPO-H-206H BUDGET JUSTIFICATION
PROGRAM ACTIVITIES**

Applicant/Provider:	Enter the Applicant's legal name.
Period:	Enter the time period for which this budget will cover; usually, this will cover a fiscal year.
Date Prepared	Enter the date this justification was prepared.
DESCRIPTION	Identify item(s) individually. Do not group by category titles.
AMOUNT	Enter the dollar amount of the item that will be charged to the budget for this service activity.
TOTAL	Enter total amount.
JUSTIFICATION/ COMMENTS:	Justify the need for the item, for delivery of this service activity. Enter additional comments. Attach additional sheets, if necessary.

**Instructions for Completing
FORM SPO-H-206I BUDGET JUSTIFICATION
EQUIPMENT PURCHASES**

Applicant/Provider:	Enter the Applicant's legal name.
Period:	Enter the time period for which this budget will cover; usually, this will cover a fiscal year.
Date Prepared	Enter the date this justification was prepared.
DESCRIPTION OF EQUIPMENT	Identify the type of equipment to be purchased.
NO. OF ITEMS	Enter the number of unit(s) to be purchased.
COST PER ITEM	Enter the estimated costs for each unit.
TOTAL COST	Calculate the total cost for each type of equipment, by multiplying number of units by cost per unit.
TOTAL BUDGETED	Enter the dollar amount of the equipment costs that will be charged to the budget for this service activity. This amount will be entered as budget "category C. EQUIPMENT" in your budget.
JUSTIFICATION/ COMMENTS:	Justify the need for equipment for the delivery of this service activity. Enter additional explanations. Attach additional sheets, if necessary.

MCHB-HS-Summary Budget Form

Geographic Area: _____

FY 2009 Unit Cost: Insert FY 2009 amount from MCHB-HS-Unit Cost Budget

FY 2010 Unit Cost: Insert FY 2010 amount from MCHB-HS-Unit Cost Budget

FY 2009 Cost Reimbursement: Insert FY 2009 total from SPO-H-205

FY 2010 Cost Reimbursement: Insert FY 2010 total from SPO-H-205

Total Budget

Total FY 2009 Budget:

FY 2009 Unit Cost + FY 2009 Cost Reimbursement = FY 2009 Total budget

Total FY 2010 Budget:

FY 2010 Unit Cost + FY 2010 Cost Reimbursement = FY 2010 Total budget