

EXAMPLES OF COMPLETED FORMS

Example 1				
LINE ITEM BUDGET				
Sources:	State	Private	Levy	Total
Personnel - Salary				
Clinical Director	30,000		20,000	50,000
Therapist	25,000		15,000	40,000
Case Managers	145,000		35,000	180,000
Total Salary			70,000	
Fringe Benefits	15,000	5,000	15,000	35,000
Personnel Subtotal			85,000	
Other				
Supplies		10,000		10,000
Testing Materials			5,000	
Total Other			5,000	
Indirect				
Occupancy		10,000	5,000	15,000
Clerical Support	5,000	15,000	5,000	25,000
Total Indirect			10,000	
TOTAL	220,000	40,000	100,000	360,000

Example 2

SERVICE UNIT COST

Service (Duration)	Salary Cost (%)	Fringe Cost (%)	Other Cost (%)	Indirect Cost (%)	Unit Cost (Total)
Each type of Service Proposed	Staff Salary and Percentage of total unit cost	Fringe rate and percent of total unit cost. Example: Health Insurance	Other required costs and percent of unit cost. Example: test supplies	Indirect rate and percent of unit cost. Examples: clerical staff, overhead	Each Unit Cost Matches Proposed Unit Cost on your Expenditure Plan
Evaluation (1 hour)	\$59.50 (70%)	\$13 (15%)	\$4 (5%)	\$8.50 (10%)	\$85 (100%)
Individual Therapy (1 hour)	\$56 (70%)	\$12 (15%)	\$4 (5%)	\$8 (10%)	\$80 (100%)
Case Management (1 hour)	\$45.50 (70%)	\$10 (15%)	\$3 (5%)	\$6.50 (10%)	\$65 (100%)
For more information see Service Unit Definitions document	Salary + Fringe = At least 70% of Unit Cost		Other + Indirect = No more than 30% of Unit Cost		Sum of All Costs = 100% of Unit Cost

Example 3

Jackson County Community Mental Health Fund - PERSONNEL SUMMARY

Agency: _____ Category: _____ Year: _____

Complete the following table for direct service employees charged to the project.
 Clerical, administrative and other non-service personnel should not be listed as they are considered an indirect cost.
The TOTAL amount should equal the Personnel Subtotal in the Line item budget.

NAME / TITLE*	CREDENTIALS	FTE(s)	% OF TIME DEVOTED TO THIS PROJECT	TOTAL PROJECT FTE	TOTAL EMPLOYEE COMPENSATIONS CHARGED TO THIS PROJECT
Jenny Cooper, Clinical Director	LCSW/LPC	1.00	25%	.25	25,000
Jane Doe, Therapist	LCSW	1.00	100%	1.00	17,500
Case Managers	BA/MSW	6.00	25%	1.50	42,500
*List credentialed staff individually; non-credentialed staff can be grouped			TOTAL	2.75	\$85,000

Example 4

Jackson County Community Mental Health Fund - EXPENDITURE PLAN							
Agency:		Category:			Year:		
	Approved last Year		Proposed this year		Current unit cost	Proposed unit cost	Total Cost for Proposed Services
Adult Services	units	# served	units	# served			
Individual Therapy	500	75	556	90	\$ 85.00	\$ 80.00	\$ 44,500.00
Case management	740	120	740	120	\$ 77.00	\$ 75.00	\$ 55,500.00
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
Children's Services							
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
Totals	1240						\$ 100,000.00