	<b>Montgomery County Government Department of Health and Human Service</b>	No.	[Doc. No.] POL.AD.60680. 002
	<b>Budget Modification Policy</b>	Effective Date	11/5/2014
		Sunset	11/4/2020
		Revision Letter	<b>A</b>
		Uma Ahluwalia, Director of Health and Human Services	<i>Uma Ahluwalia</i>

## 1.0 Purpose

To establish a Department of Health and Human Services (DHHS) policy on contract budget modifications for cost reimbursement contracts.

## 2.0 Definitions

- 2.1 **Compliance Team (CT)** - provides a central point for coordination and responsibility for activities that promote accountability, integrity, and efficient use of public resources with DHHS; ensures adherence to county, state, and federal laws; provides technical support to staff and vendors on contract compliance and other technical issues on internal controls; and coordinates external audits and audit responses.
- 2.2 **Contract Action Worksheet Form (CAW)** – form that requires approval of service area authority for all contract actions. Form indicates funding source, reasons for the contract action, and service area approval for accounting codes and available funds.
- 2.3 **Contract Management Team (CMT)** – responsible for the majority of DHHS’s procurement actions: supports and trains contract monitors, works with program staff and Office of Procurement, and oversees all aspects of the contract process from solicitation to recommending contract award as well as overseeing the term of the contract.
- 2.4 **Chief Operating Officer (COO)** of the Department of Health and Human Services who is responsible for oversight of the department’s central operations including human resources, fiscal, compliance, budget, facilities, and technology services.
- 2.4.1 **Contract budget** - typically consists of salary, fringe, direct operating, indirect costs and capital outlay.

- 2.5 **Contract Monitor (CM)** – responsible for overseeing that Contractors are complying with the terms and conditions of their contract.
- 2.6 **Cost Reimbursement Contract** – a contract under which a contractor is reimbursed for costs that are allowable under the provisions of the contract and a fee, if any, per Montgomery County Procurement Regulation. 2.4.29.
- 2.7 **Direct Operating Costs** – costs that are directly applicable to a project or activity such as supplies, telephone, rent, utilities, staff development, etc.
- 2.8 **Fiscal Team (FT)** – responsible for overseeing the financial transactions of DHHS and ensuring strong financial management and accountability. Duties include processing all contract payments, client benefits and receipts for a number of DHHS programs, recording revenues, fee collections and medical billing, managing federal claiming for Medicaid and Social Services programs, overseeing P-cards, and performing fiscal year end closing activities.
- 2.9 **Fiscal Year** – period settling of accounts of a company or organization which is normally a twelve (12) month period in order to provide the company's or organization's financial position or for tax purposes. Fiscal year is a departure from a calendar year which extends through a January to December time period. For Montgomery County, the fiscal year period is July 1 19xx to June 30, 19X1.
- 2.10 **Fringe Costs** – A collection of various employer remunerations provided to employees such as health insurance, employer's share of FICA, Medicare tax, disability insurance, etc.
- 2.11 **Indirect Costs** – costs that are directly applicable to more than one project or activity. The precise cost cannot be easily traced to a project or activity.
- 2.12 **Provider** – vendor who has entered into a contract with Montgomery County, MD to provide services as defined in the contract's scope of work.

### 3.0 Policy

#### 3.1 General policies

- 3.1.1 This policy applies only to cost reimbursement contracts.
- 3.1.2 Providers must receive written approval of any budget changes prior to implementation.

- 3.1.3 Provider must provide the following documentation to the contract monitor in order to request a contract budget modification:
  - 3.1.3.1 A copy of the **current, approved** contract budget signed by Provider and contract monitor.
  - 3.1.3.2 A signed **proposed contract budget**.
  - 3.1.3.3 A completed Budget Modification form containing written justification for each line item changed in the contract budget (see **Appendix B**).
- 3.1.4 All expenses included in the contract budget must be reasonable and must align with the scope of work defined in the contract.
- 3.1.5 Every contract is expected to be a fair and equitable agreement between DHHS and a Provider regardless of the number or type of other contracts that may exist between DHHS and the Provider.
- 3.1.6 Contract budget expenditures must be in compliance with DHHS's Allowable Cost Policy.
- 3.1.7 Budget modifications that change a contract's scope
  - 3.1.7.1 DHHS reserves the right to not approve any contract budget modification if the budget modification changes the contract's scope of services.
  - 3.1.7.2 If the contract monitor approves a budget modification that requires a scope of services change, contract monitor is to notify CMT. CMT will prepare a contract amendment that would require approval by the Department of General Services (Office of Procurement) and Office of the County Attorney.
  - 3.1.7.3 After the budget modification has been approved by the DHHS COO, contract monitor will provide the Provider a copy of the approved, revised contract budget and the contract amendment if appropriate.
- 3.1.8 Number and timing of budget modifications
  - 3.1.8.1 The Provider will be allowed to make **four budget modifications** per fiscal year. **(CHANGE FROM DEC. 11, 2011 Budget Modification Policy)** Budget modifications that result from the Compliance Team's annual or other review of indirect and fringe cost information **will not be counted** by DHHS in the number of the **allowable budget modifications per year**. **Also, budget modifications due to inflationary adjustments will not be counted as part of the four budget modifications.**

3.1.8.2 Approval by the DHHS COO for indirect and fringe **rates occurs one time** each fiscal year.

3.1.8.3 All contract budget modifications for salaries and direct operating expenses are to be submitted to the contract monitor by **April 15**. DHHS prefers receiving budget modifications prior to April 15 since the workload for contract monitors and CMT is high during this time period. The deadline of April 15 for salaries and direct operating costs should provide adequate time to the Provider to perform a third quarter analysis of the contract's actual costs to budgeted costs for a year end projection. (**CHANGE FROM Dec. 11, 2011 Budget Mod Policy**).

3.1.8.4 Contract monitor **must date stamp the budget modification information** when received at the contract monitor's office.

3.1.8.5 DHHS's goal is to approve all **acceptable** budget modifications within **thirty (30)** days of the **contract monitor** receiving them.

3.1.8.6 The effective date of the budget modification is the first day of the month when final approval occurs in DHHS. The effective date is the first day of the month when the contract monitor or DHHS COO approves the budget modification depending on whose authority is required to approve.

3.1.8.7 Contract budgets must be rounded to two (2) decimal places. If Provider is rounding salary or fringe calculations, the Provider is to supply an explanation for the calculations in the Section A. – Salary and Fringe Benefits of the budget. Explanations are to be supplied when the contract salary amount does not total annual salary times full time equivalent (FTE) equals contract salary. If indirect cost calculation is rounded, then, Provider must make a footnote explaining the calculations under the Budget Summary Section. Contract budgets should be reviewed by the Provider's fiscal staff where possible to ensure proper computations and adequate explanations for the calculations are furnished.

### 3.1.9 Authority to approve budget modifications

3.1.9.1 The percent or dollar amount of the budget modification change is determined by **each individual line item in the budget** and **NOT** the

aggregate line item of salary, fringe, direct operating, and capital outlay according to the Office of the County Attorney.

3.1.9.2 Most budget changes for salary and indirect and fringe costs will require CMT and HHS COO's approval. See Section **3.2 Fringe Rate and Indirect Rate** and **Section 3.3 Salary Costs** for details.

3.1.9.3 Budget modification, regardless of the percentage of the line item amount or the amount transferred, between salary and direct operating expenses require approval by DHHS COO unless there is an exception as outlined in Section 3.3.

3.1.9.4 Budget changes for **direct operating costs** require the sole approval by the contract monitor unless there is a scope of service modification.

3.1.9.5 When the contract monitor is the sole approver of the budget modification, contract monitor **must supply CMT with a copy of the approved budget modification** for CMT's records. CMT's records represent a portion of the County's official contract record.

3.1.10 Contract monitor must provide a **copy of the approved or disapproved budget modification to the Provider**. If contract monitor disapproves the budget modification, contract monitor must notify the Provider of the reasons for the disapproval.

### 3.2 **Fringe Rate and Indirect Rate**

3.2.1 Fringe and indirect rates are approved by the DHHS COO **one time during the fiscal year**. Provider may **not** change the indirect and fringe rates for the remainder of the contract term which in most cases is a 12 month period if the **DHHS COO has approved** the rates. **NO change from the December 9, 2011 policy.**

### 3.3 **Salary Costs**

3.3.1 The contract monitor may approve a salary line item change that is less than 10% of the contract budget line item or the change amount is \$1,000 or less in total for the line item, whichever is greater. All budget modifications for reallocating salary expenses is due to the contract monitor by April 15. See 3.1.9.1 for line item definition.

**EXAMPLE A: Change in salary line item within 10% or less of the line amount or \$1,000 or less, whichever is more**

Budget Modification Policy

Position	Annual Salary	FTE	Original Expenses to the Contract	Revised Expenses to the Contract	Increase due to Budget Modification	Comment
Social Worker I	\$40,000	25%	\$10,000	\$10,400	\$400	Change is less than \$1,000
Social Worker I	\$60,000	100%	\$60,000	\$66,000	\$6,000	10% change in salary line item

In both scenarios, **contract monitor may approve** the budget modification for salaries.

3.3.2 The contract monitor must approve the budget modification by signing and dating the revised budget form. Also, contract monitor is to give a copy of the revised, budget to CMT for their records and the Provider when the **salary line item change is 10% or less of the contract budget line or the line item change is \$1,000 or less.**

3.3.3 If a Provider requests a change to any line item in the Salaries section of the contract budget that are **in excess of 10% of a line item or greater than \$1,000 whichever is higher**, the changes must be reviewed and approved by the DHHS COO prior to implementation. This is a **change from the December 9, 2011 policy.**

**Example B: Change in salary line item in excess of 10% of the line amount or more than \$1,000, whichever is higher**

Position	Annual Salary	Original FTE	Revised FTE	Original Expenses to the Contract	Revised Expenses to the Contract	Increase due to Budget Modification	Type of Change
Case Coordinator	\$40,000	50%	57.5%	\$20,000	\$23,000	\$3,000	10% of line item is \$2,000. Change requires a budget modification approval from CMT & DHHS COO since the amount of the change is greater than \$1,000 and greater than 10% of the line item change

3.3.4 There may be situations where multiple positions with the **same job title** may be bundled into one contract budget line item. For example, the Provider has four (4) social workers to perform the

scope of services for the contract. Each social worker may have a slightly different salary. One social worker leaves the employment of the organization. Provider must replace the social worker position with a new employee. The newly hired social worker's salary may be slightly lower than the individual who had previously occupied the position. The job title must remain the same for the old and for the new employee. See Appendix C and C-1 for a Sample Budget and Supplemental Information.

**Example C - Example of a Budget Line with Bundled Positions**

Position	Incumbent	Annual Salary	FTE	Expenses to the Contract
Social Worker I	See Attached 4 workers	\$210,000	2.0 (each position works .5 FTEs)	\$105,000

- 3.3.5 If a Provider adopts such a budget strategy, then the Provider is required to prepare an aggregate and supplemental budget document. See **Appendix D** as an example.
- 3.3.6 The Provider does **not** need to request a budget modification in such a situation unless the overall salary line item for the position title exceeds the aggregate line item budget. See **Appendix D**.
- 3.3.7 Another salary exception that **only requires** the contract monitor's approval is when the Provider substitutes a position for a consultant due to time constraints in hiring for the position.
  - 3.3.7.1 The consultant must meet all the requirements of the employee's position. For example, if a social worker is required to have a clinical license, LCSW-C, the consultant must possess the same qualifications as required of the Provider's former employee.
  - 3.3.7.2 The Provider must supply the contract monitor with the consultant's contract with the Provider and the documentation of the consultant's qualifications such as a resume, diploma, and/or license.
  - 3.3.7.3 The Provider's contract with the consultant must state the scope of services, hourly rates, number of hours devoted to the particular contract and the contract period. **(NEW)**

- 3.3.8 It is critical that the Provider consult IRS guidelines or their legal counsel on employee versus independent contractor determination to ensure compliance with Federal and State laws. (IRS Publication 1779).
- 3.3.9 All transfers of budget cost between salary and direct operating expenses must be approved by CMT and DHHS COO unless an exception exists in this section.

#### 3.4 **Direct Operating Costs**

- 3.4.1 Contract monitor may **approve any reallocation among all line items for direct operating expenses** regardless of the revised amount unless such change involves a scope of services. All budget modifications solely for reallocating direct operating expenses is due to the contract monitor by April 15.
- 3.4.2 Contract monitors may question the Provider on the direct operating changes if the contract monitor views the revisions as inappropriate or unjustifiable.

#### 4.0 **Procedures – CMT & DHHS COO Approval**

- 4.1.1 Provider is to prepare and provide a signed, revised contract budget for approval by the contract monitor as well as a copy of their approved, latest contract budget.
- 4.1.2 Provider is to provide a written justification for all changes by preparing a spreadsheet for each line item by illustrating the original contract budget and the changes to the contract budget. Provider is to include a written explanation for the budget changes. See **Appendix B – Budget Modification Form**.
- 4.1.3 Contract monitor is to review the revised contract budget and determine if changes affect the scope of services in the contract.
- 4.1.4 Contract monitor must consult with CMT if the contract monitor determines that the revisions affect the scope of services in the contract.
- 4.1.5 Contract monitor approves budget modifications for direct operating expenses and certain salary revision exceptions as noted in the above section.
- 4.1.6 Contract monitor prepares a contract action worksheet (CAW) and forwards it with the contract budget modification, current budget, and documentation to their respective service area's approval process.
- 4.1.7 Service area approves the budget modification and forwards it to CMT for its review.



- 4.1.8 CMT reviews the budget modification and determines if there is a contract scope of services change.
  - 4.1.9 If CMT determines that a scope of services change is warranted, CMT will consult with contract monitor whether to proceed with a contract amendment.
  - 4.1.10 If CMT determines that a scope of services change is not warranted, CMT forwards the budget modification to CT for a recommendation for approval.
  - 4.1.11 CT reviews the attached information and then recommends approval or disapproval and sends the information to CMT outlining the reasons for recommending approval or disapproval.
  - 4.1.12 CMT sends the budget modification to the DHHS COO for approval.
  - 4.1.13 DHHS COO approves or disapproves the budget modification.
  - 4.1.14 DHHS COO sends the budget modification to CMT.
  - 4.1.15 CMT sends a copy of the budget modification to contract monitor and to CT.
  - 4.1.16 Contract Monitor sends the approved or the disapproved budget modification to the Provider along with reasons for disapproval.
- 4.2 **Procedures – Contract Monitor Sole Approval**
- 4.2.1 Provider is to prepare and provide a signed, revised contract budget for approval by the contract monitor.
  - 4.2.2 Provider is to provide a written justification for all changes by preparing a spreadsheet for each line item by illustrating the original contract budget and the changes to the contract budget. Provider is to include a written explanation for the budget changes. **See Appendix B – Budget Modification Form.**
  - 4.2.3 Contract monitor is to review the revised contract budget and determine if changes affect the scope of services in the contract.
  - 4.2.4 Contract monitor must consult with CMT if the contract monitor determines that the revisions affect the scope of services in the contract.
  - 4.2.5 Contract monitor approves budget modifications for direct operating expenses and certain salary revision exceptions as noted above.
  - 4.2.6 Contract monitor signs the revised contract budget and sends copies to Provider and CMT for their records.

## 5.0 Responsibilities

### 5.1.1 DHHS COO:

5.1.1.1 Ensure compliance with this policy.

5.1.1.2 Approve or disapprove budget modifications.

5.1.2 **Provider:** prepare budget modification by using the format in **Appendix B** and send the required documentation to support the budget modification to the contract monitor.

### 5.1.3 Contract Monitor:

5.1.3.1 Review budget modification to determine whether the changes are in align with the Scope of Services.

5.1.3.2 Contract Monitor is to send approval or disapproval to Provider.

5.1.4 CMT: review the budget modification to determine if the Scope of Services is altered by the budget changes and the adequacy of the budget modification documentation.

5.1.5 CT: review the budget modifications to determine if the changes are adequately documented, are reasonable and mathematically accurate.

## 6.0 Scope

6.1.1 This policy applies to all DHHS cost reimbursement contracts.

## 7.0 References

Appendix A – Contract Budget

Appendix B - Budget Modification Form

Appendix C - Example of a Contract Budget with Aggregate Positions

Appendix C-1 -Supplemental Budget Information for Aggregate Positions salary line item

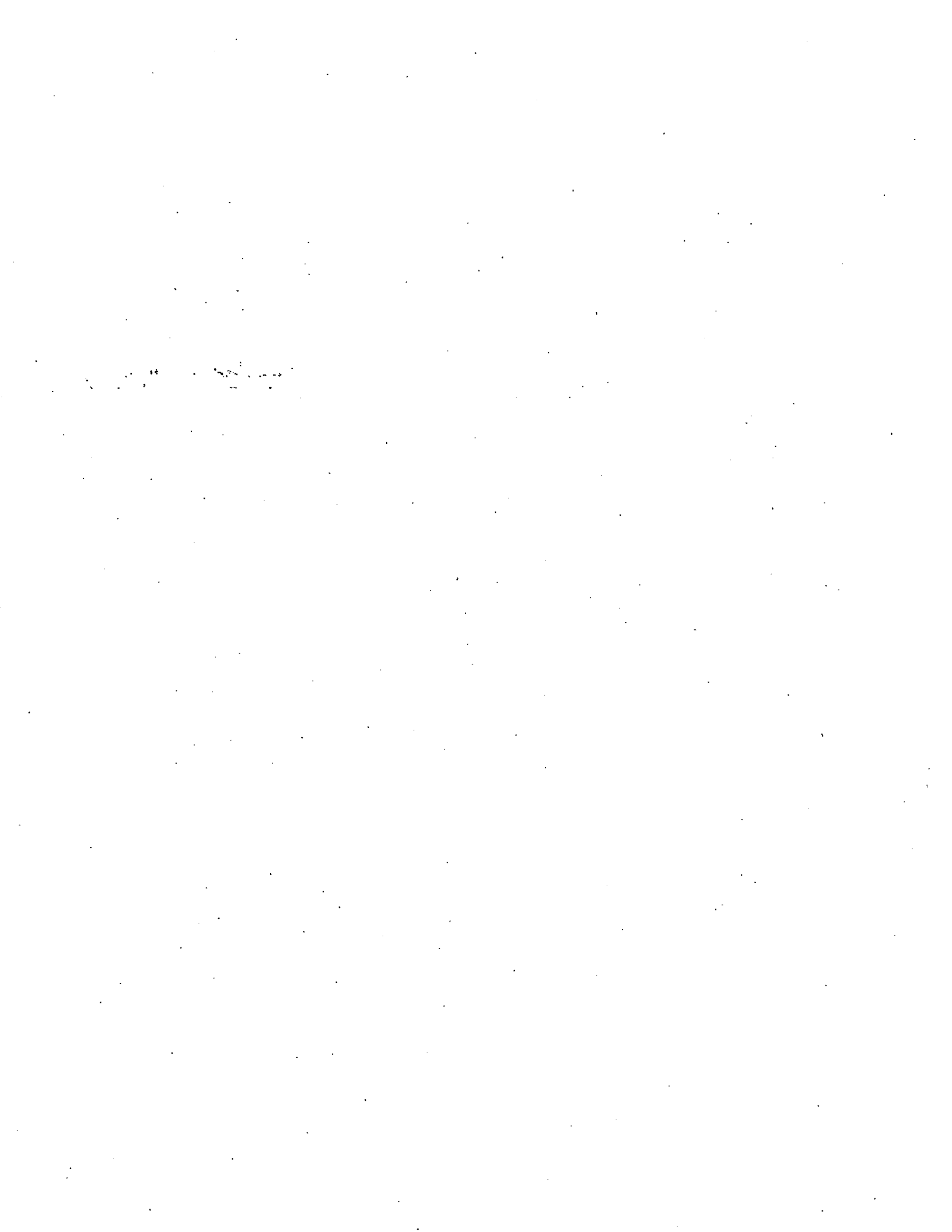
Montgomery County Procurement Regulations and Montgomery County, MD Code Chapter 11B

[http://www.amlegal.com/nxt/gateway.dll/Maryland/montgom/partilocallawsordinances/resolutionsetc/chapter11bcontractsandprocurementnote?f=template&sfm=default.htm&3.0\\$vid=amlegal:montgomeryco\\_md\\_mc\\$anc](http://www.amlegal.com/nxt/gateway.dll/Maryland/montgom/partilocallawsordinances/resolutionsetc/chapter11bcontractsandprocurementnote?f=template&sfm=default.htm&3.0$vid=amlegal:montgomeryco_md_mc$anc)

MCDHHS Allowable Cost Policy

**8.0 Document Approvals**

Role	Position	Name of Approver	Approval Signature	Date Approved
Author	Compliance Team Manager	Susan Cymek	<i>Susan Cymek</i>	10/28/14
Office of Chief Operating Officer	Service Area Administrator	Stuart Venzke	<i>Stuart Venzke</i>	10/29/14
Policies and Procedures Department	Policy and Operational Risk Manager	Joy Page	<i>Joy Page</i>	11/2/14
Final Approver	Director of Dept. of Health and Human Services	Uma S. Ahluwalia	<i>Uma S. Ahluwalia</i>	11/4/14



# DHHS Contract Budget

2/1/2014

Vendor/Organization Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Phone/Fax/E-Mail: \_\_\_\_\_  
 Contract Number: \_\_\_\_\_  
 Service Area: \_\_\_\_\_

## BUDGET SUMMARY

Category	FY 2015 Budget
<b>A. Salary Expenses</b>	<b>Contract Expenses</b>
	\$0.00
Fringe Benefits ( ___ % of salary expenses)	
<b>Total Personnel (Salary + Fringe)</b>	<b>\$0.00</b>
<b>B. Direct (Operating) Expenses</b>	<b>\$0.00</b>
<b>C. Capital Expenses</b>	<b>\$0.00</b>
<b>Subtotal of Contract Expenses</b>	<b>\$0.00</b>
Indirect/Administration ( ___ % of Subtotal of Contract Expenses)	
<b>Total Contract Budget:</b>	<b>\$0.00</b>

## BUDGET DETAIL

### A. Salary Expenses and Fringe Benefits

Position	Incumbent	Annual Salary	Full Time equivalent (FTE), this contract	Expenses to this Contract	Fringe Benefit Rate	Fringe Benefits	Justification for Position
				\$ -		\$ -	
				\$ -		\$ -	
				\$ -		\$ -	
				\$ -		\$ -	
				\$ -		\$ -	
<b>Total Salary Expenses</b>				<b>\$ -</b>	<b>Total Fringe</b>	<b>\$ -</b>	

### B. Direct (Operating) Expenses

Expense Category	Cost	Justification of Costs

Consulting (if more than one consultant, list each one on a separate line)	\$	-
Staff Development	\$	-
Travel	\$	-
Rent	\$	-
Utilities	\$	-
Maintenance	\$	-
Telephone Bill	\$	-
Other	\$	-
Communications	\$	-
Equipment (up to \$5,000)*	\$	-
Maintenance	\$	-
Supplies	\$	-
Insurance	\$	-
Postage	\$	-
Printing	\$	-
Other Expenses (List)	\$	-
Total Direct Expenses	\$	-

**C. Capital Expenses, if applicable (greater than \$5,000)\***

Description	Cost	Justification of Costs
	\$ -	
	\$ -	
	\$ -	
	\$ -	
Total Capital Expenses	\$ -	

Approved by: (for the Vendor)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print): \_\_\_\_\_

Title: \_\_\_\_\_

Approved by: (Monitor, for the Dept. of Health and Human Services)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print): \_\_\_\_\_

Title: \_\_\_\_\_

\*Equipment includes items up to \$5,000. Items greater than \$5,000 are capital expenses.

Vendor/Organization Name:  
 Address:  
 City, State, Zip Code:  
 Contact Person:  
 Phone/Fax/Email:  
 Contract Number:

Category	FY 2015 Original Budget		FY 2015 Revised Budget		Input Applicable % in this column	Difference	Justification
	Input Applicable % in this column	Contract Expenses (Original Budget)	Contract Expenses (Revised Budget)	FY 2015 Revised Budget			
A. Salary Expense		\$ -	\$ -	\$ -		\$ -	
Fringe Benefits ( ____ % of salary expense )		\$ -	\$ -	\$ -		\$ -	
Total Personnel (Salary + Fringe)		\$ -	\$ -	\$ -		\$ -	
B. Direct Operating Expenses		\$ -	\$ -	\$ -		\$ -	
C. Capital Expenses		\$ -	\$ -	\$ -		\$ -	
D. Subtotal of Contract Expenses		\$ -	\$ -	\$ -		\$ -	
E. Indirect/Administration ( ____ % of Subtotal of Contract Expenses)		\$ -	\$ -	\$ -		\$ -	
<b>TOTAL CONTRACT BUDGET:</b>		\$ -	\$ -	\$ -		\$ -	









**DHHS Contract Budget**

2/1/2014

**APPENDIX C**

Vendor/Organization Name:  
 Address:  
 City, State, Zip Code:  
 Contact Person:  
 Phone/Fax/E-Mail:  
 Contract Number:  
 Service Area:

XXYX Recreation, Inc.  
 200 Colesville Road  
 Silver Spring MD 20901  
 Mary Smith  
 301/587-6700 x 566 / 301/587-1234  
 116077  
 HHS - Children, Youth and Families

**BUDGET SUMMARY**

Category	FY 2015 Budget
<b>Contract Expenses</b>	<b>\$776,644.00</b>
A. Salary Expenses	\$776,644.00
Fringe Benefits (25.2% of salary expenses)	\$195,714.00
<b>Total Personnel (Salary + Fringe)</b>	<b>\$972,358.00</b>
B. Direct (Operating) Expenses	\$89,963.00
C. Capital Expenses	\$0.00
<b>Subtotal of Contract Expenses</b>	<b>\$1,062,321.00</b>
Indirect/Administration (13.65% of Subtotal of Contract Expenses)	\$145,007.00
<b>Total Contract Budget:</b>	<b>\$1,207,328.00</b>

**BUDGET DETAIL**

**A. Salary Expenses and Fringe Benefits**

Position	Incumbent	Annual Salary	Full Time equivalent (FTE), this contract	Expenses to this Contract	Fringe Benefit Rate	Fringe Benefits	Justification for Position
Site Coordinator	Group (see details)	\$36,400.00	4.85	\$ 176,541	0.2520	\$ 44,488	Manages office, staff schedule, develops programming, 4 FT SC at BAES, MKPC, NHE-OV and RT 2 PT at GC and SSL, only 4 hrs at EMS
Case Manager	Group (see details)	\$35,749.00	4.75	\$ 169,807	0.2520	\$ 42,791	Works closely with families to help them with benefits and community resources. Ensures all clients apply for medical benefits, 4 FT CM at BAES, MK-PC, NHE-OV and RT 2 PT at GC and SSL. EMS clients are referred to the elementary school CMs.
Community Service Aid	John Gooder	\$22,388.00	0.75	\$ 16,791	0.2520	\$ 4,231	Assists case manager in providing social service assistance to clients, 25hrs.
Mental Health Therapist	Raymond Play	\$30,123.00	7.40	\$ 222,907	0.2520	\$ 56,173	Provide full range of clinical services to students & their families, FT @ NHE-OV, BAES, RT, MK_PC and SSL, 2 PT at EMS and 1 PT at GC
SC/CM Supervisor	Marie Doe	\$37,978.00	0.88	\$ 33,421	0.2520	\$ 8,422	Assistant director supervise SC and CM and this position assists with admin. Duties (lower salary due to unpaid maternity leave). Current salary 0.87 of \$50,000.
Mental Health Supervisor	Susic Fun	\$60,616.00	0.50	\$ 30,308	0.2520	\$ 7,638	Provides supervision of MH therapists and interns
Clinical Services Director	Jane Game	\$75,000.00	0.75	\$ 56,251	0.2520	\$ 14,175	Oversees all aspects of the contract, attends team meetings.
Executive Director	Ann Goodtime	\$82,020.00	0.10	\$ 8,202	0.2520	\$ 2,067	Oversee overall program
Business Director	Sarah Winning	\$52,000.00	0.5	\$ 26,000	0.2520	\$ 6,552	Prepares invoices, oversees allocations, verifies purchases
HR Coordinator	Jake Time	\$38,459.00	0.374	\$ 14,382	0.2520	\$ 3,624	Handles human resources, processes background checks
Accounting Clerk	Mary Count	\$36,067.00	0.5	\$ 18,034	0.2520	\$ 4,545	Process check requests, vendor payments, timesheets and payroll
Outcome Coordinator	Harry Performance	\$40,000.00	0.1	\$ 4,000	0.2520	\$ 1,008	Handles program evaluation, monthly reports
				<b>Total Salary Expenses \$</b>	<b>776,644.00</b>	<b>Total Fringe \$</b>	<b>195,714.29</b>

**B. Direct (Operating) Expenses**

Expense Category	Cost	Justification of Costs
Consulting (if more than one consultant, list each one on a separate line)	\$ 10,000.00	Psychology to evaluate 100 children at \$100 per evaluation
Consulting - Social Worker	\$ 13,963.00	Approximately 186 hours of working with families in need at \$75 per hour
Staff Development	\$ 5,000.00	Two staff training on child development costing \$2500 each. See attached breakdown for details on facility and cost of trainer.
Travel	\$ 5,000.00	Staff mileage at .55 a mile based on prior years' actual costs
Rent	\$ 24,000.00	Lease agreement of \$1200 a month
Utilities	\$ 5,000.00	Approximately \$400 per month based on prior's year usage
Maintenance	\$ 5,000.00	Based on maintenance prior years' expenditures
Telephone Bill	\$ 3,000.00	Based on maintenance prior years' expenditures of \$400 per month.
Other Communications	\$ -	
Equipment (up to \$5,000)*	\$ 5,000.00	Purchase of 5 computers (\$800 each) and software costing (\$200 each).
Supplies	\$ -	
Insurance	\$ 3,000.00	Office Supplies for all staff
Postage	\$ 1,000.00	Expense for three program mailings per year
Printing	\$ 2,000.00	Brochures for program outreach
Other Expenses (list)	\$ -	
Activity Supplies	\$ 8,000.00	Art and craft supplies for children's program based on prior's expenditures
<b>Total Direct Expenses 89963</b>	<b>\$ 89,963.00</b>	

**C. Capital Expenses, if applicable (greater than \$5,000)\***

Description	Cost	Justification of Costs
	\$ -	
	\$ -	
	\$ -	
<b>Total Capital Expenses</b>	<b>\$ -</b>	

Approved by: (for the Vendor)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print): \_\_\_\_\_  
 Title: \_\_\_\_\_

Approved by: (Monitor, for the Dept. of Health and Human Services)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print): \_\_\_\_\_  
 Title: \_\_\_\_\_

\*Equipment includes items up to \$5,000. Items greater than \$5,000 are capital expenses.

APPENDIX C-1

blue highlight = role in gorup

	Role in this contract	Name	Site	Hours per Week	Position Title	Annual Salary	FTE	Expenses to this contract	Total Expenses to this contract for aggregate positions
1	Director	Ann Goodtime		4	Director	\$ 82,020.00	0.10	\$ 8,202.00	
2	Business Director	Sarah Winning		20	Business Director	\$ 52,000.00	0.50	\$ 26,000.00	
3	HR Coordinator	Jake Time		10	HR Coordinator	\$ 38,459.00	0.37	\$ 14,382.00	
4	Accounting Clerk	Mary Court		17.5	Accounting Clerk	\$ 36,067.00	0.44	\$ 18,034.00	
5	Outcome	Harry Performance		4	Outcome Coordinator	\$ 40,000.00	0.10	\$ 4,000.00	
6	CM/SC Supervision	Marie Doe		17.5	Assistant Director	\$ 37,978.00	0.88	\$ 33,421.00	
7	Mental Health Supervision	Susie Fun		20	Clinical Supervisor	\$ 60,616.00	0.50	\$ 30,308.00	
8	Clinical Services Director	Jane Game		30	Clinical Services Director	\$ 75,000.00	0.75	\$ 56,251.00	
9	Site Coordination	Cathy Dodge	Yellow	40	Site Coordinator	\$ 40,508.00	1.00	\$ 40,508.00	
10		Veronica Merry	Pink	10	Site Coordinator/Case Manager	\$ 17,042.00	0.25	\$ 8,521.00	
11		Scott Fan	Purple	4	Site Coordinator	\$ 42,637.00	0.10	\$ 4,263.00	
12		John Smith	Orange	40	Site Coordinator	\$ 36,538.38	1.00	\$ 36,538.38	
13		Zoe Dimos	Green	40	Site Coordinator	\$ 33,773.00	1.00	\$ 33,773.00	\$ 176,541
14		Dimos Play	Blue	40	Site Coordinator	\$ 36,000.00	0.50	\$ 16,399.00	
15		Alex First	Red	20	Site Coordinator/Case Manager	\$ 36,233.14	1.00	\$ 36,233.14	
16	Case Management	Tiny Tim	Yellow	40	Case Manager	\$ 17,044.00	0.25	\$ 8,522.00	
17		Jeanette Case	Pink	10	Site Coordinator/Case Manager	\$ 37,277.25	1.00	\$ 37,277.25	
18		Casey Worker	Purple	40	Case Manager	\$ 35,341.00	1.00	\$ 35,341.00	\$ 169,807
19		Jim Handy	Orange	40	Case Manager	\$ 36,034.79	1.00	\$ 36,034.79	
20		Joy Second	Green	40	Case Manager	\$ 36,000.00	0.50	\$ 16,399.00	
21		Logan Lively	Blue	20	Site Coordinator/Case Manager	\$ 22,388.00	0.75	\$ 16,791.00	
22	Community Service Aid	John Gooder		30	Community Services Aid	\$ 42,637.14	1.00	\$ 29,846.00	
23	Mental Health Therapists	Sigmund Freud	Yellow	40	Mental Health Therapist I	\$ 31,163.00	0.60	\$ 21,814.10	
24		Hope Happy	Pink	24	Mental Health Therapist I	\$ 41,185.71	0.90	\$ 28,830.00	
25		Ruth Mystic	Purple	36	Mental Health Therapist I	\$ 43,457.14	1.00	\$ 30,420.00	
26		Adriene Addy	Orange	40	Mental Health Therapist II	\$ 30,308.00	0.50	\$ 21,215.60	\$ 222,907
27		Cathy Peace	Green	20	Mental Health Therapist III	\$ 42,724.29	1.00	\$ 29,907.00	
28		Phil Therapist	Blue	40	Mental Health Therapist II	\$ 43,505.71	1.00	\$ 30,454.00	
29		Patti Calm	Red	40	Mental Health Therapist II	\$ 43,457.14	1.00	\$ 30,420.00	
30				40	Mental Health Therapist II	\$ 43,457.14	1.00	\$ 30,420.00	\$ 776,643.64

- Expenses to this contract total

