



SAMH PROJECTED OPERATING AND CAPITAL BUDGET

AGENCY _____

Date _____

CONTRACT # _____

Fiscal Year _____

PART I: PROJECTED FUNDING SOURCES & REVENUES

FUNDING SOURCES & REVENUES	DCF	Other Funding Source	Other Funding Source	Other Funding Source	Other Funding Source	Other Funding Source	Other Funding Source	Total Revenue
IA. STATE SAMH FUNDING								
(1) Management, Oversight and Administration	\$							\$0
(2) Services Revenue	\$							\$0
IB. OTHER GOVT. FUNDING								
(1) Other State Agency Funding		\$	\$	\$	\$	\$	\$	\$0
(2) Medicaid		\$	\$	\$	\$	\$	\$	\$0
(3) Local Government		\$	\$	\$	\$	\$	\$	\$0
(4) Federal Grants and Contracts		\$	\$	\$	\$	\$	\$	\$0
(5) In-kind from local govt. only		\$	\$	\$	\$	\$	\$	\$0
TOTAL GOVERNMENT FUNDING =	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
IC. ALL OTHER REVENUES								
(1) 1st & 2nd Party Payments		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0
(2) 3rd Party Payments (except Medicare)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0
(3) Medicare		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0
(4) Contributions and Donations		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0
(5) Other Grants and Contracts		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0
(6) In-kind		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0
TOTAL ALL OTHER REVENUES =	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL PROJECTED FUNDING =	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

EXPENSE CATEGORIES	DCF	Other Funding Source	Other Funding Source	Other Funding Source	Other Funding Source	Other Funding Source	Other Funding Source	Total Expenses
IIA. PERSONNEL EXPENSES								
(1) Salaries	\$	\$	\$	\$	\$	\$	\$	\$0
(2) Fringe Benefits	\$	\$	\$	\$	\$	\$	\$	\$0
TOTAL PERSONNEL EXPENSES =	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
IIB. OTHER EXPENSES								
(1) Building Occupancy								\$0
(2) Professional Services								\$0
(3) Travel								\$0
(4) Equipment								\$0
(5) Food Services								\$0
(6) Medical and Pharmacy								\$0
(7) Subcontracted Services								\$0
(8) Insurance								\$0
(9) Interest Paid								\$0
(10) Operating Supplies & Expenses								\$0
(11) Donated Items								\$0
(12) Other Expense								\$0
TOTAL OTHER EXPENSES =	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL PERSONNEL & OTHER EXPENSES =	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
IIC. DISTRIBUTED INDIRECT COSTS								
(a) Other Support Costs (Optional)	\$	\$	\$	\$	\$	\$	\$	\$0
(b) Administration	\$	\$	\$	\$	\$	\$	\$	\$0
TOTAL DISTRIBUTED INDIRECT COSTS =	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL ALLOWABLE OPERATING EXPENSES =	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
IID. UNALLOWABLE COSTS								
	\$	\$	\$	\$	\$	\$	\$	\$0
IIE. CAPITAL EXPENDITURES								
	\$	\$	\$	\$	\$	\$	\$	\$0
TOTAL PROJECTED OPERATING EXPENSES =	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

IIIG. BUDGET NARRATIVE (attach separate set of workpapers)

PART III: CERTIFICATION

I certify the above to be an accurate projection and in agreement with this agency's records and with the terms of this agency's contract.

Signature Title Date

SAMH PROJECTED OPERATING AND CAPITAL BUDGET PERSONNEL DETAIL

AGENCY		DATE				
POSITION TITLE / NUMBER		Total Agency		DCF ME Contract		
		# of FTE	Annual Salary Cost	% of Time	# of FTE	Salary
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
	Totals					