

Child and Teen Checkups (C&TC) Administrative Services

Annual Budget Worksheet

Budget Year (check one): 2008 _____ 2009: X

Submit one budget for CHB/RESERVATION

Name of CHB/RESERVATION: _____

Estimated Number of CHB/RESERVATION C&TC Eligible Children _____ (From Appendix A or Appendix A-1)

A. COMPENSATION COSTS

1. DIRECT STAFFING COSTS: List each position separately. Attach additional sheets, if necessary.					
Position	Annual C&TC Hours	Full-Time Equivalent (FTE)	Salary & Wages	Fringe Benefits	Total Salary/Wages & Fringe Benefits
Supervisor					
Outreach staff					
Clerk: Support Staff					
TOTALS					

2. EQUIPMENT: C&TC screening equipment is not an allowable expense. Equipment expenses must be prorated for C&TC use. Computer equipment purchases require prior approval. (Please attach description and justification of equipment expenses. Use a separate page if necessary.)	
TOTAL EQUIPMENT	

3. OTHER DIRECT COSTS	
Office Supplies	
Printing	
Postage	
Telephone	
Office space (rent)	
DHS/MDH training conferences/workshops/meetings fees (Plan for 1 DHS regional C&TC coordinator meetings @ \$30 per person and 1 Screening in Early Childhood regional workshop at \$50 per person. MDH C&TC screening trainings range from \$600/ 2½ day to \$12 per contact hour for ad hoc/updates. Do not include training costs for PHNs not performing C&TC screening services).	
C&TC program outreach supplies (Please attach description of program outreach supplies. Use a separate page if necessary.)	
Other (publications, advertisement costs, etc.) (Please attach description of publications, advertisements costs, etc.)	
TOTAL OTHER DIRECT COSTS	

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4. SUBCONTRACTS/CONSULTANTS COSTS

(If this is the initial request for subcontracts/consulting costs, please complete Appendix C. If you have completed Appendix C for the 2008 contract, and there have been changes to those activities, either submit a revised Appendix C. or if using the original form completed in 2008, make revisions in red font. If you have completed this form for 2008 and there are no changes to those activities, do not submit Appendix C. The 2008 information will remain current for CY 2009.)

5. INDIRECT COST – Use a standard indirect cost allowance equal to **only 10%** of the direct salary and fringe benefits of providing the service in lieu of determining the actual indirect cost. Any other indirect cost rate must be based on and supported by a cost allocation plan.

TOTAL INDIRECT COSTS

6. TOTAL COMPENSATION COST – (Sum of A1 through A5)

B. TRAVEL COSTS

TRAVEL: Reimbursement for **C&TC staff** travel to perform required C&TC administrative service **only**. Health care access is not covered under this contract.

1. Mileage: _____ miles at _____ cents per mile (Commissioner's rate or CHB/RESERVATION rate, whichever is less). As of the date of this Bulletin, the mileage reimbursement rate is 58.5 cents per mile.

2. DHS/MDH C&TC designated training conferences/workshops/meetings.
(Mileage, lodging, meals, per diem to attend conferences/workshops/meetings)

TOTAL TRAVEL (sum of B1 and B2)

C. TOTAL BUDGET REQUEST

(Sum of A and B) (Round to the nearest dollar)

D. C&TC SERVICES COST PER CHILD

Divide Total Budget (line C) by the Number of Eligible Children (From Appendix A or Appendix A-1).
(Not to exceed \$25.00 per eligible child)

IN WITNESS WHEREOF, CHB/RESERVATION and STATE have mutually agreed with this Budget Worksheet.

For CHB/RESERVATION:

Signature

Date

For STATE:

Signature

Date