

**2009 Immunization Registry  
COUNTY  
Budget Worksheet**

County: \_\_\_\_\_

**1. DIRECT STAFFING COSTS:** *List each position separately. Attach additional sheets if necessary.*

Position	Annual Hours	Full-time Equivalent (FTE)	Total Salary/Wages & Fringe Benefits
<b>TOTALS</b>			

**2. EQUIPMENT:** *Attach description and justification of equipment costs. If equipment is to be shared with other programs, the equipment expenses must be prorated among the programs sharing the equipment.*

**TOTAL EQUIPMENT**

**3. OFFICE SUPPLIES**

**4. PRINTING**

**5. POSTAGE**

**6. TELEPHONE**

**7. RENT**

**8. SUBCONTRACTS/CONSULTANTS COST**  
Please attach description of all subcontract proposals.

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**9. OTHER** (List and attach description): \_\_\_\_\_

**10. INDIRECT COST:** Use a standard indirect cost allowance equal to 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**

**11. TRAVEL:** \_\_\_\_\_ miles at \_\_\_\_\_¢/mile (Commissioner's rate or County rate, whichever is less). *Reimbursement for Immunization Registry staff travel to perform required Immunization Registry activities only.*  
As of the date of this Bulletin, the mileage reimbursement rate is 58.5 cents per mile.

**TOTAL TRAVEL**

**12. TOTAL COUNTY IMMUNIZATION REGISTRY BUDGET**  
(Sum of 1 through 11) (Round to the nearest dollar)

**13. TOTAL NUMBER OF RECORDS FOR CHILDREN, AGE 0-20, WITH AT LEAST TWO VACCINATIONS, IN THE COUNTY IMMUNIZATION REGISTRY ON JULY 1, 2008.**

**14. COUNTY'S IMMUNIZATION REGISTRY ACTIVITIES COST PER CHILD**

(Divide Total County Immunization Registry Budget (# 12) by the total of records for Children ages 0-20, with at least two vaccinations, in the County Immunization Registry on July 1, 2008 (# 13))