

**ENTER PROGRAM NAME PER CONTRACT**  
**ENTER AGENCY NAME**  
**ENTER FISCAL YEAR**

Budget Categories -		FTE %	Total Proposed Budget		
Line Item Description (Must be itemized)			Admin.	Direct	Total
PERSONNEL SALARIES:					
0001	Title	0.00			\$0
0002	Title	0.00			\$0
0003	Title	0.00			\$0
0004	Title	0.00			\$0
0005	Title	0.00			\$0
0006	Title	0.00			\$0
0007	Title	0.00			\$0
0008	Title	0.00			\$0
0009	Title	0.00			\$0
0010	Title	0.00			\$0
0011	Title	0.00			\$0
0012	Title	0.00			\$0
SALARY TOTAL		0.00	\$0	\$0	\$0
PAYROLL TAXES:					
0030	OASDI				\$0
0031	FICA/MEDICARE				\$0
0032	SUI				\$0
PAYROLL TAX TOTAL			\$0	\$0	\$0
EMPLOYEE BENEFITS:					
0040	Retirement				\$0
0041	Workers Compensation				\$0
0042	Health Insurance (medical, vision, life, dental)				\$0
EMPLOYEE BENEFITS TOTAL			\$0	\$0	\$0
SALARY & BENEFITS GRAND TOTAL					\$0
FACILITIES/EQUIPMENT EXPENSES:					
1010	Rent/Lease Building				\$0
1011	Rent/Lease Equipment				\$0
1012	Utilities				\$0
1013	Building Maintenance				\$0
1014	Equipment purchase				\$0
FACILITY/EQUIPMENT TOTAL					\$0

**Exhibit U****OPERATING EXPENSES:**

1060	Telephone	\$0
1061	Answering Service	\$0
1062	Postage	\$0
1063	Printing/Reproduction	\$0
1064	Publications	\$0
1065	Legal Notices/Advertising	\$0
1066	Office Supplies & Equipment	\$0
1067	Household Supplies	\$0
1068	Food	\$0
1069	Program Supplies - Therapeutic	\$0
1070	Program Supplies - Medical	\$0
1071	Transportation of Clients	\$0
1072	Staff Mileage/vehicle maintenance	\$0
1073	Staff Travel (Out of County)	\$0
1074	Staff Training/Registration	\$0
1075	Lodging	\$0
1076	Other - (Identify)	\$0
1077	Other - (Identify)	\$0
<b>OPERATING EXPENSES TOTAL</b>		<b>\$0</b>

**FINANCIAL SERVICES EXPENSES:**

1080	Accounting/Bookkeeping	\$0
1081	External Audit	\$0
1082	Liability Insurance	\$0
1083	Administrative Overhead	\$0
1084	Payroll Services	\$0
1085	Professional Liability Insurance	\$0
<b>FINANCIAL SERVICES TOTAL</b>		<b>\$0</b>

**SPECIAL EXPENSES (Consultant/Etc.):**

1090	Consultant (network & data management)	\$0
1091	Translation Services	\$0
1092	Medication Supports	\$0
<b>SPECIAL EXPENSES TOTAL</b>		<b>\$0</b>

**FIXED ASSETS:**

1190	Computers & Software	\$0
1191	Furniture & Fixtures	\$0
1192	Other - (Identify)	\$0
<b>FIXED ASSETS TOTAL</b>		<b>\$0</b>

**Exhibit U**

**NON MEDI-CAL CLIENT SUPPORT EXPENSES:**

2000	Client Housing Support Expenditures (SFC 70)	\$0
2001	Client Housing Operating Expenditures (SFC 71)	\$0
2002.1	Clothing, Food & Hygiene (SFC 72)	\$0
2002.2	Client Transportation & Support (SFC 72)	\$0
2002.3	Education Support (SFC 72)	\$0
2002.4	Employment Support (SFC 72)	\$0
2002.5	Respite Care (SFC 72)	\$0
2002.6	Household Items	\$0
2002.7	Utility Vouchers (SFC 72)	\$0
2002.8	Child Care (SFC 72)	\$0
NON MEDI-CAL CLIENT SUPPORT TOTAL		\$0
<b>TOTAL PROGRAM EXPENSES</b>		<b>\$0</b>

**MEDI-CAL REVENUE:**

	Units of Service	Rate	\$ Amount
3000	Mental Health Services (Individual/Family/Group Therapy)	0	\$0.00
3100	Case Management	0	\$0.00
3200	Crisis Services	0	\$0.00
3300	Medication Support	0	\$0.00
3400	Collateral	0	\$0.00
3500	Plan Development	0	\$0.00
3600	Assessment	0	\$0.00
3700	Rehabilitation	0	\$0.00
Estimated Medi-Cal Billing Totals		0	\$0
% of Federal Financial Participation Reimbursement		0.00%	\$0
% of Early and Periodic Screening, Diagnostic, and Treatment Reimbursement		0.00%	\$0
MEDI-CAL REVENUE TOTAL			\$0

**OTHER REVENUE:**

4000	Other - (Identify)	\$0
4100	Other - (Identify)	\$0
OTHER REVENUE TOTAL		\$0

**MHSA FUNDS:**

5000	Prevention & Early Intervention Funds	\$0
5100	Community Services & Supports Funds	\$0
5200	Innovation Funds	\$0
5300	Workforce Education & Training Funds	\$0
MHSA FUNDS TOTAL		\$0
<b>TOTAL PROGRAM REVENUE</b>		<b>\$0</b>

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## PROGRAM EXPENSES

### **Personnel Salaries, Payroll Taxes & Employee Benefits - Line Items 0001- 0042**

These amounts reflect FTE positions, part-time positions and whether the positions are administrative or direct service. Employee benefits should be limited to a maximum of 20% of total salaries.

(\$xxx,xxx.xx)

### **Facilities/Equipment Expenses – Line Items 1010-1014**

Identify building lease/rent expenses, equipment (office equipment, vehicles, etc.). Attach copy of lease agreements if available.

(\$xxx,xxx.xx)

### **Operating Expenses - Line Items 1060-1077**

Identify and detail the expenses for each item utilized for program.

(\$xxx,xxx.xx)

### **Financial Services Expenses – Line Items 1080-1085**

Local and corporate administrative costs are limited to 15% of the total program budget. Copies of insurance policies are required.

(\$xxx,xxx.xx)

### **Special Expenses – Line Items 1090-1092**

Detail each line item in Special Expenses.

(\$xxx,xxx.xx)

### **Fixed Assets – Line Items 1190-1193**

Include all purchases over Five Thousand Dollars (\$5,000) including sales tax, and certain purchases under said amount such as camera, televisions, VCRs/DVDs and other sensitive items, made during the life of the Agreement resulting from this Request for Proposal, with funds paid pursuant to this Agreement and that will outlive the life of this Agreement.

(\$xxx,xxx.xx)

### **Non-Medi-Cal Client Support Expenses – Line Items 2000-2002.8**

Detail any anticipated expenditures for clients.

(\$xxx,xxx.xx)

**TOTAL PROGRAM EXPENSE: (\$X,XXX,XXX.XX)**

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**Medi-Cal Revenues - Line Item 3000-3700**

Medi-Cal Revenue projected based on Short-Doyle/Medi-Cal Reimbursement Rates. To follow are a series of tables that delineate the methodology for determining projected revenue. (For services to individuals under 21 years old).

<b>Unduplicated Patient Caseload</b>		#
Estimated Total Number of Unduplicated Patients (0-21 years) to be served		

<b>Patient Caseload by Insurance Type</b>	%		#
Medi-Cal			0
Uninsured - Sliding Fee Full Discount			0
Other			0
<i>Total Number of Unduplicated Patients</i>			0

<b>Determining Units of Service for Medi-Cal Patients</b>				#	#	#
	Total Visits each Year for each Patient			Minutes	Patients	Units
	Assessments Visit(s)/Patient @		minutes/each for a total of	0	0	0
	Treatment Visit(s)/Patient @		minutes/each for a total of	0	0	0
	Patient Exit Visit(s)/Patient @		minutes/each for a total of	0	0	0
<i>Total Number of Billable Minutes Per Year</i>				0		0

<b>Determining Service Type for Medi-Cal Patients</b>		%	#
		Units	Units
Mental Health Services (Individual/Family/Group Therapy)			0
Case Management			0
Crisis Services			0
Medication Support			0
Collateral			0
Plan Development			0
Assessment			0
Rehabilitation			0
<i>Total Number of Billable Minutes Per Year</i>		0%	0

<b>Determining Reimbursement for Units of Service for Medi-Cal Patients</b>		#	\$	\$
		Units	Unit Rate	Amount
Mental Health Services (Individual/Family/Group Therapy)		0		\$ -
Case Management		0		\$ -
Crisis Services		0		\$ -
Medication Support		0		\$ -
Collateral		0		\$ -
Plan Development		0		\$ -
Assessment		0		\$ -
Rehabilitation		0		\$ -
<i>Total Reimbursement for Billable Minutes Per Year</i>		0		\$ -

# Exhibit U

<i>Estimated % of Federal Financial Participation (FFP) Reimbursement</i>	<i>0%</i>
<i>Estimated % of Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Reimbursement</i>	<i>0%</i>

<b>TOTAL ESTIMATED MEDI-CAL REVENUE</b>	<b>\$ -</b>
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## **Other Revenues - Line Items 4000-4300**

**\$**

Other: Private Insurance - \_\_\_\_ patients @ \_\_\_\_ visits/yr/patient at \$ \_\_\_\_ a visit

## **MHSA FUNDS - Line Items 5000-5300**

**\$**

**TOTAL REVENUE**

**#VALUE!**