

# BUDGET SUMMARY

<b>Provider Name:</b>	The official name of the provider as written in the contract.
<b>Budget Start Date:</b>	The budget start date will be the <b>first day</b> of the current annual period of the contract term. Each year of the contract, or for each renewal period, a new budget should be prepared and submitted to the contract manager to account for the annual allocation.
<b>Budget End Date:</b>	The budget end date will be the last day of the current annual period of the contract term. Each year of the contract, or for each renewal period, a new budget should be prepared and submitted to the contract manager to account for the annual allocation.
<b>Budget Categories:</b>	The budget categories are the major categories of expense allowed under the contract. Generally, there are two categories: 1. Direct Program Expense and 2. Administrative/Indirect Expense.
<b>Current Budget:</b>	Current Budget represents the amount originally allocated to an individual category of expense. For the purpose of revisions, it is the amount of the last approved budget revision.
<b>Budget Adjustment:</b>	Budget adjustment represents the need to change a category of expense in order to maximize the funds allocation under the contract. The Program will inform Provider which categories can and can not be adjusted. When entering the change, increases are entered normally. Decreases must be entered with the minus sign first, followed by the amount.
<b>Revised Budget:</b>	This cell is formatted to add the "Current Budget" and the "Budget Adjustment".

**A. DIRECT PROGRAM COST:**

<b>SALARIES:</b>	Salaries of individuals directly involved in the performance of the contract deliverables.
<b>FRINGE BENEFITS:</b>	Fringe Benefits of individuals directly involved in the performance of the contract deliverables.
<b>SALARY SUBTOTAL:</b>	This cell is formatted to add the "Salaries" and the "Fringe Benefits" to provide a subtotal for salaries and/or adjustments.
<b>ITEMIZED DIRECT EXPENSES:</b>	For this section, you will need to list the expenses identified in the Budget Narrative, note that the items listed in this section of the budget may not be items needed for the services provided under contract. You can adjust this section as needed to include or remove items listed in the Budget Narrative.
<b>RENT:</b>	Expense for the building or office space dedicated to the delivery of service provided under contract.
<b>UTILITIES:</b>	Expense for lights, water and sewage associated with the space dedicated to the delivery of service provided under contract.
<b>COMMUNICATION:</b>	Expense for telephone, cellphone, internet, and cable TV services required for the delivery of services under the contract.
<b>TRAVEL:</b>	Expense for employee's travel directly related to the delivery of services under the contract. Employees must be identified as staff listed in the Budget Narrative. Program approval required for all events and for individuals not directly funded under the contract. Travel reimbursement must be consistent with Chapter 112.061 F.S.
<b>OFFICE EQUIPMENT:</b>	Computers, printers, furniture, lamps, etc. Any equipment that has a useful life greater than 12 months.
<b>OFFICE SUPPLIES:</b>	Pens, paper, staples, etc.

# BUDGET SUMMARY

INCENTIVES:	Please consult with Program on allowable incentive items for clients who will be receiving services under the contract.
<b>DIRECT EXPENSE SUBTOTAL:</b>	This cell is formatted to add all "Itemized Direct Expense" to provide a subtotal and/or adjustments.

**B. ADMINSTRATIVE/INDIRECT COST:** Administrative and indirect costs are those costs associated with activities that do not directly impact the performance of the contract deliverables. Administrative cost includes clerical staff, accounting staff, executive management staff, common office supplies and/or equipment, etc. In the case of indirect cost, these costs are shared amongst a host of programs and/or contracts and are calculated based on a cost allocation plan.

(Administrative/indirect cost are capped at **X**% of contract amount.)

ADMINSTRATIVE:	Sum of administrative cost identified in the Budget Narrative for the contract.
INDIRECT:	Sum of indirect cost identified in the Budget Narrative for the contract.
<b>ADMIN. SUBTOTAL:</b>	This cell is formatted to add "Administrative" and "Indirect" to provide a subtotal and/or adjustments.
<b>BUDGET TOTAL:</b>	This cell is formatted to add "all Budget Categories" to provide a total budget amount and/or adjustments for the budget period.

**BUDGET REVISIONS:** This Budget Summary is supported by the Budget Narrative. The Budget Narrative will remain in the contract file as a supporting document. Any change to the Budget Summary must be supported by the Budget Narrative. All revisions to the budget must be approved by the contract manager prior to expenditures being charged to the contract.

Signature not required for the initial execution of the contract, Signature will be required for all revisions and annual updates to the budget by a person authorized to approve the budget for the provider.

\_\_\_\_\_  
Provider's Authorized Representative Signature

Date Provider approves budget revision or annual update.

\_\_\_\_\_  
Date

Florida Department of Health's Contract Manager or authorized staff allowed to approve budget revisions to the contract.

\_\_\_\_\_  
Contract Manager's Signature of Approval

Date Department of Health approves budget revision or annual update.

\_\_\_\_\_  
Date

# BUDGET SUMMARY

**Provider Name:** Manatee County

**Budget Start Date:** 04/01/20      **Budget End Date:** 06/30/20

<b>Budget Categories</b>	<b><u>Current Budget</u></b>	<b><u>Budget Adjustment</u></b>	<b><u>Revised Budget</u></b>
<b>A. DIRECT PROGRAM COST:</b>			
SALARIES:	\$0		
FRINGE BENEFITS:			
<b>SALARY SUBTOTAL:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>ITEMIZED DIRECT EXPENSES:</b>			
RENT:			
UTILITIES:			
COMMUNICATION:			
TRAVEL:			
OFFICE EQUIPMENT:			
OFFICE SUPPLIES:			
INCENTIVES:			
MEDICAL SVCS GENERAL	\$ 7,440.00		
MOBILE DEVICE SRV FEE	\$ 7,560.00		
Enter Item			
<b>DIRECT EXPENSE SUBTOTAL:</b>	<b>\$ 15,000.00</b>	<b>\$ -</b>	<b>\$ -</b>
<b>B. ADMINSTRATIVE/INDIRECT COST:</b>			
(Administrative/Indirect cost are capped at 0% of contract amount.)			
ADMINSTRATIVE:			
INDIRECT:			
<b>ADMIN. SUBTOTAL:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>BUDGET TOTAL:</b>	<b>\$ 15,000.00</b>	<b>\$ -</b>	<b>\$ -</b>

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\_\_\_\_\_  
Provider's Authorized Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contract Manager's Signature of Approval

\_\_\_\_\_  
Date

# BUDGET SUMMARY

**Provider Name:**

**Revision #: 1**

**Budget Start Date:**

**Budget End Date:**

Budget Categories	Current Budget	Budget Adjustment	Revised Budget
<b>A. DIRECT PROGRAM COST:</b>			
SALARIES:	\$ -		\$ -
FRINGE BENEFITS:	\$ -		\$ -
<b>SALARY SUBTOTAL:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>ITEMIZED DIRECT EXPENSES:</b>			
RENT:	\$ -		\$ -
UTILITIES:	\$ -		\$ -
COMMUNICATION:	\$ -		\$ -
TRAVEL:	\$ -		\$ -
OFFICE EQUIPMENT:	\$ -		\$ -
OFFICE SUPPLIES:	\$ -		\$ -
INCENTIVES:	\$ -		\$ -
MEDICAL EQUIPMENT	\$ 7,440.00		\$ 7,440.00
MOBILE DEVICE SRV FEE	\$ 7,560.00		\$ 7,560.00
Enter Item	\$ -		\$ -
<b>DIRECT EXPENSE SUBTOTAL:</b>	<b>\$ 15,000.00</b>	<b>\$ -</b>	<b>\$ 15,000.00</b>
<b>B. ADMINSTRATIVE/INDIRECT COST:</b>			
(Administrative/indirect cost are capped at X% of contract amount.)			
ADMINSTRATIVE:	\$ -		\$ -
INDIRECT:	\$ -		\$ -
<b>ADMIN. SUBTOTAL:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>BUDGET TOTAL:</b>	<b>\$ 15,000.00</b>	<b>\$ -</b>	<b>\$ 15,000.00</b>

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\_\_\_\_\_  
Provider's Authorized Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contract Manager's Signature of Approval

\_\_\_\_\_  
Date

Contract #: \_\_\_\_\_

# BUDGET SUMMARY

Attachment "X"

Contract #: \_\_\_\_\_

# BUDGET SUMMARY

**Provider Name:**

**Revision #: 2**

**Budget Start Date:**

**Budget End Date:**

<b>Budget Categories</b>	<b><u>Current Budget</u></b>	<b><u>Budget Adjustment</u></b>	<b><u>Revised Budget</u></b>
<b>A. DIRECT PROGRAM COST:</b>			
SALARIES:	\$ -		\$ -
FRINGE BENEFITS:	\$ -		\$ -
<b>SALARY SUBTOTAL:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>ITEMIZED DIRECT EXPENSES:</b>			
RENT:	\$ -		\$ -
UTILITIES:	\$ -		\$ -
COMMUNICATION:	\$ -		\$ -
TRAVEL:	\$ -		\$ -
OFFICE EQUIPMENT:	\$ -		\$ -
OFFICE SUPPLIES:	\$ -		\$ -
INCENTIVES:	\$ -		\$ -
MEDICAL EQUIPMENT	\$ 7,440.00		\$ 7,440.00
MOBILE DEVICE SRV FEE	\$ 7,560.00		\$ 7,560.00
Enter Item	\$ -		\$ -
<b>DIRECT EXPENSE SUBTOTAL:</b>	<b>\$ 15,000.00</b>	<b>\$ -</b>	<b>\$ 15,000.00</b>
<b>B. ADMINSTRATIVE/INDIRECT COST:</b>			
(Administrative/indirect cost are capped at X% of contract amount.)			
ADMINSTRATIVE:	\$ -		\$ -
INDIRECT:	\$ -		\$ -
<b>ADMIN. SUBTOTAL:</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>BUDGET TOTAL:</b>	<b>\$ 15,000.00</b>	<b>\$ -</b>	<b>\$ 15,000.00</b>

**BUDGET REVISIONS:** This Budget Summary is supported by the Budget Narrative. The Budget Narrative will remain in the contract file as a supporting document. Any change to the Budget Summary must be support by the budget narrative. All revisions to the budget must be approved by the contract manager prior to expenditures being charged to the contract.

\_\_\_\_\_  
Provider's Authorized Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contract Manager's Signature of Approval

\_\_\_\_\_  
Date

Contract #: \_\_\_\_\_

# BUDGET SUMMARY

Attachment "X"

Contract #: \_\_\_\_\_