

**OKLAHOMA STATE DEPARTMENT OF HEALTH
CONTRACT BUDGET FORM**

Contractor: _____ Date: _____

Contractor Contact: _____ Phone: _____

Contractor Address: _____

Dollar Amount: \$ _____

Summary Budget Request:

Budget Line Item	OSDH Amount	Match (if applicable)	TOTAL
Personnel/Salaries			
Fringe Benefits			
Travel/Training			
Supplies			
Contractual			
Admin Costs/IDC			
Other			
Total			

**** Local Match Funding source(s):** _____

Narrative/Detail Budget Request:

Personnel/Salaries							
Position Title	Staff Name	Annual Salary	No. Months	% Time	STATE	MATCH (if applicable)	TOTAL
Category Total							

**OKLAHOMA STATE DEPARTMENT OF HEALTH
CONTRACT BUDGET FORM**

Contractor Name: _____ Date: _____

Narrative/Detail Budget Request (Continued):

Fringe Benefits	STATE	MATCH (if applicable)	TOTAL
Category Totals			
Travel-PerDiem/Training	STATE	MATCH (if applicable)	TOTAL
Category Totals			
Supplies	STATE	MATCH (if applicable)	TOTAL
Category Totals			
Contractual	STATE	MATCH (if applicable)	TOTAL
Category Totals			
Admin Costs/IDC	STATE	MATCH (if applicable)	TOTAL
Category Totals			
Other	STATE	MATCH (if applicable)	TOTAL
Category Totals			
	STATE	MATCH (if applicable)	TOTAL
Category Totals			
TOTAL PROGRAM COSTS			

Contractor's Signature: _____ Date: _____

Printed Name: _____ Title: _____

Budget Samples

Sample Budget for Social Services Case Management (Project 1)
(Show figures rounded to the nearest whole dollar amount)

OKLAHOMA STATE DEPARTMENT OF HEALTH Contract Budget Form

Supplier Name: ABC Company Date: July 1, 1998

Supplier Contact: John Doe Phone: (123) 456-7890

Supplier Address: 1234 XYZ Drive, ABC, Oklahoma 12345-6789

Requested Dollar Amount: \$112,500.00

Summary Budget Request:

Budget Item	Line	State (Amount Requested from the OSDH)	Match applicable)** (if	Total
Personnel/Salaries		\$70,000.00		\$70,000.00
Fringe Benefits		\$25,200.00		\$25,200.00
Travel/Training		\$4,360.00		\$4,360.00
Supplies		\$1,200.00		\$1,200.00
Contractual		\$490.00		\$490.00
10% Administrative Fee		\$11,250.00		\$11,250.00
Other				
Total		\$112,500.00		\$112,500.00

** Local Match Funding source(s):

OKLAHOMA STATE DEPARTMENT OF HEALTH
Contract Budget Form

Supplier ABC Company
Name: _____

Date: July 1, 1998

Narrative/Detail Budget Request:

Personnel/Salaries							
Position Title	Staff Name	Annual Salary	No. Months	% of Time	State	Match (if applicable)	Total
Case Manager	Smith	\$30,000.00	10			100%	\$25,000.00
\$25,000.00							
Case Manager	Jones	\$28,500.00	10			100%	\$23,750.00
\$23,750.00							
Case Manager	Mayes	\$25,500.00	10			100%	\$21,250.00
\$21,250.00							
Category Total			\$70,000.00				\$70,000.00
<i>Fringe Benefits</i>			State		Match (if applicable)		Total
Fringe Benefits at 36% of salaries							\$25,200.00
\$25,200.00							
Category Totals			\$25,200.00				\$25,200.00
Travel-Perdiem/Training			State		Match (if applicable)		Total
Travel to various conferences and registration fees							\$4,360.00
\$4,360.00							
required for these conferences. All travel shall be in accordance with the Supplier's travel policy but shall not exceed the Oklahoma State Travel Reimbursement Act.							
Category Totals			\$4,360.00				\$4,360.00
Supplies			State		Match (if applicable)		Total
Office supplies – routine office supplies required for the							\$400.00
\$400.00							
program. The cost allocation method is detailed in the budget justification/narrative.							
Medical supplies – supplies required to test for HIV/AIDS							\$800.00
\$800.00							
This is a direct cost to the program and 100% of the cost is charged to the program. These supplies are purchased only for this program and are identified by a unique code assigned to this program.							
Category Totals			\$1,200.00				\$1,200.00

OKLAHOMA STATE DEPARTMENT OF HEALTH
Contract Budget Form

Supplier Name: ABC Company Date: July 1, 1998

Narrative/Detail Budget Request:

Contractual	State	Match (if applicable)	Total
Contract with a Supplier to provide computer maintenance \$490.00			\$490.00
Category Totals	\$490.00		\$490.00
10% Administrative Fee	State	Match (if applicable)	Total
Indirect costs associated with this contract are \$11,250.00			\$11,250.00
limited to 10% of the total contract award by the OSDH. The Supplier has an IDC rate of 25% negotiated with the Federal government (IDC approval letter included with RFP documents).			
Category Totals	\$11,250.00		\$11,250.00
Other	State	Match (if applicable)	Total
Category Totals			
	State	Match (if applicable)	Total
Category Totals			
TOTAL PROGRAM COSTS	\$112,500.00		\$112,500.00

Supplier's Signature: _____ Date: _____

Printed Name _____ Title: _____

Sample Budget Narrative/Justification for Social Services Case Management (Project 1)

Personnel/Salaries

Three Social Service Case Managers (SSCM) will fulfill the duties of the Social Service Case Manager role as described in the RFP and the OSDH HIV Case Management Standards of CARE. 100% of the SSCM's salaries will be paid through this contract. The SSCM's will also ensure that the Case Management Duties detailed in this RFP are provided.

Fringe Benefits

Fringe benefits for the case manager will be paid at 31% of total salaries. Fringe benefits include the following: health, dental, disability and life insurance, social security/Medicare (FICA), retirement and worker's compensation.

Travel-Per diem/Training

Travel is for the case manager to attend one out-of-state and possibly one in-state conference if available. The out-of-state conference would include airfare, hotel, per diem, and shuttle charges. The in-state conference would include mileage, hotel, per diem, shuttle charges, and toll charges. All travel costs shall be paid to the employee in accordance with the Supplier's travel policy and request for reimbursement shall not exceed the amounts allowed under the State Travel Reimbursement Act.

Supplies

This includes general office supplies necessary to facilitate this project. Also included are medical supplies, i.e. syringes, gauze, and rapid test kits to test for HIV/AIDS. Both general office and medical supplies are purchased directly for this program and are identified by a unique identifier code.

Contractual

This line item includes costs for a contract with David Elliott to provide computer maintenance and updates.

10% Administrative Fee

This line item includes the administrative costs of the supplier. Per the Ryan White grant administrative costs are limited to 10% of the total award from the OSDH. This line item includes the costs in the federally approved IDC rate and salaries and fringe benefits for the program supervisor.