

OKLAHOMA STATE DEPARTMENT OF HEALTH

SAMPLE Proposed WIC Budget

| OKLAHOMA STATE DEPARTMENT OF HEALTH | | | | | | | | | | | |
|--|--|-------------------|--|----------------------|--|------------------------------------|--|--------------|--|-------------|--|
| WIC SERVICES | | | | | | | | | | Page 1 of 3 | |
| CONTRACTOR BUDGET | | | | | | | | | | | |
| CONTRACTOR INSTRUCTIONS: ONLY FILL OUT LIGHT BLUE SHADED AREAS | | | | Date Prepared | | 09/22/10 | | | | | |
| Contract Period - From: | | 10/01/10 | | Through: | | 09/30/11 | | | | | |
| Contractor's Project Name: | | | | WIC CLINIC | | | | | | | |
| Contractor's Name: | | WIC CONTRACTOR | | | | | | | | | |
| Address: | | 123 ABC STREET | | | | | | | | | |
| City, State ZIP: | | ANYTOWN, OK 73123 | | | | | | | | | |
| Budget Summary | | | | | | | | | | | |
| LINE ITEM SUMMARY | | | | FTEs | | | | | | TOTALS | |
| TOTAL SALARIES | | | | 4.56 | | | | | | 146,000.00 | |
| TOTAL FRINGE BENEFITS | | | | | | | | | | 28,240.00 | |
| TOTAL TRAVEL | | | | | | | | | | 4,000.00 | |
| TOTAL SUPPLIES | | | | | | | | | | 7,660.00 | |
| TOTAL CONTRACTS | | | | | | | | | | 0.00 | |
| TOTAL OTHER | | | | | | | | | | 44,100.00 | |
| TOTAL INDIRECT COSTS: @ | | | | | | | | | | 0.00 | |
| BUDGET CATEGORY TOTALS | | | | | | | | | | 230,00.00 | |
| COMMENTS: | | | | | | | | | | | |
| Contractor Signature (Authorized Representative) | | | | | | | | | | | |
| Contract Monitor's Review: | | Approved | | OSDH USE ONLY | | Contract Administrator's Review: | | Approved | | | |
| Disapproved | | (Circle one) | | | | Disapproved | | (Circle one) | | | |
| Contract Monitor's Signature --- | | | | Date: | | Contract Administrator's Signature | | | | Date: | |
| Other Signature Required by Program --- | | | | Date: | | | | | | | |
| | | | | | | | | | | | |

Exhibit titled Budget Form- Sample

| | | | | | |
|----------------------------------|--|----------|----------|-------------|--|
| Contract Period - From:10/01/010 | | Through: | 09/30/11 | Page 2 of 3 | |
| Contractor's Project Name: | | | | | |
| WIC CLINIC | | | | | |
| Contractor's Name: | | | | | |
| | | | | | |
| | | | | | |

| Budget Detail | | | | | |
|--|--|--|----------|--|-------------------|
| PERSONNEL/SALARIES (List detail below) | | | | | Line Item |
| EMPLOYEE CLASSIFICATION | | | WIC FTEs | | Totals |
| Manager | | | 1 | | 35,000.00 |
| CWNT | | | 1 | | 28,500.00 |
| Clerk | | | 1 | | 26,000.00 |
| Admin. Assistant | | | 1 | | 24,000.00 |
| Accountant | | | .40 | | 6,000.00 |
| Director | | | .30 | | 16,000.00 |
| RD/LD | | | .25 | | 10,500.00 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| TOTAL SALARIES & FTEs | | | | | 146,000.00 |
| EMPLOYEE BENEFITS | | | | | Totals |
| Health Insurance | | | | | 7,860.00 |
| FICA | | | | | 11,169.00 |
| Worker's Compensation | | | | | 2,920.00 |
| Unemployment | | | | | 2,920.00 |
| Retirement | | | | | 3,371.00 |
| TOTAL FRINGE BENEFITS | | | | | 28,240.00 |
| | | | | | |
| | | | | | |

| Budget Detail | | | | | |
|--|--|--|--|--|-----------------|
| TRAVEL Note: All out-of-state travel must be pre-approved by the OSDH) | | | | | TOTALS |
| In-State Travel | | | | | 4,000.00 |
| Out-of-State Travel | | | | | |
| TOTAL TRAVEL | | | | | 4,000.00 |
| | | | | | |

| Budget Detail | | | | | |
|--------------------------------|--|--|--|--|-----------------|
| SUPPLIES (List supplies below) | | | | | TOTALS |
| Clinical Supplies | | | | | 4,000.00 |
| Office Supplies | | | | | 1,260.00 |
| Postage | | | | | 1,200.00 |
| Housekeeping | | | | | 1,200.00 |
| | | | | | |
| TOTAL SUPPLIES | | | | | 7,660.00 |

Exhibit titled Budget Form

OKLAHOMA STATE DEPARTMENT OF HEALTH
Proposed WIC Budget

| | | | | | | | | | | | |
|--|--|--|--|---------------|----------------------|------------------------------------|---|--|---------------|-------------|--|
| OKLAHOMA STATE DEPARTMENT OF HEALTH | | | | | | | | | | | |
| WIC SERVICES | | | | | | | | | | Page 1 of 3 | |
| CONTRACTOR BUDGET | | | | | | | | | | | |
| CONTRACTOR INSTRUCTIONS: ONLY FILL OUT LIGHT BLUE SHADED AREAS | | | | Date Prepared | | | | | | | |
| Contract Period - From: | | | | | Through: | | | | | | |
| Contractor's Project Name: | | | | | | | | | | | |
| Contractor's Name: | | | | | | | | | | | |
| Address: | | | | | | | | | | | |
| City, State ZIP: | | | | | | | | | | | |
| Budget Summary | | | | | | | | | | | |
| LINE ITEM SUMMARY | | | | | FTEs | | | | TOTALS | | |
| TOTAL SALARIES | | | | | | | | | | | |
| TOTAL FRINGE BENEFITS | | | | | | | | | | | |
| TOTAL TRAVEL | | | | | | | | | | | |
| TOTAL SUPPLIES | | | | | | | | | | | |
| TOTAL CONTRACTS | | | | | | | | | | | |
| TOTAL OTHER | | | | | | | | | | | |
| TOTAL INDIRECT COSTS: @ | | | | | | | | | | | |
| BUDGET CATEGORY TOTALS | | | | | | | | | | | |
| COMMENTS: | | | | | | | | | | | |
| | | | | | | | | | | | |
| Contractor Signature (Authorized Representative) | | | | | | | | | | | |
| Contract Monitor's Review: Approved | | | | | OSDH USE ONLY | | Contract Administrator's Review: Approved | | | | |
| Disapproved (Circle one) | | | | | | | Disapproved (Circle one) | | | | |
| Contract Monitor's Signature --- | | | | Date: | | Contract Administrator's Signature | | | | Date: | |
| Other Signature Required by Program --- | | | | Date: | | | | | | | |
| | | | | | | | | | | | |

