

Exhibit 3
(See Attachments)

Region 2 Area Map

Budget Narrative Justification

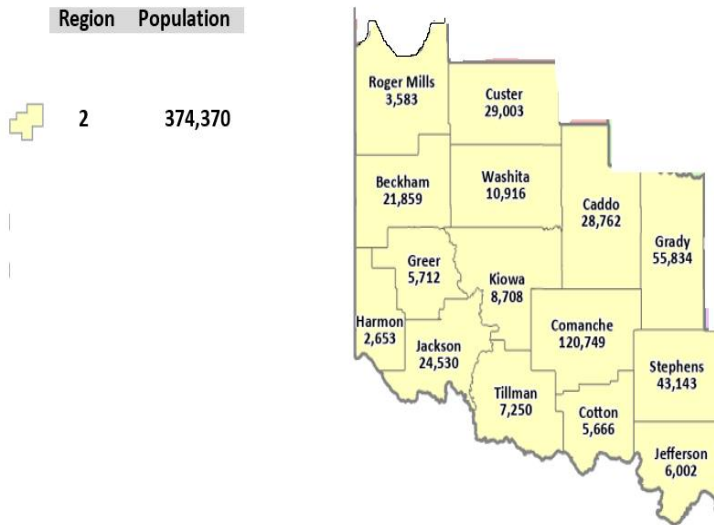
Budget Form

Quarterly Progress Report

Rx for Oklahoma

Regional Service Areas for Region 2

2019 Census Population Estimates



OKLAHOMA DEPARTMENT OF COMMERCE
Office of Community Development
"Rx for Oklahoma"
Prescription Drug Program

☐ Quarterly Progress Report ☐ Final Progress Report
 (Check One)

Contractor Name:	Contract Number:
Facility Address:	Regional Area:
Facility Phone #:	Facility Fax #:
E-mail Address:	Reporting Month / Year:

(Add additional pages as needed.)

Number of New Clients Assisted by County:	This Section will Include the Counties of the Regional Area Awarded.												
Clients Served "Outside" Regional Area:	County:		County:		County:								
	# Clients Served:		# Clients Served:		# Clients Served:								
	County:		County:		County:								
	# Clients Served:		# Clients Served:		# Clients Served:								
TOTAL Number of New Clients Assisted:						Average Number of Clients assisted per month:							
Number of Applicants Assisted by Gender :						Male:				Female:			
Number of Applicants Assisted by Marital Status :						Single:		Married:		Divorced:		Widowed:	
Number of Applicants Assisted by Ethnicity :						Caucasian:		African American:		Hispanic:			
						Asian:		Native American:		Other:			
Number of Uninsured Applicant:						Number of Under-Insured Applicants:							
Number Assisted by Age :		0-20 yrs old:		41-64 yrs old:		Older than 81yrs:							
		21-40 yrs old:		65-80 yrs old:									
Number of new claims:													
Amount of new claims: <i>Estimated value of medication</i>										\$			
Number of reconciled claims:													
Amount of reconciled claims: <i>Estimated value of medication</i>										\$			
Number of pending claims:													
Amount of pending claims: <i>Estimated value of medication</i>										\$			
Number of Oklahomans seeking assistance, but determined ineligible:													
Number of new participating physicians:													
Average number of non-paid volunteers assisting with "Rx for Oklahoma":													
Number of Clients exited program for: _____ insurance coverage _____ Medicare Part D _____ other resource													

Signature of Authorized Official:

Date:

BUDGET NARRATIVE JUSTIFICATION

Detailed Budget Narrative Justification: All applications must have a detailed budget narrative explaining and justifying the proposed budget expenditures (Budget Form). For clarification and simplicity it is best to discuss each expense by budget line item in the order they appear on the Budget Form.

Include the dollar amounts in the discussion and how the dollar amounts were derived. Include detailed descriptions of all cost justifications (see below for more detail). Additionally, provide any cost sharing or matching cost details.

The Budget Narrative Justification submitted with the application must equal the dollar amounts on all required forms. Please explain each calculation and provide a narrative that supports each budget category. (In other words, the Total Budget Line [Admin + Operations] on the Budget Form must equal total costs identified and discussed in the narrative).

Personnel:

- a. Include Salary and Wages
- b. Provide breakdown of personnel by classification (e.g. job title)
- c. State time commitments in hours or percent of time for each person or position
- d. All personnel costs must be allowable
- e. Explain any special considerations

Fringe Benefits:

- a. Identify separately from salaries and wages
- b. Provide description of benefits received by personnel when the fringe calculates more than 35% of the associated salary.

Consultant Services:

- a. Experts or professionals in a specific field and has a wide knowledge of the subject matter needed for the service.

Travel: Provide Breakdown of travel costs as follows:

- a. Destination
- b. Estimated costs and type of transportation
- c. Number of travelers and related lodging and per diem costs
- d. Brief description of the travel involved, its purpose, and explanation of how the proposed travel is necessary for successful completion of the project.

Other Travel considerations:

- a. If travel details are unknown, then the basis for proposed cost should be explained (e.g. historical information) – do not list a lump sum estimate.

Space Costs:

- a. Space used by the service and cost allocated in a larger budget plan.
- b. Lease or rental costs for project operating space.

Supplies:

- a. Explain the type of supplies to be purchased, or the nature of the expense, quantity, and cost per unit.
- b. Indicate basis for estimate of supplies (historical use on similar projects).

Equipment:

- a. "Equipment" is nonexpendable, tangible personal property with unit costs of \$500 or more having a useful life of more than 1 year.
- b. List equipment to be purchased and provide description of how it will be used in the project.
- c. Explain why the equipment is necessary for successful management of the project.
- d. General use equipment (e.g. computers, faxes, etc.) must be used 100% for the project if purchased with project funding.

Other Direct Costs:

- a. Other direct costs, (not including payroll and benefits), refers to expenditures which are allowed as eligible direct charges to a project. Understanding these types of costs and the procedures in place to process these expenditures will ensure the successful fiscal management of the awarded project.
- b. Explain with detail each proposed costs and its benefit toward the successful management of the project.

**OKLAHOMA DEPARTMENT OF COMMERCE
Rx for Oklahoma Prescription Drug Program
REGIONAL BUDGET FORM**

Organization Name: _____

		Rx for OK Budget	Other Sources of Revenue	Total Budget
ADMINISTRATIVE COSTS				
Salaries/Wages	563010			
Fringe Benefits	563011			
Consultant Services	563012			
Travel	563020			
Space costs	563021			
Supplies	563022			
Equipment	563023			
Other Direct Costs	563024			
TOTAL COSTS				
OPERATIONS / PROGRAM COST				
Salaries/Wages	563030			
Fringe Benefits	563031			
Consultant Services	563032			
Travel	563040			
Space costs	563041			
Supplies	563042			
Equipment	563043			
Other Direct Costs	563044			
TOTAL COSTS				
TOTAL BUDGET (Admin + Operations/Program)				

Authorized Signature _____

Date _____

ODOC Approved By: _____

Date _____