

## SAMH PROJECTED OPERATING AND CAPITAL BUDGET



**Hernando County Housing and Supportive Services**  
**AGENCY**

**17-Jan-24**

**Date**  
**2024 Apr- June**

**CONTRACT #**

**Fiscal Year**

### PART I: PROJECTED FUNDING SOURCES & REVENUES

FUNDING SOURCES & REVENUES	DCF/LSFHS	Other Funding Source	Other Funding Source	Other Funding Source	Other Funding Source	Other Funding Source	Other Funding Source	Other Funding Source	Total Revenue
<b>IA. STATE SAMH FUNDING</b>									
(1) Management, Oversight and Administration	\$								\$0
(2) Services Revenue	\$								\$0
<b>IB. OTHER GOVT. FUNDING</b>									
(1) Other State Agency Funding		\$	\$	\$	\$	\$	\$	\$	\$0
(2) Medicaid		\$	\$	\$	\$	\$	\$	\$	\$0
(3) Local Government		\$	\$	\$	\$	\$	\$	\$	\$0
(4) Federal Grants and Contracts		\$	\$	\$	\$	\$	\$	\$	\$0
(5) In-kind from local govt. only		\$	\$	\$	\$	\$	\$	\$	\$0
<b>TOTAL GOVERNMENT FUNDING =</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>IC. ALL OTHER REVENUES</b>									
(1) 1st & 2nd Party Payments		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0
(2) 3rd Party Payments (except Medicare)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0
(3) Medicare		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0
(4) Contributions and Donations		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0
(5) Other Grants and Contracts		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0
(6) In-kind		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0
<b>TOTAL ALL OTHER REVENUES =</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>TOTAL PROJECTED FUNDING =</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

EXHIBIT C

EXPENSE CATEGORIES	DCF	Other Funding Source	Other Funding Source	Other Funding Source	Other Funding Source	Other Funding Source	Other Funding Source	Other Funding Source	Total Expenses
<b>IIA. PERSONNEL EXPENSES</b>									
(1) Salaries	\$ 15,840.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$15,840
(2) Fringe Benefits	\$ 6,019.20	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$6,019
<b>TOTAL PERSONNEL EXPENSES =</b>	<b>\$21,859</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$21,859</b>
<b>IIB. OTHER EXPENSES</b>									
(1) Building Occupancy									\$0
(2) Professional Services									\$0
(3) Travel	\$300								\$300
(4) Equipment	\$4,750								\$4,750
(5) Food Services									\$0
(6) Medical and Pharmacy									\$0
(7) Subcontracted Services									\$0
(8) Insurance									\$0
(9) Interest Paid									\$0
(10) Operating Supplies & Expenses									\$0
(11) Donated Items									\$0
(12) Other Expense	\$1,500								\$1,500
<b>TOTAL OTHER EXPENSES =</b>	<b>\$6,550</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$6,550</b>
<b>TOTAL PERSONNEL &amp; OTHER EXPENSES =</b>	<b>\$28,409</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$28,409</b>
<b>IIC. DISTRIBUTED INDIRECT COSTS</b>									
(a) Other Support Costs (Optional)	\$	\$	\$	\$	\$	\$	\$	\$	\$0
(b) Administration	\$1,500	\$	\$	\$	\$	\$	\$	\$	\$1,500
<b>TOTAL DISTRIBUTED INDIRECT COSTS =</b>	<b>\$1,500</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,500</b>
<b>TOTAL ALLOWABLE OPERATING EXPENSES =</b>	<b>\$29,909</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$29,909</b>
<b>IID. UNALLOWABLE COSTS</b>									
	\$	\$	\$	\$	\$	\$	\$	\$	\$0
<b>IIE. CAPITAL EXPENDITURES</b>									
	\$	\$	\$	\$	\$	\$	\$	\$	\$0
<b>TOTAL PROJECTED OPERATING EXPENSES =</b>	<b>\$29,909</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$29,909</b>
<b>IIIG. BUDGET NARRATIVE</b> (attach separate set of workpapers)									
<b>PART III: CERTIFICATION</b>									
I certify the above to be an accurate projection and in agreement with this agency's records and with the terms of this agency's contract.									
Signature			Title			Date			

## SAMH PROJECTED OPERATING AND CAPITAL BUDGET PERSONNEL DETAIL

AGENCY

DATE

		Total Agency		DCF ME Contract		
POSITION TITLE / NUMBER		# of FTE	Annual Salary Cost	% of Time	# of FTE	Salary
1	Data Analyst - Mental and Substance Abuse	1.0	\$68,640	100%	1.00	\$68,640
2					0.00	\$0
3					0.00	\$0
4					0.00	\$0
5					0.00	\$0
6					0.00	\$0
7					0.00	\$0
8					0.00	\$0
9					0.00	\$0
10					0.00	\$0
11					0.00	\$0
12					0.00	\$0
13					0.00	\$0
14					0.00	\$0
15					0.00	\$0
16					0.00	\$0
17					0.00	\$0
18					0.00	\$0
19					0.00	\$0
20					0.00	\$0
21					0.00	\$0
22					0.00	\$0
23					0.00	\$0
24					0.00	\$0
25					0.00	\$0
26					0.00	\$0
27					0.00	\$0
28					0.00	\$0
29					0.00	\$0
30					0.00	\$0
Totals		1.0	\$68,640		1.00	\$68,640



## SAMH PROJECTED OPERATING AND CAPITAL BUDGET Budget Narrative

AGENCY	Date
	DCF/LSFHS
<b>IIA. PERSONNEL EXPENSES</b>	
(1) Salaries	See Personnel Detail
(2) Fringe Benefits	Fringe benefits are budgeted at 38.00%. Fringe includes FICA, Retirement, Health Insurance, Dental Insurance, Life Insurance, Workers Compensation Insurance and Unemployment Compensation.
<b>IIB. OTHER EXPENSES</b>	
(1) Building Occupancy	
(2) Professional Services	
(3) Travel	\$300 - Travel includes mileage reimbursement at the state rate of .67 cents per miles driven for business based on county's policy
(4) Equipment	\$4,750.00 Computer (Laptop)\$1,800, monitor \$700, zoom \$200 , mifi\$550.; office chair \$300, desk \$1200
(5) Food Services	
(6) Medical and Pharmacy	
(7) Subcontracted Services	
(8) Insurance	
(9) Interest Paid	
(10) Operating Supplies & Expenses	
(11) Donated Items	
(12) Other Expense	
<b>IIC. DISTRIBUTED INDIRECT COSTS</b>	
(a) Other Support Costs (Optional)	
(b) Administration	indirect cost (hiring cost, staff development, badges)