

ATTACHMENT II
Medicaid Waiver 1115
Fund 29658000
Functional Area 360000000080001
Proposed Budget for Period: 10/01/2017 to 9/30/2018
Breastfeeding Promotion

<u>ESTIMATED REVENUES</u>	<u>SAP GL</u> <u>No.</u>	<u>ORIG</u> <u>BUDGET</u>
Medicaid Waiver 1115	4502280	\$ 472,910
Total Estimated Revenues		<u><u>\$ 472,910</u></u>

APPROPRIATIONS

Medicaid Waiver 1115

Period: 10/01/2017 - 9/30/2018

Cost Center 3606110001

Internal Order 836000000xxx

		<u>ORIG</u> <u>BUDGET</u>
1	Regular Salaries & Wages	222,608
1	Temporary Salaries	-
1	Language Skill Pay	1,440
1	Retiree Payout Salary	-
2	Social Security/FICA	17,323
2	Temporary Soc Sec/FICA	-
2	Life Insurance	226
1	Personal Leave Buy Back Pay	2,400
1	Transportation Allowance	-
2	Group Health Insurance	35,812
2	TMRS	25,928
6	Education	2,500
5	Fees to Professional Contractors	-
5	Contractual	0
5	Other Contractual	-
5	Advertising and Publication	-
6	Membership Dues	2,000
6	Binding, Printing, and Reproduction	5,000
3	Transportation Fees	1,500
6	Maintenance - Buildings	-
6	Maintenance and Repair Automotive	-
6	Mail and Parcel Post Service	500
6	Rental of office equipment	1,000
6	Rental of Facilities	41,629
3	Travel - Official	6,000
6	Alarm & Security Svc	1,000
6	Maintenance and Repair Parts – Automoti	-
4	Office Supplies	2,000
4	Janitorial Supplies	-
6	Food	2,500
4	Chems Meds & Drugs	-
6	Software	-
4	Other Commodities	15,000
6	Procurement Fee	-
6	Cellular Phones	1,800
6	Wireless Data Communications	1,000
6	Motor Fuel & Lubricants	-
6	Gas & Electricity	-

Categorical Budget	
1 Personnel	227,948
2 Fringe Benefits	79,290
3 Travel	7,500
7 Equipment	-
4 Supplies	17,000
5 Contractual	-
6 Other	58,929
Total Direct Charges	390,667
8 Indirect Cost	82,243
Total Grant Request	472,910

6	Water/Sewer	5404540	-
1	Workers Disability Comp	5405020	1,500
8	Indirect Cost	5406530	82,243
6	Rent of City Rolling Equipment	5407510	-
7	Computer Equipment	5501000	-
7	Machinery & Equipment	5501055	-
7	Phones	5501055	-
7	Vehicles	5501055	-
7	Furniture & Fixtures	5501065	-
		Total	472,910

PERSONNEL COMPLEMENT:

<u>Class No.</u>	<u>Title</u>	<u>Positions</u>
Activity 36-06-11		
Cost Center 3606110001		
Internal Order 836000000xxx		
0206	Health Program Manager (.05 FTE)	1.00
0908	Asst Social Services Mgr (.35 FTE)	1.00
0999	Senior Management Analyst (1.0 FTE)	2.00
0046	Management Analyst (1.0 FTE)	1.00
2063	Admin Associate (1.0 FTE)	1.00
	36-06-11	<u>6.00</u>