

ATTACHMENT II
Medicaid Waiver 1115
Fund 29658000
Functional Area 3600000000xxxxx
Proposed Budget for Period: 10/01/2017 to 9/30/2018
Stand Up SA

<u>ESTIMATED REVENUES</u>	<u>SAP GL</u> <u>No.</u>	<u>ORIG</u> <u>BUDGET</u>
Medicaid Waiver 1115	4502280	\$ 509,999
Total Estimated Revenues	\$	509,999

APPROPRIATIONS

Medicaid Waiver 1115

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

Cost Center 3617010001

Internal Order 836000000xxx

		<u>ORIG</u> <u>BUDGET</u>
1	Regular Salaries & Wages	36,400
1	Temporary Salaries	315,900
1	Language Skill Pay	-
1	Cell Phone Reimbursement	-
2	Social Security/FICA	2,844
2	Temporary Soc Sec/FICA	24,166
2	Life Insurance	37
1	Personal Leave Buy Back Pay	-
1	Transportation Allowance	780
2	Group Health Insurance	8,139
2	TMRS	4,257
6	Education	-
5	Fees to Professional Contractors	-
5	Temporary Services	52,458
5	Other Contractual	-
5	Advertising and Publication	25,000
6	Membership Dues	-
6	Binding, Printing, and Reproductic	5,000
3	Transportation Fees	19,378
6	Maintenance - Buildings	-
6	Maintenance and Repair Automot	-
6	Mail and Parcel Post Service	-
6	Rental of office equipment	-
6	Rental of Facilities	-
3	Travel - Official	-
6	Alarm & Security Svc	-
6	Maintenance and Repair Parts – A	-
4	Office Supplies	2,000
4	Janitorial Supplies	-
6	Clothing	2,500
4	Chems Meds & Drugs	-
6	Food	2,500
4	Other Commodities	-
6	Procurement Fee	-
6	Cellular Phones	8,640
6	Wireless Data Communications	-
6	Motor Fuel & Lubricants	-
6	Gas & Electricity	-
6	Water/Sewer	-
7	Phones	-
7	Vehicles	-
7	Furniture & Fixtures	-
Total		509,999

Categorical Budget	
1 Personnel	353,080
2 Fringe Benefits	39,444
3 Travel	19,378
7 Equipment	-
4 Supplies	2,000
5 Contractual	77,458
6 Other	18,640
Total Direct Charges	509,999
8 Indirect Cost	-
Total Grant Request	509,999

PERSONNEL COMPLEMENT:

<u>Class No.</u>	<u>Title</u>	<u>Positions</u>
Activity 36-17-01		
Cost Center 3617010001		
Internal Order 836000000xxx		