

**REACH**  
**Fund 29xxxxxx**  
**Functional Area 36000000008xxxx**  
**Proposed Budget for Period: 09/29/2018 to 9/30/2019**  
**5-Year initiative to improve health, prevent chronic diseases, and reduce health**

<u>SAP GL</u>	<u>ESTIMATED REVENUES</u>	<u>ORIG</u>
<u>No.</u>		<u>BUDGET</u>
4501000	Grants Revenue	\$ 900,000
Total		<u>\$ 900,000</u>

**APPROPRIATIONS**

**Medicaid Waiver 1115**

**Period:**

**10/01/2018 - 9/30/2019**

Cost Center 361xxxxxxx

Internal Order 136000000xxx

**FY 19**

**BUDGET**

1	5101010	Regular Salaries		382,784
2	5103005	FICA & Medicare Expense		29,283
2	5103010	Life Insurance		383
1	5103056	Transportation Allowance		-
2	5170040	Civilian Active Healthcare Assessment		78,020
2	5105010	Retirement Expense Civilian TMRS		44,633
6	5201025	Education - Classes	**	4,400
5	5201040	Fees to Professional Contractors		90,000
5	5202020	Contractual Services		
5	5203040	Advertising and Publications		5,033
6	5203050	Membership Dues and Licenses	***	1,000
6	5203060	Binding Printing and Reproduction		5,000
3	5203090	Transportation Fees	*	54,000
6	5206010	Rental of Facilities		20,000
3	5207010	Travel-Official	**	10,000
4	5302010	Office Supplies		2,000
6	5304010	Food		
6	5304005	Clothing and Linen Supplies		500
4	5304080	Other Commodities		1,000
6	5403040	Cellular Phone Service		6,000
6	5403510	Wireless Data Communications		8,160
6	5404520	Software Licenses		2,000
8	5406530	Indirect Costs		138,805
7	5501000	Capital Outlay<5000 - Computer Equipment	****	12,000
7	5501065	Capital Outlay<5000 Furniture & Fixtures		5,000
<b>Total</b>				<b>900,000</b>

<b>Categorical Budget</b>		
1	Personnel	382,784
2	Fringe Benefits	152,318
3	Travel	64,000
4	Supplies	3,000
5	Contractual	95,033
6	Other	47,060
7	Equipment	17,000
Total Direct Charges		<b>761,195</b>
8	Indirect Cost	138,805
<b>Total Grant Request</b>		<b>900,000</b>

\* Transportation Fee: average monthly mileage reimbursement from 1115 Waiver Neighborhood \$450.00 multiplied by 12 months multiplied by 10 people

\*\* For training purposes to obtain certificates

\*\*\* Food Licensing

\*\*\*\* Laptop \$1,500 for 4 people and Ipads \$600 for 6 people, \$600 for 3 people

\*\*\*\*\* Cell service is \$50 per person per month

**PERSONNEL COMPLEMENT:**

<u>Class No. Title</u>	<u>Positions</u>
Activity 36-01-14	
Cost Center 36xxxxxxx	
Internal Order 136000000xxx	
2448 Community Health Worker (1.0 FTE)	6.00
0046 Mgmt Analyst (1.0 FTE)	3.00
0999 Sr. Mgmt Analyst (1.0 FTE)	1.00
	<u>10.00</u>