ATTACHMENT II
Medicaid Waiver 1115
Fund 29658000
Functional Area 3600000000080001
Proposed Budget for Period: 10/01/2015 to 9/30/2016
Breastfeeding Promotion

ESTIMATED REVENUES	SAP GL No.		ORIG BUDGET
Medicaid Waiver 1115	4501000	$	647,091
Total Estimated Revenues		$	647,091

APPROPRIATIONS
Medicaid Waiver 1115
Period: 10/01/2015 - 9/30/2016
Cost Center 3606110001
Internal Order 836000000013

			DY5 BUDGET
1	Regular Salaries & Wages	5101010	257,813
1	Temporary Salaries	5101015	
1	Language Skill Pay	5101050	840
1	Retiree Payout Salary	5101070	
2	Social Security/FICA	5103005	19,935
2	Temporary Soc Sec/FICA	5103007	
2	Life Insurance	5103010	261
1	Personal Leave Buy Back Pay	5103035	1,930
1	Transportation Allowance	5103056	
2	Group Health Insurance	5104030	47,616
2	TMRS	5105010	28,091
6	Education	5201025	2,500
5	Fees to Professional Contractors	5201040	35,000
5	Contractual	5202020	
5	Other Contractual	5202025	
5	Advertising and Publication	5203040	
6	Membership Dues	5203050	3,250
6	Binding, Printing, and Reproduction	5203060	5,000
3	Transportation Fees	5203090	3,500
6	Maintenance - Buildings	5204050	500
6	Maintenance and Repair Automotive	5204090	
6	Mail and Parcel Post Service	5205010	3,000
6	Rental of office equipment	5205020	3,000
6	Rental of Facilities	5206010	65,000
3	Travel - Official	5207010	12,000
6	Alarm & Security Svc	5208530	2,000
6	Maintenance and Repair Parts – Automo	5301020	
4	Office Supplies	5302010	7,000
4	Janitorial Supplies	5303010	1,500
6	Food	5304010	12,500
4	Chems Meds & Drugs	5304040	-
6	Software	5304075	
4	Other Commodities	5304080	25,000
6	Procurement Fee	5403000	
6	Cellular Phones	5403040	1,800
6	Wireless Data Communications	5403510	1,000
6	Motor Fuel & Lubricants	5403545	
6	Gas & Electricity	5404530	
6	Water/Sewer	5404540	
1	Workers Disability Comp	5405020	1,500
8	Indirect Cost	5406530	105,555
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	**647,091**

Categorical Budget	
1 Personnel	262,083
2 Fringe Benefits	95,902
3 Travel	15,500
7 Equipment	-
4 Supplies	33,500
5 Contractual	35,000
6 Other	99,550
Total Direct Charges	**541,536**
8 Indirect Cost	105,555
Total Grant Request	**647,091**

PERSONNEL COMPLEMENT:

Class No.	Title	Positions
Activity 36-06-11		
Cost Center 3606110001		
Internal Order 836000000013		
0206	Health Program Manager (.05 FTE)	1.00
0908	Asst Social Services Mgr (.35 FTE)	1.00
0999	Senior Management Analyst (1.0 FTE)	1.00
0999	Senior Management Analyst (1.0 FTE)	1.00
0288	Registered Dietician (1.0 FTE)	1.00
2063	Admin Associate (1.0 FTE)	1.00
0222	Peer Counselor (1.0 FTE)	1.00
0222	Peer Counselor (1.0 FTE)	1.00
	36-06-11	8.00