													Appendix B, Page
				F	IUMAN SERVICI	ES AGENCY BUI	DGET SUMMARY	,					
					IONIAN OLIVIO	BY PROGRAM							
Grantee/Contractor: Vendor Name										Full Term:			7/1/24 - 6/30/2
Program: Program Name										Effective Date:			
New Modification Revision Chec	k One)									Modification #			
	7/1/24 - 6/30/25	7/1/24 - 6/30/25	7/1/24 - 6/30/25	7/1/25 - 6/30/26	7/1/25 - 6/30/26	7/1/25 - 6/30/26	7/1/26 - 6/30/27	7/1/26 - 6/30/27	7/1/26 - 6/30/27	7/1/27 - 6/30/28	7/1/27 - 6/30/28	7/1/27 - 6/30/28	7/1/24 - 6/30/2
Expenses	Original	MOD/Revision	Revised	Total									
Salaries & Benefits													
Operating-Direct													
Subtotal													
Indirect Percentage (%)	15%		15%	15%		15%	15%		15%	15%		15%	1
Indirect Costs (Line 16 X Line 15)													
CODB Eligible Expenses													
Consultant/Subcontractor (\$25,000+)													
Direct Client Pass-Through													
Capital Expenses													
Total Expenses													
											•		
HSA / DAS Revenues General Fund	\$50,000		\$50,000	\$50,000		\$50,000	\$50,000		\$50,000	\$50,000		\$50,000	\$200.0
State	\$30,000		\$30,000	\$30,000		\$30,000	\$30,000		\$30,000	\$30,000		\$30,000	\$200,
Federal													
Addback 1													
Addback 2													
Addback 2 Addback 3													
CODB FY 1	\$1,250		\$1,250	\$1,250		\$1,250	<b>64 050</b>		\$1,250	A4 050		\$1,250	\$5,0
	\$1,200		\$1,250	\$1,250		\$1,250	\$1,250		\$1,200	\$1,250		\$1,200	\$5,0
CODB FY 2													
CODB FY 3													
CODB FY 4													
OTO 1													
OTO 2													
OTO 3													
OTO 4													
Total HSA / DAS Revenues	\$51,250		\$51,250	\$51,250		\$51,250	\$51,250		\$51,250	\$51,250		\$51,250	\$205,0
Grantee/Contractor Revenues													
Total Grantee/Contractor Revenues													
Total Revenues	\$51,250		\$51,250	\$51,250		\$51,250	\$51,250		\$51,250	\$51,250		\$51,250	\$205,0
Prepared by:													
Telephone No. & Email:												HS	A Budget Form (3

intee/Contractor: Vendor Na oram: Program Name	me																										1	Appendix B. Pag
													S	alaries & Benet	fits Detail													
	Agency	y Totals	HSA P	rogram	7/1/24 - 6/30/25	7/1/24 - 6/30/25	7/1/24 - 6/30/25	Agenc	cy Totals	HSA P	rogram	7/1/25 - 6/30/26	7/1/25 - 6/30/26	7/1/25 - 6/30/26	Agenc	y Totals	HSA Program	7/1/26 - 6/30/21	7/1/26 - 6/30/27	7/1/26 - 6/30/27	Agenc	y Totals	HSA Progra	am 7	/1/27 - 6/30/28	7/1/27 - 6/30/28	7/1/27 - 6/30/28	7/1/24 - 6/30/
POSITION TITLE	Annual Full Time Salary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	Original	MOD/Revision	Revised	Annual Full Time Salary for FTE	(	% FTE funded by HSA (Max 100%)	Adjusted FTE	Original	MOD/Revision	Revised	Annual Full Time Salary for FTE		% FTE funded by HSA Adjust (Max 100%) FTE	d	MOD/Revision	Revised	Annual Full Time Salary for FTE	% F fundi HS Total FTE (Max	ed by SA Ad	ljusted FTE	Original	MOD/Revision	Revised	Total
Employee A (example)		1.00	100%	1.00					1.00	100%	1.00					1.00	100% 1	00				1.00	100%	1.00				
Employee B (example)		0.50	80%	0.40					0.50	80%	0.40					0.50	80% 0	40				0.50	80%	0.40				
Employee C (example)		0.50	100%	0.50					0.50	100%	0.50					0.50	100% 0	50				0.50	100%	0.50				
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DTALS		2.00	2.80	1.90					2.00	280%	1.90					2.00	280% 1	90				2.00	280%	1.90				L
NGE BENEFIT RATE	25%	1						25%							25%	1					25%	[						
PLOYEE FRINGE BENEFITS																												
AL SALARIES & BENEFITS																												
																											HSA	A Budget Form (3/

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Grantee/Contractor: Vendor Name Program: Program Name												A	ppendix B, Pag
					Operating	Expenses Detail							
	7/1/24 - 6/30/25 Original	7/1/24 - 6/30/25 MOD/Revision	7/1/24 - 6/30/25 Revised	7/1/25 - 6/30/26 Original	7/1/25 - 6/30/26 MOD/Revision	7/1/25 - 6/30/26 Revised	7/1/26 - 6/30/27 Original	7/1/26 - 6/30/27 MOD/Revision	7/1/26 - 6/30/27 Revised	7/1/27 - 6/30/28 Original	7/1/27 - 6/30/28 MOD/Revision	7/1/27 - 6/30/28 Revised	7/1/24 - 6/30/ Total
xpenditure Category													
Rental of Property													
Utilities(Elec, Water, Gas, Phone, Garbage)													
Office Supplies, Postage Building Maintenance Supplies and Repair													
Printing and Reproduction													
Insurance											-		
Staff Training													
Staff Travel-(Local & Out of Town)													
Rental of Equipment													
onsulting/Professional Services (First \$25,000	& Under)												
Consultant A													
Subcontractor A									-		-		
											-		
her													
Other A													
Other B													
al Operating Expense													
												HSA	Budget Form

5 7/1/24 - 6/30/25 MOD/Revision	7/1/24 - 6/30/25 Revised	7/1/25 - 6/30/26 Original	Subcontrac 7/1/25 - 6/30/26 MOD/Revision	tors-Pass Thru 7/1/25 - 6/30/26 Revised		7/1/26 - 6/30/27 MOD/Revision	7/1/26 - 6/30/27 Revised	7/1/27 - 6/30/28 Original	7/1/27 - 6/30/28 MOD/Revision	7/1/27 - 6/30/28 Revised	7/1/24 - 6/30/ Total
-	-	-	-		-	-	-	-			
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			Image: Section of the sectio	Image: state	Image: state	Image: state	Image: state	Image: state	Image: state stat	Image: state stat	

												-	ppendix B, Page S
					Capital Ex	penses Detail							
	7/1/24 - 6/30/25 Original	7/1/24 - 6/30/25 MOD/Revision	7/1/24 - 6/30/25 Revised	7/1/25 - 6/30/26 Original	7/1/25 - 6/30/26 MOD/Revision	7/1/25 - 6/30/26 Revised	7/1/26 - 6/30/27 Original	7/1/26 - 6/30/27 MOD/Revision	7/1/26 - 6/30/27 Revised	7/1/27 - 6/30/28 Original	7/1/27 - 6/30/28 MOD/Revision	7/1/27 - 6/30/28 Revised	7/1/24 - 6/30/28 Total
Equipment (Over \$10,000 Per Item)				•		•		•		•			
Equipment A													
Equipment B													
													l
													<u>.</u>
Remodeling	-									1			
Remodeling A													l
Remodeling B													
	-												ł
	8				•								
<u>Total Capital Expenditure</u> (Equipment and Remodeling Cost <u>)</u>													
												HSA	Budget Form (3/24)