

FORM I: BUDGET SUMMARY (REQUIRED)

Legal Name of Respondent: HAYS COUNTY LOCAL HEALTH DEPARTMENT

Budget Categories	Total Budget (1)	DSHS Funds Requested (2)	Direct Federal Funds (3)	Other State Agency Funds* (4)	Local Funding (Match) (5)	Other Funds (6)
A. Personnel	\$9,591	\$8,761			\$830	
B. Fringe Benefits	\$6,248	\$5,707			\$541	
C. Travel	\$0	\$0			\$0	
D. Equipment	\$0	\$0			\$0	
E. Supplies	\$0	\$0			\$0	
F. Contractual	\$0	\$0			\$0	
G. Other	\$1,523	\$0			\$1,523	
H. Total Direct Costs	\$17,362	\$14,468	\$0	\$0	\$2,894	\$0
I. Indirect Costs	\$0	\$0			\$0	
J. Total (Sum of H and I)	\$17,362	\$14,468	\$0	\$0	\$2,894	\$0
K. Program Income - Projected Earnings	\$0	\$0	\$0	\$0	\$0	\$0

NOTE: The "Total Budget" amount for each Budget Category will have to be populated among the funding sources. Enter amounts in whole dollars for (3), (4), & (6), if applicable. After amounts have been entered for each funding source, verify that the "Distribution Total" below equals the respective amount under the "Total Budget" from column (1).

	Budget Category	Distribution Total	Budget Total	Budget Category	Distribution Total	Budget Total
Check Totals For:	Personnel	\$9,591	\$9,591	Fringe Benefits	\$6,248	\$6,248
	Travel	\$0	\$0	Equipment	\$0	\$0
	Supplies	\$0	\$0	Contractual	\$0	\$0
	Other	\$1,523	\$1,523	Indirect Costs	\$0	\$0

TOTAL FOR:	Distribution Totals	\$17,362	Budget Total	\$17,362
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*Letter(s) of good standing that validate the respondent's programmatic, administrative, and financial capability must be placed after this form if respondent receives any funding from state agencies other than DSHS related to this project. If the respondent is a state agency or institution of higher education, letter(s) of good standing are not required. DO NOT include funding from other state agencies in column 4 or Federal sources in column 3 that is not related to activities being funded by this DSHS project.

FORM I-1: PERSONNEL Budget Category Detail Form

Legal Name of Respondent: HAYS COUNTY LOCAL HEALTH DEPARTMENT

PERSONNEL	Vacant Y/N	Justification	FTE's	Certification or License (Enter NA if not required)	Total Average Monthly Salary/Wage	Number of Months	Salary/Wages Requested for Project
Name + Functional Title E = Existing or P = Proposed							
Anna Martinez - Admin Assistant II, (E)	N	NCMA TB Nursing Staff; Backup for Nurse and Conducts Administrative Work	0.322	NA	\$2,267.28	12	\$8,761
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
TOTAL FROM PERSONNEL SUPPLEMENTAL BUDGET SHEETS							\$0

SalaryWage Total	\$8,761
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FRINGE BENEFITS	Itemize the elements of fringe benefits in the space below:
	FICA $\$8,761 \times 6.2\% = \543
	MEDICARE $\$8,761 \times 1.45\% = \127
	RETIREMENT $[(\$2,267.28 \times 4 \text{ mos}) \times 11.32\%] + [(\$2,267.28 \times 8 \text{ mos}) \times 12.46\%] = \$3,287 \times 32.20\% \text{ FTE} = \$1,058$
	MEDICAL, DENTAL & LIFE INSURANCE $(\$965.74 \times 4 \text{ mos}) + (\$1,062.32 \times 8 \text{ mos}) = \$12,362 \times 32.2\% \text{ FTE} = \$3,979$
	Fringe Benefit Rate %
	65.14%
	Fringe Benefits Total
	\$5,707

