FORM I: BUDGET SUMMARY (REQUIRED)

Legal Name of Respondent: HAYS COUNTY LOCAL HEALTH DEPARTMENT

		Total	DSHS Funds	Direct Federal	Other State	Local Funding	Other
Budget Categories		Budget	Requested	Funds	Agency Funds*	(Match)	Funds
		(1)	(2)	(3)	(4)	(5)	(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
l.	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).

Total below equals the	respective amount	under the Total E	suaget from Colu	IIII (1).		
	Budget	Distribution	Budget	Budget	Distribution	Budget
	Catetory	Total	Total	Category	Total	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:	Dietribution Totale	¢47.202	Dudget Tetal	¢47.202
TOTAL FOR:	Distribution Totals	\$17,362	Budget Total	\$17,362

*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.

Revised: 7/6/2009

FORM I-1: PERSONNEL Budget Category Detail Form

Legal Name of Respondent: HAYS COUNTY LOCAL HEALTH DEPARTMENT

PERSONNEL Name + Functional Title E = Existing or P = Proposed	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
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
							\$0
TOTAL FROM PERSONNEL SUPPLEMENTAL BUDGET SHEETS					\$0		
	_				SalaryWag	je Total	\$8,761

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

FORM I-1: PERSONNEL Budget Category Detail Form (Match)

Legal Name of Respondent:	HAYS COUNTY LOCAL HEALTH DEPARTMENT	

PERSONNEL Name + Functional Title E = Existing or P = Proposed	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
Anna Martinez - Admin Assistant II, (E)	N	NCMA TB Nursing Staff; Backup for Nurse and Conducts Administrative Work	0.03	NA	\$2,267.28	12	\$830
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
	_				SalaryWage	Total	\$830

FRINGE BENEFITS	Itemize the elements of fringe benefits in the space	emize the elements of fringe benefits in the space below:				
FICA \$830 x 6.2% = \$51						
MEDICARE \$830 x 1.45% = \$12						
RETIREMENT [(\$2,267.28 x 4 mos)* 11.32%] + [(\$	2,267.28 x 8 mos)* 12.46%] = \$3,287 x 3.05% FTE = \$101					
MEDICAL, DENTAL & LIFE INSURANCE (\$965.74	x 4 mos) + (\$1,062.32 x 8 mos) = \$12,362 x 3.05% FTE = \$377					
		Fringe Benefit Rate %	65.18%			
		Fringe Benefits Total	\$541			

FORM I-6: OTHER Budget Category Detail Form (Match)

Legal Name of Respondent: HAYS COUNTY LOCAL HEALTH DEPARTMENT

Purpose & Justification	Total Cost
X-rays and readings for clients. 1 View for healthly adults and 2 View for children under the age of 16 and active TB cases, or TB suspects	\$1,523
	X-rays and readings for clients. 1 View for healthly adults and 2 View for children under the age of 16 and active TB cases, or

Total Amount Requested for Other:	\$1,52

Revised: 1/27/2012