

Healthy Start Coalition of Miami-Dade

INSTRUCTIONS TO COMPLETE BUDGET FORM

Part 1 of 4 BUDGET FORM

Please complete sections highlighted in blue as follows:

- 1) Insert your organization's Contract Number (the contract number is located in the subject line of your service authorization letter).
- 2) Inset your organization's name, address and contact information.

Salaries

- 1) In the 'Position' fields, insert the approved position titles that will be funded by the Healthy Start Coalition of Miami-Dade for example 'Care Coordinator.
- 2) Once you enter a position, a position number will populate.
- 3) In the 'Employee' fields, Insert the first and last names of the employee assigned to the position; if the position is vacant insert 'TBA' in the 'First Name' field.
- 4) In the 'Annual Salary' field enter the annual salary of the employee.
- 5) In the 'Approved Overtime Hours' enter the dollar amount for overtime hours if applicable.
- 6) In the 'HS Position Allocation%' field, insert the percentage of the employees' salary that will be funded by the Healthy Start Coalition of Miami-Dade. Example – Care Coordinator; John Martinez; 20%
- 7) All other fields will populate.
- 8) Detail narrative is required for each line item (see budget guidelines).

Fringe Benefits

- 1) Enter the amount for FICA, in column I46; it should not exceed 7.65% of total salary.
- 2) Enter the Fringe Benefits rate/cost per staff in cells F47 – F57; enter the total annual amounts in cells I47 –I57.
- 3) All other fields will populate
- 4) Detail narrative is required for each line item (see budget guidelines).

Program Operating Expenses

- 1) Enter in Cells I61-I78, the total amount of operating expenses per line item that you project to expend for the contract period.
- 2) Enter the total amount for subcontracted services for the contract year in cell I79; enter the names of all subcontractors in cells B80-B82;
- 3) Detail narrative is required for each line item (see budget guidelines).

Administrative/Indirect Costs

- 1) Insert in cells I85/86 the total amount of indirect costs for the period covered by your service authorization. Indirect Cost should not exceed 10% of total expenses.

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INSTRUCTIONS TO COMPLETE BUDGET FORM

Part 2-3 of 4 BUDGET NARRATIVE

Please complete sections highlighted in blue

- 1) Insert the budget justification for all line items (see budget guidelines)