

Name of Project
2016 Children's Mental Health Access/Expansion Grants
OPERATING BUDGET - YEAR 1 IMPLEMENTATION
Year 1 Grant Term

APPENDIX 6

Detailed Functional Category	FTE's	#	A Total Project Budget Year 1	B Sources of Funding						Total Project Budget Year 1
				B ILCHF	B Medicaid	B Other	B Other	B Other	B Other	
1. PROGRAM STAFF										
Agency Leader			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Project Director			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other Project Staff - Type 1			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other Project Staff - Type 2			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other Project Staff - Type 3			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other Project Staff - Type 4			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other Project Staff - Type 5			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Administrative Staff			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Fringe Benefits (____%)			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal - Personnel			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2. OTHER DIRECT COSTS										
Communications/Marketing			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel Expenses			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Meeting Expenses			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Survey/Data Collection			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Construction/Remodeling			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Project Space			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other Expenses			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal - Other Direct Costs			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3. PURCHASED SERVICES										
Personnel/Purchased Services										
Consultants			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Contracted Professionals			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal - Purchased Services			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. OVERHEAD COSTS (not otherwise accounted for)										
<i>Be specific as to costs</i>										
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal - Overhead Costs			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL COSTS - IMPLEMENTATION YEAR 1			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

NOTE: IF MORE CELLS ARE REQUIRED TO DOCUMENT ADDITIONAL FUNDING SOURCES UNHIDE ADDITIONAL COLUMNS BETWEEN "O" AND "AH".

NOTE: COLUMN AI WILL BE GREEN IF FUNDING SOURCES ARE ADDED CORRECTLY. IF NOT GREEN, PLEASE CHECK WORK. SUBTOTALS WILL NOT BE GREEN.

NOTE: IF MORE ROWS ARE REQUIRED TO DOCUMENT ADDITIONAL OVERHEAD COSTS (not otherwise accounted for) UNHIDE ROWS BETWEEN ROWS 45 AND 53.

Percentage of Budget:

Program Staff	#DIV/0!	#DIV/0!
Other Direct Costs	#DIV/0!	#DIV/0!
Purchased Services	#DIV/0!	#DIV/0!
Overhead Costs	#DIV/0!	#DIV/0!
Total	#DIV/0!	#DIV/0!

Name of Project
2016 Children's Mental Health Access/Expansion Grants
OPERATING BUDGET - YEAR 1 IMPLEMENTATION
Year 1 Grant Term

APPENDIX 6

Detailed Functional Category	FTE's	#	Total Project Budget Year 2	Sources of Funding						Total Project Budget Year 2
				A	B	B	B	B	B	
				ILCHF	Medicaid	Other	Other	Other	Other	
1. PROGRAM STAFF										
Agency Leader			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Project Director			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other Project Staff - Type 1			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other Project Staff - Type 2			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other Project Staff - Type 3			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other Project Staff - Type 4			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other Project Staff - Type 5			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Administrative Staff			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Fringe Benefits (%)			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal - Personnel			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
2. OTHER DIRECT COSTS										
Communications/Marketing			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Travel Expenses			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Meeting Expenses			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Survey/Data Collection			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Construction/Remodeling			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Project Space			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other Expenses			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal - Other Direct Costs			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
3. PURCHASED SERVICES										
Personnel/Purchased Services										
Consultants			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Contracted Professionals			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal - Purchased Services			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
4. OVERHEAD COSTS (not otherwise accounted for)										
<i>Be specific as to costs</i>										
			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
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			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal - Overhead Costs			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL COSTS - IMPLEMENTATION YEAR 1			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

NOTE: IF MORE CELLS ARE REQUIRED TO DOCUMENT ADDITIONAL FUNDING SOURCES UNHIDE ADDITIONAL COLUMNS BETWEEN "O" AND "AH".

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Percentage of Budget:

Program Staff	#DIV/0!	#DIV/0!
Other Direct Costs	#DIV/0!	#DIV/0!
Purchased Services	#DIV/0!	#DIV/0!
Overhead Costs	#DIV/0!	#DIV/0!
Total	#DIV/0!	#DIV/0!

Name of Project
 2016 Children's Mental Health Access/Expansion Grants
 TWO YEAR PROJECTION OF INCOME AND EXPENSE
 Full Grant Term

FORMULA DRIVEN - DO NOT MODIFY

APPENDIX 6

TOTAL ANNUAL BUDGETS

Detailed Functional Category	Implementation Years		Total Budget Projections
	1	2	
1. PROGRAM STAFF			
Agency Leader	\$ -	\$ -	\$ -
Project Director	\$ -	\$ -	\$ -
Other Project Staff - Type 1	\$ -	\$ -	\$ -
Other Project Staff - Type 2	\$ -	\$ -	\$ -
Other Project Staff - Type 3	\$ -	\$ -	\$ -
Other Project Staff - Type 4	\$ -	\$ -	\$ -
Other Project Staff - Type 5	\$ -	\$ -	\$ -
Administrative Staff	\$ -	\$ -	\$ -
Fringe Benefits (___ %)	\$ -	\$ -	\$ -
Subtotal - Personnel	\$ -	\$ -	\$ -
2. OTHER DIRECT COSTS			
Communications/Marketing	\$ -	\$ -	\$ -
Travel Expenses	\$ -	\$ -	\$ -
Meeting Expenses	\$ -	\$ -	\$ -
Survey/Data Collection	\$ -	\$ -	\$ -
Equipment	\$ -	\$ -	\$ -
Construction/Remodeling	\$ -	\$ -	\$ -
Project Space	\$ -	\$ -	\$ -
Other Expenses	\$ -	\$ -	\$ -
Subtotal - Other Direct Costs	\$ -	\$ -	\$ -
3. PURCHASED SERVICES			
Personnel/Purchased Services			\$ -
Consultants	\$ -	\$ -	\$ -
Contracted Professionals	\$ -	\$ -	\$ -
Other	\$ -	\$ -	\$ -
Subtotal - Purchased Services	\$ -	\$ -	\$ -
4. OVERHEAD COSTS (not otherwise accounted for)			
	\$ -	\$ -	\$ -
TOTAL PROJECTIONS			
	\$ -	\$ -	\$ -

TOTAL ILCHF BUDGETS

	Implementation Years		ILCHF Total Budget
	1	2	
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ILCHF FUNDING REQUEST AMOUNT ONLY

Percentage of Budget:			
Program Staff	#DIV/0!	#DIV/0!	#DIV/0!
Other Direct Costs	#DIV/0!	#DIV/0!	#DIV/0!
Purchased Costs	#DIV/0!	#DIV/0!	#DIV/0!
SUBTOTAL	#DIV/0!	#DIV/0!	#DIV/0!
Overhead Costs	#DIV/0!	#DIV/0!	#DIV/0!
TOTALS	#DIV/0!	#DIV/0!	#DIV/0!