

<b>Information &amp; Education (I&amp;E) Program BUDGET SUMMARY PAGE</b>		<b>FISCAL YEAR</b>	<b>BUDGET</b>	<b>% PERSONNEL MATCHED</b>	<b>GF BALANCE</b>						
		<b>2016-2017</b>	<b>Original</b>								
<small>Version 5.0 (I&amp;E)</small>											
<b>Agreement:</b>	<b>RFA# 16-XXXXX</b>	<b>**UNMATCHED FUNDING</b>					<b>NON-ENHANCED MATCHING (50/50)</b>				
<b>Agency:</b>		AGENCY									
<b>SubK:</b>		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(16)	(17)	
<b>EXPENSE CATEGORY</b>	<b>TOTAL FUNDING</b>	<b>%</b>	<b>I&amp;E GF</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>Combined Fed/State</b>				
<b>(I) PERSONNEL</b>											
<b>(II) OPERATING EXPENSES</b>											
<b>(III) CAPITAL EXPENSES</b>											
<b>(IV) OTHER COSTS</b>											
<b>(V) INDIRECT COSTS</b>											
<b>TOTALS</b>											
<b>Maximum Amount Payable from State and Federal resources:</b>				<b>ACTIVE</b>							
		<b>STATE FUNDING</b>			<b>BUDGETED</b>	<b>BALANCE</b>					
<b>Total I &amp; E GF</b>											
<b>Total Matching Title XIX</b>						n/a					
<b>Totals</b>											
I CERTIFY THAT I HAVE SEEN AND REVIEWED THIS BUDGET FOR COMPLIANCE WITH MCAH ADMINISTRATIVE AND PROGRAM GUIDELINES.											
_____ AGENCY'S PROJECT DIRECTOR SIGNATURE				_____ DATE		_____ AGENCY'S FISCAL OFFICER SIGNATURE				_____ DATE	

<b>State Use Only</b>		<b>PCA Codes</b>	53134				53133	
<b>(I) PERSONNEL</b>								
<b>(II) OPERATING EXPENSES</b>								
<b>(III) CAPITAL EXPENSES</b>								
<b>(IV) OTHER COSTS</b>								
<b>(V) INDIRECT COSTS</b>								
<b>Totals for PCA Codes</b>								

Agreement:	RFA# 16-XXXXX		**UNMATCHED FUNDING				NON-ENHANCED MATCHING (50/50)				
Agency:			AGENCY								
SubK:		(1)	(2)	(3)	(6)	(7)	(8)	(9)	(16)	(17)	
EXPENSE CATEGORY		TOTAL FUNDING	%	I&E GF	%		%	Combined Fed/State			

II. OPERATING EXPENSES DETAIL PAGE										
TOTAL OPERATING EXPENSES										
Travel										
Training										
1 General Expenses										
2 Office Space Rental										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										

III. CAPITAL EXPENSE DETAIL PAGE										
TOTAL CAPITOL COSTS										
1										
2										
3										
4										
5										

IV. OTHER COSTS DETAIL PAGE										
TOTAL OTHER COSTS										
1 Outreach Material										
2 Educational Materials										
3 Incentives										
4 Food for Participants										
5										
6										
7										
8										

See the Administrative Requirements, Budget Template, Other Costs (Fourth Line Item) in RFA 16-XXXXX for matchable Other Costs.

Agreement: <b>RFA# 16-XXXXX</b>					<b>**UNMATCHED FUNDING</b>				<b>NON-ENHANCED MATCHING (50/50)</b>				
Agency:					AGENCY								
SubK:					(1)	(2)	(3)	(6)	(7)	(8)	(9)	(16)	(17)
<b>EXPENSE CATEGORY</b>					<b>TOTAL FUNDING</b>	<b>%</b>	<b>I&amp;E GF</b>	<b>%</b>		<b>%</b>	<b>Combined Fed/State</b>		
<b>I. PERSONNEL DETAIL PAGE</b>													
<b>TOTAL PERSONNEL COSTS</b>													
<b>BENEFITS</b>													
<b>TOTAL WAGES</b>													
	<b>INITIALS</b>	<b>TITLE OR CLASS.</b>	<b>% FTE</b>	<b>ANNUAL SALARY</b>	<b>TOTAL WAGES</b>								<b>Staff Traveling (X)</b>
1		Project Coordinator											x
2		Health Educator											
3													
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