

MH.IDD Budget Form Instructions

The MH.IDD Budget Form has been revised in an Excel format. The five (5) tabs or sheets - Budget Form, Expenditures, Direct Program, Administrative, and Miscellaneous - are linked therefore all five tabs require input. The instructions below are designed as a walk-through to assist in completion of these tabs. Begin with the staffing pages as those totals will carry over to the Expenditures sheet. *Please note yellow highlighted areas or cells include formulas which calculate or pull info over from another tab/sheet.*

Direct Program, Administrative, and Miscellaneous Staffing Pages

- ❖ Provide agency name
- ❖ Provide staff name (last name only), position title, weekly hours (for Cumberland-Perry program only), hourly pay rate, and total salary
- ❖ Total on bottom of sheet - DO NOT type in this area. *Automatically calculated. Total Salary for Program carries over to page 1 of Expenditures sheet under Personnel Expenses.*

Expenditures - *Please note formulas calculate the totals in this tab/sheet.*

- ❖ Personnel Expenses - indicate breakdown of employee benefits. *Please note that staff wages/salaries are carried over from the staffing pages.*
- ❖ Operating Expenses - indicate breakdown of operating expenses for direct program and administrative staff.
- ❖ Communication Expenses - indicate breakdown of communication expenses for direct program and administrative staff.
- ❖ Supplies - indicate breakdown of supplies.
- ❖ Transportation - indicate breakdown of transportation expenses.
- ❖ Purchased Treatment Services - indicate breakdown of treatment service expenses.
- ❖ Miscellaneous Expenses - indicate any miscellaneous expenses in this area.
- ❖ Fixed Assets - indicate fixed assets, equipment purchases and any repairs or improvements.
- ❖ Depreciation Expenses - indicate any depreciation expenses.
- ❖ Total Projected Program Expenses - *automatically calculated*
- ❖ Total Unallowable Costs - indicate any unallowable costs here (negative dollar amount). This line should be used if your Net Amount of Funding Requested from MH.IDD Program is higher than allowed or allocated.
- ❖ Total Gross Program Expenses Less Unallowed

- ❖ Revenue/Anticipated Income Summary - indicate any other revenues or anticipated income (APA/HealthChoices, United Way, other MH.IDDs)
- ❖ Total Anticipated Income from "Non-Consumer" Sources - *total automatically calculated*
- ❖ Total Net Program Expenses for computing per unit rate should be used for residential rate
- ❖ Consumer Fee Revenue Summary - indicate fee revenue as shown; this is where consumer room & board should be listed
- ❖ Total Fee Revenue - *automatically calculated*
- ❖ Net Amount of Funding Requested from MH.IDD Program - *automatically calculated and carried over to Budget Form*
- ❖ Show Unit cost computation here - total net program expenses from line 195 divided by units

Budget Signature Sheet

- ❖ Provide agency name/address, service/program and contract period (fiscal year)
- ❖ Select a fund type
- ❖ Select unit definition
- ❖ Fiscal Year 2025-2026 - indicate number of clients to be served and estimated units (*amount requested will carryover from last page of Expenditures sheet*)
- ❖ Fiscal Year 2024-2025 - indicate amount of funding, clients served, and units for current/prior fiscal year
- ❖ Provide name of person preparing budget, date, and official signature.

Direct any questions or problems with the form to Lori Dunn at (717) 240-6320