

PRA Disclosure Statement According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is 0938-1053 (Expires: 08/31/2024). The time required to complete this information collection is estimated to average 24 hours per response, including the time to review instructions, search existing data resources, and gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

Section A. Instructions for Completing the *MFP Worksheet for Proposed Budget (WFPB) Revised 2/1/2023* . Instructions for completing the Budget Narrative are located on each spreadsheet with the Budget Narrative Workbook.

If prompted in the MS Excel header, please select "enable editing" or "enable content" to enable the functionality in this workbook.

Please refer to the most recent ABCD Forms for Actual Expenditures.

Please fill in the cells highlighted in YELLOW. All other cells will auto populate.

**** Note: This WFPB will be used for FFY 2023 – FFY 2025. When completing this form in FFY 2023, you can refer to the version of the report submitted for FFY 2022 for historical information.**

Step 1 – Fill in the following yellow highlighted cells about your program and report: (1) Date of Report, (2) State/Territory, (3) Grant Number (your grant number is located on the most recent Notice of Award (NoA), (4) Reporting Year, (5) Preparer Name (person who completed the form and can be contacted for questions), (6) Preparer phone number, and (7) Preparer email address. **These fields must be completed.**

Note: To select your state or territory, click the yellow cell (C7) then click the down arrow to the right of the cell. Select your state or territory from the dropdown list.

Note: Each time the form is revised and resubmitted in Grants Solutions, please enter revised information.

Step 2 –

- In the FMAP Table, your Original FMAP rate for each quarter through FFY 2024 will automatically populate in column C based on your state or territory selection from the dropdown list.

Original FMAP rates beyond FFY 2024 will need to be manually entered in the FMAP Table. Refer to the Federal Register or consult your CMS Project Officer.

- For states participating in the MFP demonstration from October 2008 through June 2011, the ARRA Enhanced FMAP percentage for each quarter will automatically populate in column E.

- For January 2020 – December 2023, the FFCRA Enhanced FMAP percentage will automatically populate the rate decrease for each quarter in column E through FFY 2024 Q1. For more information, see the CMS Informational Bulletin found at <https://www.medicaid.gov/federal-policy-guidance/downloads/cib010523.pdf>.

- Rates for all qualified and demonstration services will calculate for each CY when FMAP rates are entered in columns C & E of the FMAP table. (See definitions in Section C. of the instructions below for more information on each of these services.)

Step 3 – Fill in/update the Population Transitions Chart. For prior years, enter (or update) **actual** transitions for each population, which should be consistent with the numbers entered in your semi-annual progress reports submitted. For the next calendar year, enter **projected** future transitions for each population. The populations include older adults, individuals with intellectual/developmental disabilities (I/DD), individuals with physical disabilities, and individuals with mental health or substance use disorders (MH/SUD). The "Other" column includes any populations that do not fit one of the listed target populations (e.g., HIV/AIDS, brain injury).

The Total Expenditures table, Estimated MFP Enhanced FMAP Calculations, and Benchmarks Achieved Percentage will auto populate after you fill in actual and projected expenditures for all calendar years.

Step 4 – The Total Expenditures table beginning on Row 120 and the Estimated MFP Enhanced FMAP Calculation table beginning on Row 135 will automatically populate once the next two tabs are completed.

Step 5 – On the WFPB CY 2007 – 2015 tab, enter actual expenditures for all prior years in the yellow highlighted cells. The expenditures should reflect the sum of the year's quarterly MFP Financial Reporting Forms (ABCD forms) submitted to CMS and match prior WFPB reports.

Step 6 – On the WFPB CY 2016 – 2025 tab, enter actual expenditures for all prior years in the yellow highlighted cells. The expenditures should reflect the sum of the year's quarterly MFP Financial Reporting Forms (ABCD forms) submitted to CMS and match prior WFPB reports. The MFP Project Officers are aware that for the last quarter of the prior year, actual expenditures may not be available. If this is the case, please provide best estimates and add a note in the comments section to indicate this. CMS expects that any estimated expenditures will be updated with actual expenditures with the next year's budget submission. You may also use the comments section to provide an explanation of an expenditure or note for preparing next year's budget.

Step 7 – For the current year, enter projected expenditures in the yellow highlighted cells.

Step 8 – For the next calendar year, enter projected future expenditures in the yellow highlighted cells. CMS requests best estimates for this year and expects that projections will adjust as it gets closer to the final year. (Only enter future expenditures for the next calendar year. Other future years may be left blank.)

Section B. Data Validations

These data validation checks will be performed automatically after completing data entry on all tabs (including the Budget Narrative tabs). View the cells to the right to assess if your submission passes the checks. Please note that the automated validation checks do not account for slight variation in rounding.

If differences occur, please consult your CMS Project Officer.

Validation 1 – Cell B10 (Total Cost) in the tab G. Other-Services Dollars should equal the summed total of the "Qualified HCBS" rows for the "Total Costs" column (D) in the WFPB tab.

Example: If you are filling this form out for year 2023 then you would use the WFPB CY 2016-2025 tab. The "Qualified HCBS" rows D173, D174, D175, and D176 should sum to a value that equals cell B10 in the G. Other-Services Dollars tab.

Validation 2 – For the year you are filling this out, the Administrative Total Costs value in the WFPB tab should equal the sum of CY [year] Federal Costs (column B), rows 4, 5, 6, 7, 8, 9, and 12, in the Budget Summary tab.

Example: If you are filling this form out for year 2023 and used the Administrative - 100 % row, then cell D189 in the WFPB CY 2016-2025 tab should equal the sum of B4, B5, B6, B7, B8, B9, and B12 from the Budget Summary tab.

Section C. Definition of Line Items

Qualified HCBS. Section 6071 of the Deficit Reduction Act (DRA) of 2005 established the Money Follows the Person (MFP) rebalancing demonstration. MFP demonstrations can provide up to three categories of services: (1) qualified home and community-based LTSS, (2) demonstration services, and (3) supplemental services. Pursuant to section 6071(b)(1) of the DRA, the "term "home and community-based long-term care services" means, with respect to a State Medicaid program, home and community-based services (including home health and personal care services) that are provided under the State's qualified HCB program or that could be provided under such a program but are otherwise provided under the Medicaid program." The term "Medicaid" means, with respect to a State, the State program under title XIX of the Social Security Act (including any waiver or demonstration under such title or under section 1115 of such Act relating to such title). "Qualified HCBS" are made available to demonstration participants when they move to a community-based residence. States are permitted to claim an MFP-enhanced match rate for the first 365-day post-transition period for qualified HCBS for demonstration participants who transition from an institutional setting into the community. States are also required to continue the qualified HCBS service provision after the conclusion of the demonstration program.

Demonstration HCBS. Demonstration services are either allowable Medicaid services not currently included in the state's array of home and community-based LTSS (such as assistive technologies) or qualified services above what would be available to non-MFP Medicaid beneficiaries (such as 24-hour personal care, 7 days a week). Demonstration services are eligible for an MFP enhanced match rate, but are different from the qualified HCBS program services in that they are not required to continue after the conclusion of the demonstration program or for the participant, at the end of the 365-day enrollment period.

Supplemental Services. In addition to qualified HCBS and unique demonstration services, a State may choose to offer "supplemental demonstration services." Effective January 1, 2022, supplemental services are fully covered by MFP grant funds at a reimbursement rate of 100 percent. **If claiming less than 100 percent, the State must provide an explanation of the state share in column G of the WFPB CY 2016 – 2025 tab.** The State may propose these short-term services that are otherwise not coverable under the Medicaid program to support an MFP participant's transition. These services can also address critical barriers to transition for MFP participants, including the lack of affordable and accessible housing, food insecurity, and financial and administrative barriers to transitions. These services are not expected to be continued after the demonstration period.

MFP Enhanced FMAP. States receive an MFP Federal Medical Assistance Percentage (FMAP) through the grant for either qualified or demonstration home and community based LTSS. The MFP-enhanced FMAP, as defined in section 6071(e)(5) of the DRA, is equal to the Federal medical assistance percentage (as defined in the first sentence of section 1905(b) of the Social Security Act) for the State increased by a number of percentage points equal to 50 percent of the number of percentage points by which (A) such Federal medical assistance percentage for the State, is less than (B) 100 percent; but in no case shall the MFP-enhanced FMAP for a State exceed 90 percent. It is the State's responsibility to track this fund calculation.

Administrative costs - 100%. States may consider multiple claiming rates to fund administrative activities under the MFP demonstration grant. States may request reimbursement for administrative costs such as key personnel, MFP travel in state and out-of-state, training, outreach and marketing, IT infrastructure to accommodate the MFP reporting requirements, and other administrative project costs that can be justified to enhance the transition, rebalancing, and MFP sustainability effort, to meet or exceed benchmarks, to build infrastructure and/or to increase the use of HCBS and decrease the use of institutional services. Please note that administrative costs do not include service expenditures. Additionally, MFP grant administrative costs may include activities that are represented under certain Line Items:

Quality Improvement. Costs related to implementing quality measurement, reporting, and improvement activities, including implementation of the HCBS Quality Measure Set and other required measures under Program Terms and Conditions (PTC) 43.

State Evaluation (if approved) . If the state wishes to conduct an independent evaluation, then the Operational Protocol must include detailed information on the evaluator, evaluation design, variables, and process evaluation. Costs allocated to this independent evaluation are reported here. State evaluation costs are covered at 50% from 2007-2022, and 100% from 2023 onward.

ADRC-MFP Partnership Funding. This supplemental funding is used to facilitate and strengthen the partnership between MFP and Aging and Disability Resource Centers (ADRCs) in supporting the rebalancing of long-term services and supports by coordinating transitions from nursing homes (and other MFP qualified institutional settings) to community based settings for older adults and people with disabilities or chronic conditions.

MFP-Tribal Initiative. Administrative costs may be used for developing and implementing long term services and supports programs under the MFP Tribal Initiative.

Capacity Building Funding. This funding is for planning and capacity building activities to accelerate long-term care system transformation design and implementation, and to expand HCB capacity.

All requested reimbursement for administrative expenses must be presented in the Worksheet for Proposed Budget and described in detail in the Budget Narrative. For each item/project requested, there should be a justification with a detailed description and a Line Item Budget and Budget Narrative for each year requested.

2007 - 2025 Money Follows the Person Demonstration
Worksheet for Proposed Budget (Rev. 2/1/2023)

Instructions: If prompted in the MS Excel header, please select "enable editing" or "enable content" to enable the functionality in this workbook. Please fill in only the cells highlighted in YELLOW. All other cells will auto populate and are locked. The fields in rows 5-11 must be completed.

Please note: The enhanced rate for FFY2009 through FFY2011 is based on the increased FMAP rate related to the implementation of the Recovery Act of 2009 & the Education, Jobs and Medicaid Assistance Act of 2010. Budget calculations for the last quarter of CY2008 through the first three quarters of CY2011 use these rates.

| | |
|------------------|--|
| Date of Report: | |
| State/Territory: | |
| Grant Number: | |
| Reporting Year: | |

| | |
|-----------------|--|
| Preparer Name: | |
| Preparer Phone: | |
| Preparer Email: | |

| Please express FMAP as a decimal (example: 68.32%=0.6832) Calendar Year Quarters through 2025 | Original FMAP | | MFP Enhanced FMAP (1.00 - Reg FMAP / 2 + Reg FMAP) | MFP Enhanced FMAP with ARRA Increase (Oct 2008 - Jun 2011) FFCRA Increase (Jan 2020 - Dec 2023) | MFP Enhanced FMAP with ARRA Increase (Oct 2008 - Jun 2011) FFCRA Increase (Jan 2020 - Dec 2023) Not to Exceed 90% | Calculated MFP Enhanced FMAP ARRA Increase (Oct 2008 - Jun 2011) FFCRA Increase (Jan 2020 - Dec 2023) |
|---|---------------|--|--|--|--|--|
| | FFY 2007 | | 0.5000 | | | |
| | FFY 2008 | | 0.5000 | | | |
| Oct - Dec 2008 | FFY 2009 Q1 | | 0.5000 | | 0.5000 | 0.5000 |
| Jan - Mar 2009 | FFY 2009 Q2 | | 0.5000 | | 0.5000 | 0.5000 |
| Apr - Jun 2009 | FFY 2009 Q3 | | 0.5000 | | 0.5000 | 0.5000 |
| Jul - Sept 2009 | FFY 2009 Q4 | | 0.5000 | | 0.5000 | 0.5000 |
| Oct - Dec 2009 | FFY 2010 Q1 | | 0.5000 | | 0.5000 | 0.5000 |
| Jan - Mar 2010 | FFY 2010 Q2 | | 0.5000 | | 0.5000 | 0.5000 |
| Apr - Jun 2010 | FFY 2010 Q3 | | 0.5000 | | 0.5000 | 0.5000 |
| Jul - Sept 2010 | FFY 2010 Q4 | | 0.5000 | | 0.5000 | 0.5000 |
| Oct - Dec 2010 | FFY 2011 Q1 | | 0.5000 | | 0.5000 | 0.5000 |
| Jan - Mar 2011 | FFY 2011 Q2 | | 0.5000 | | 0.5000 | 0.5000 |
| Apr - Jun 2011 | FFY 2011 Q3 | | 0.5000 | | 0.5000 | 0.5000 |
| Jul - Sept 2011 | FFY 2011 Q4 | | 0.5000 | | | |
| Oct - Dec 2011 | FFY 2012 Q1 | | 0.5000 | | | |
| Jan - Mar 2012 | FFY 2012 Q2 | | 0.5000 | | | |
| Apr - Jun 2012 | FFY 2012 Q3 | | 0.5000 | | | |
| Jul - Sept 2012 | FFY 2012 Q4 | | 0.5000 | | | |
| Oct - Dec 2012 | FFY 2013 Q1 | | 0.5000 | | | |
| Jan - Mar 2013 | FFY 2013 Q2 | | 0.5000 | | | |
| Apr - Jun 2013 | FFY 2013 Q3 | | 0.5000 | | | |
| Jul - Sept 2013 | FFY 2013 Q4 | | 0.5000 | | | |
| Oct - Dec 2013 | FFY 2014 Q1 | | 0.5000 | | | |
| Jan - Mar 2014 | FFY 2014 Q2 | | 0.5000 | | | |
| Apr - Jun 2014 | FFY 2014 Q3 | | 0.5000 | | | |
| Jul - Sept 2014 | FFY 2014 Q4 | | 0.5000 | | | |
| Oct - Dec 2014 | FFY 2015 Q1 | | 0.5000 | | | |
| Jan - Mar 2015 | FFY 2015 Q2 | | 0.5000 | | | |
| Apr - Jun 2015 | FFY 2015 Q3 | | 0.5000 | | | |
| Jul - Sept 2015 | FFY 2015 Q4 | | 0.5000 | | | |
| Oct - Dec 2015 | FFY 2016 Q1 | | 0.5000 | | | |
| Jan - Mar 2016 | FFY 2016 Q2 | | 0.5000 | | | |
| Apr - Jun 2016 | FFY 2016 Q3 | | 0.5000 | | | |
| Jul - Sept 2016 | FFY 2016 Q4 | | 0.5000 | | | |
| Oct - Dec 2016 | FFY 2017 Q1 | | 0.5000 | | | |

| | | | | | | |
|-----------------|-------------|--|--------|--|--------|--------|
| Jan - Mar 2017 | FFY 2017 Q2 | | 0.5000 | | | |
| Apr - Jun 2017 | FFY 2017 Q3 | | 0.5000 | | | |
| Jul - Sept 2017 | FFY 2017 Q4 | | 0.5000 | | | |
| Oct - Dec 2017 | FFY 2018 Q1 | | 0.5000 | | | |
| Jan - Mar 2018 | FFY 2018 Q2 | | 0.5000 | | | |
| Apr - Jun 2018 | FFY 2018 Q3 | | 0.5000 | | | |
| Jul - Sept 2018 | FFY 2018 Q4 | | 0.5000 | | | |
| Oct - Dec 2018 | FFY 2019 Q1 | | 0.5000 | | | |
| Jan - Mar 2019 | FFY 2019 Q2 | | 0.5000 | | | |
| Apr - Jun 2019 | FFY 2019 Q3 | | 0.5000 | | | |
| Jul - Sept 2019 | FFY 2019 Q4 | | 0.5000 | | | |
| Oct - Dec 2019 | FFY 2020 Q1 | | 0.5000 | | | |
| Jan - Mar 2020 | FFY 2020 Q2 | | 0.5000 | | 0.5000 | 0.5000 |
| Apr - Jun 2020 | FFY 2020 Q3 | | 0.5000 | | 0.5000 | 0.5000 |
| Jul - Sept 2020 | FFY 2020 Q4 | | 0.5000 | | 0.5000 | 0.5000 |
| Oct - Dec 2020 | FFY 2021 Q1 | | 0.5000 | | 0.5000 | 0.5000 |
| Jan - Mar 2021 | FFY 2021 Q2 | | 0.5000 | | 0.5000 | 0.5000 |
| Apr - Jun 2021 | FFY 2021 Q3 | | 0.5000 | | 0.5000 | 0.5000 |
| Jul - Sept 2021 | FFY 2021 Q4 | | 0.5000 | | 0.5000 | 0.5000 |
| Oct - Dec 2021 | FFY 2022 Q1 | | 0.5000 | | 0.5000 | 0.5000 |
| Jan - Mar 2022 | FFY 2022 Q2 | | 0.5000 | | 0.5000 | 0.5000 |
| Apr - Jun 2022 | FFY 2022 Q3 | | 0.5000 | | 0.5000 | 0.5000 |
| Jul - Sept 2022 | FFY 2022 Q4 | | 0.5000 | | 0.5000 | 0.5000 |
| Oct - Dec 2022 | FFY 2023 Q1 | | 0.5000 | | 0.5000 | 0.5000 |
| Jan - Mar 2023 | FFY 2023 Q2 | | 0.5000 | | 0.5000 | 0.5000 |
| Apr - Jun 2023 | FFY 2023 Q3 | | 0.5000 | | 0.5000 | 0.5000 |
| Jul - Sept 2023 | FFY 2023 Q4 | | 0.5000 | | 0.5000 | 0.5000 |
| Oct - Dec 2023 | FFY 2024 Q1 | | 0.5000 | | 0.5000 | 0.5000 |
| Jan - Mar 2024 | FFY 2024 Q2 | | 0.5000 | | | |
| Apr - Jun 2024 | FFY 2024 Q3 | | 0.5000 | | | |
| Jul - Sept 2024 | FFY 2024 Q4 | | 0.5000 | | | |
| Oct - Dec 2024 | FFY 2025 Q1 | | 0.5000 | | | |
| Jan - Mar 2025 | FFY 2025 Q2 | | 0.5000 | | | |
| Apr - Jun 2025 | FFY 2025 Q3 | | 0.5000 | | | |
| Jul - Sept 2025 | FFY 2025 Q4 | | 0.5000 | | | |
| Oct - Dec 2025 | FFY 2026 Q1 | | 0.5000 | | | |

Populations Transitions Chart (unduplicated count)

Unduplicated Count - Each individual is only counted once in the year that they physically transition.

All population counts and budget estimates are based on the Calendar Year (CY).

The Grantee is held accountable for the current year populations to be transitioned and actual numbers should be consistent with semi-annual reports submitted in Jan/Feb for the previous calendar year.

All prior year actuals must be updated accordingly to match what is reported on the semi-annual reports.

| | Older Adults | I/DD | Physical Disability | MH/SUD | Other (e.g., HIV/AIDS, brain injury) | Total per CY |
|---------|--------------|------|---------------------|--------|--------------------------------------|--------------|
| CY 2007 | | | | | | 0 |
| CY 2008 | | | | | | 0 |
| CY 2009 | | | | | | 0 |
| CY 2010 | | | | | | 0 |
| CY 2011 | | | | | | 0 |
| CY 2012 | | | | | | 0 |
| CY 2013 | | | | | | 0 |
| CY 2014 | | | | | | 0 |
| CY 2015 | | | | | | 0 |
| CY 2016 | | | | | | 0 |
| CY 2017 | | | | | | 0 |
| CY 2018 | | | | | | 0 |
| CY 2019 | | | | | | 0 |
| CY 2020 | | | | | | 0 |

| | | | | | | |
|--------------------|----------|----------|----------|----------|----------|----------|
| CY 2021 | | | | | | 0 |
| CY 2022 | | | | | | 0 |
| CY 2023 | | | | | | 0 |
| CY 2024 | | | | | | 0 |
| CY 2025 | | | | | | 0 |
| Total Count | 0 | 0 | 0 | 0 | 0 | 0 |

If a Grantee achieves less than the 85% of the established benchmark, an Action Plan will be required.
See Policy Guidance Achieving and Amending Transition Benchmarks, July 2014

Demonstration Budget Summary-All Years

| Total Expenditures (2007 - 2025) | Total Costs (Fed & State) | Federal | State |
|--|---------------------------|-------------|-------------|
| Qualified HCBS | \$ - | \$ - | \$ - |
| Demonstration HCBS | \$ - | \$ - | \$ - |
| Supplemental Services | \$ - | \$ - | \$ - |
| Administrative - 50% | \$ - | \$ - | \$ - |
| Administrative - 75% | \$ - | \$ - | \$ - |
| Administrative - 90% | \$ - | \$ - | \$ - |
| Federal Evaluation Supports - 100% | \$ - | \$ - | \$ - |
| Administrative - 100% | \$ - | \$ - | \$ - |
| State Evaluation (50% prior to 2023, 100% starting 2023) | \$ - | \$ - | \$ - |
| ADRC-MFP Partnership Funding - 100% | \$ - | \$ - | \$ - |
| MFP-Tribal Initiative - 100% | \$ - | \$ - | \$ - |
| Capacity Building Funding - 100% | \$ - | \$ - | \$ - |
| Total | \$ - | \$ - | \$ - |

Estimated MFP Enhanced FMAP Calculation

| | |
|------------------------|-------------|
| CY 2007 | \$ - |
| CY 2008 | \$ - |
| CY 2009 | \$ - |
| CY 2010 | \$ - |
| CY 2011 | \$ - |
| CY 2012 | \$ - |
| CY 2013 | \$ - |
| CY 2014 | \$ - |
| CY 2015 | \$ - |
| CY 2016 | \$ - |
| CY 2017 | \$ - |
| CY 2018 | \$ - |
| CY 2019 | \$ - |
| CY 2020 | \$ - |
| CY 2021 | \$ - |
| CY 2022 | \$ - |
| CY 2023 | \$ - |
| CY 2024 | \$ - |
| CY 2025 | \$ - |
| Estimated Total | \$ - |

| Please update expenditures for all past years. Rates for all services (qualified, demonstration, and supplemental) will calculate for each CY when FMAP rates are entered in the FMAP table. | | | | | Enter CY 2007 Comments Here |
|--|-------------|--------------------|----------------|--------------|--------------------------------|
| CY 2007 | Rate | Total Costs | Federal | State | |
| Qualified HCBS | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS | 0.5000 | | \$ - | \$ - | |
| Supplemental Services | | | \$ - | \$ - | |
| Administrative - 50% | 0.5000 | | \$ - | \$ - | |
| Administrative - 75% | 0.7500 | | \$ - | \$ - | |
| Administrative - 90% | 0.9000 | | \$ - | \$ - | |
| Federal Evaluation Supports | 1.0000 | | \$ - | \$ - | |
| Administrative - 100% | 1.0000 | | \$ - | \$ - | |
| State Evaluation (if approved) | 0.5000 | | \$ - | \$ - | |
| ADRC-MFP Partnership Funding - 100% | 1.0000 | | \$ - | \$ - | |
| CY 2007 Total | | \$ - | \$ - | \$ - | |
| CY 2008 (including Partial Year Increased FMAP) | Rate | Total Costs | Federal | State | Enter CY 2008 Comments Here |
| Qualified HCBS (Jan - Sept) | 0.5000 | | \$ - | \$ - | |
| Qualified HCBS (Oct - Dec increased FMAP) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Jan - Sept) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Oct - Dec increased FMAP) | 0.5000 | | \$ - | \$ - | |
| Supplemental Services (Jan - Sept) | | | \$ - | \$ - | |
| Supplemental Services (Oct - Dec increased FMAP) | | | \$ - | \$ - | |
| Administrative - 50% | 0.5000 | | \$ - | \$ - | |
| Administrative - 75% | 0.7500 | | \$ - | \$ - | |
| Administrative - 90% | 0.9000 | | \$ - | \$ - | |
| Federal Evaluation Supports | 1.0000 | | \$ - | \$ - | |
| Administrative - 100% | 1.0000 | | \$ - | \$ - | |
| State Evaluation (if approved) | 0.5000 | | \$ - | \$ - | |
| ADRC-MFP Partnership Funding - 100% | 1.0000 | | \$ - | \$ - | |
| CY 2008 Total | | \$ - | \$ - | \$ - | |
| CY 2009 (using Increased FMAP) | Rate | Total Costs | Federal | State | Enter CY 2009 Comments Here |
| Qualified HCBS (Jan-Mar increased FMAP) | 0.5000 | | \$ - | \$ - | |
| Qualified HCBS (Apr-Jun increased FMAP) | 0.5000 | | \$ - | \$ - | |
| Qualified HCBS (Jul- Sep increased FMAP) | 0.5000 | | \$ - | \$ - | |
| Qualified HCBS (Oct - Dec increased FMAP) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Jan-Mar increased FMAP) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Apr-Jun increased FMAP) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Jul- Sep increased FMAP) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Oct - Dec increased FMAP) | 0.5000 | | \$ - | \$ - | |
| Supplemental Services (Jan-Mar increased FMAP) | | | \$ - | \$ - | |
| Supplemental Services (Apr-Jun increased FMAP) | | | \$ - | \$ - | |
| Supplemental Services (Jul- Sep increased FMAP) | | | \$ - | \$ - | |
| Supplemental Services (Oct - Dec increased FMAP) | | | \$ - | \$ - | |
| Administrative - 50% | 0.5000 | | \$ - | \$ - | |
| Administrative - 75% | 0.7500 | | \$ - | \$ - | |
| Administrative - 90% | 0.9000 | | \$ - | \$ - | |
| Federal Evaluation Supports | 1.0000 | | \$ - | \$ - | |
| Administrative - 100% | 1.0000 | | \$ - | \$ - | |
| State Evaluation (if approved) | 0.5000 | | \$ - | \$ - | |
| ADRC-MFP Partnership Funding - 100% | 1.0000 | | \$ - | \$ - | |
| CY 2009 Total | | \$ - | \$ - | \$ - | |

| CY 2010 (using increased FMAP) | Rate | Total Costs | Federal | State | Enter CY 2010 Comments Here |
|--|-------------|--------------------|----------------|--------------|--|
| Qualified HCBS (Jan-Mar increased FMAP) | 0.5000 | | \$ - | \$ - | |
| Qualified HCBS (Apr-Jun increased FMAP) | 0.5000 | | \$ - | \$ - | |
| Qualified HCBS (Jul- Sep increased FMAP) | 0.5000 | | \$ - | \$ - | |
| Qualified HCBS (Oct - Dec increased FMAP) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Jan-Mar increased FMAP) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Apr-Jun increased FMAP) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Jul- Sep increased FMAP) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Oct - Dec increased FMAP) | 0.5000 | | \$ - | \$ - | |
| Supplemental Services (Jan-Mar increased FMAP) | | | \$ - | \$ - | |
| Supplemental Services (Apr-Jun increased FMAP) | | | \$ - | \$ - | |
| Supplemental Services (Jul- Sep increased FMAP) | | | \$ - | \$ - | |
| Supplemental Services (Oct - Dec increased FMAP) | | | \$ - | \$ - | |
| Administrative - 50% | 0.5000 | | \$ - | \$ - | |
| Administrative - 75% | 0.7500 | | \$ - | \$ - | |
| Administrative - 90% | 0.9000 | | \$ - | \$ - | |
| Federal Evaluation Supports - 100% | 1.0000 | | \$ - | \$ - | |
| Administrative - 100% | 1.0000 | | \$ - | \$ - | |
| State Evaluation (if approved) - 50% | 0.5000 | | \$ - | \$ - | |
| ADRC-MFP Partnership Funding - 100% | 1.0000 | | \$ - | \$ - | |
| CY 2010 Total | | \$ - | \$ - | \$ - | |

| CY 2011 (using partial year increased FMAP) | Rate | Total Costs | Federal | State | Enter CY 2011 Comments Here |
|--|-------------|--------------------|----------------|--------------|--|
| Qualified HCBS (Jan-Mar increased FMAP) | 0.5000 | | \$ - | \$ - | |
| Qualified HCBS (Apr-Jun increased FMAP) | 0.5000 | | \$ - | \$ - | |
| Qualified HCBS (Jul-Sept) | 0.5000 | | \$ - | \$ - | |
| Qualified HCBS (Oct-Dec) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Jan-Mar increased FMAP) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Apr-Jun increased FMAP) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Jul-Sept) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Oct-Dec) | 0.5000 | | \$ - | \$ - | |
| Supplemental Services (Jan-Mar increased FMAP) | | | \$ - | \$ - | |
| Supplemental Services (Apr-Jun increased FMAP) | | | \$ - | \$ - | |
| Supplemental Services (Jul-Sept) | | | \$ - | \$ - | |
| Supplemental Services (Oct-Dec) | | | \$ - | \$ - | |
| Administrative - 50% | 0.5000 | | \$ - | \$ - | |
| Administrative - 75% | 0.7500 | | \$ - | \$ - | |
| Administrative - 90% | 0.9000 | | \$ - | \$ - | |
| Federal Evaluation Supports - 100% | 1.0000 | | \$ - | \$ - | |
| Administrative - 100% | 1.0000 | | \$ - | \$ - | |
| State Evaluation (if approved) - 50% | 0.5000 | | \$ - | \$ - | |
| ADRC-MFP Partnership Funding - 100% | 1.0000 | | \$ - | \$ - | |
| CY 2011 Total | | \$ - | \$ - | \$ - | |

| CY 2012 | Rate | Total Costs | Federal | State | Enter CY 2012 Comments Here |
|--------------------------------------|-------------|--------------------|----------------|--------------|--|
| Qualified HCBS (Jan-Mar) | 0.5000 | | \$ - | \$ - | |
| Qualified HCBS (Apr-Jun) | 0.5000 | | \$ - | \$ - | |
| Qualified HCBS (Jul-Sept) | 0.5000 | | \$ - | \$ - | |
| Qualified HCBS (Oct-Dec) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Jan-Mar) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Apr-Jun) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Jul-Sept) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Oct-Dec) | 0.5000 | | \$ - | \$ - | |
| Supplemental Services (Jan-Mar) | | | \$ - | \$ - | |
| Supplemental Services (Apr-Jun) | | | \$ - | \$ - | |
| Supplemental Services (Jul-Sept) | | | \$ - | \$ - | |
| Supplemental Services (Oct-Dec) | | | \$ - | \$ - | |
| Administrative - 50% | 0.5000 | | \$ - | \$ - | |
| Administrative - 75% | 0.7500 | | \$ - | \$ - | |
| Administrative - 90% | 0.9000 | | \$ - | \$ - | |
| Federal Evaluation Supports - 100% | 1.0000 | | \$ - | \$ - | |
| Administrative - 100% | 1.0000 | | \$ - | \$ - | |
| State Evaluation (if approved) - 50% | 0.5000 | | \$ - | \$ - | |
| ADRC-MFP Partnership Funding - 100% | 1.0000 | | \$ - | \$ - | |
| CY 2012 Total | | \$ - | \$ - | \$ - | |

| CY 2013 | Rate | Total Costs | Federal | State | Enter CY 2013 Comments Here |
|--------------------------------------|-------------|--------------------|----------------|--------------|--|
| Qualified HCBS (Jan-Mar) | 0.5000 | | \$ - | \$ - | |
| Qualified HCBS (Apr-Jun) | 0.5000 | | \$ - | \$ - | |
| Qualified HCBS (Jul-Sept) | 0.5000 | | \$ - | \$ - | |
| Qualified HCBS (Oct-Dec) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Jan-Mar) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Apr-Jun) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Jul-Sept) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Oct-Dec) | 0.5000 | | \$ - | \$ - | |
| Supplemental Services (Jan-Mar) | | | \$ - | \$ - | |
| Supplemental Services (Apr-Jun) | | | \$ - | \$ - | |
| Supplemental Services (Jul-Sept) | | | \$ - | \$ - | |
| Supplemental Services (Oct-Dec) | | | \$ - | \$ - | |
| Administrative - 50% | 0.5000 | | \$ - | \$ - | |
| Administrative - 75% | 0.7500 | | \$ - | \$ - | |
| Administrative - 90% | 0.9000 | | \$ - | \$ - | |
| Federal Evaluation Supports - 100% | 1.0000 | | \$ - | \$ - | |
| Administrative - 100% | 1.0000 | | \$ - | \$ - | |
| State Evaluation (if approved) - 50% | 0.5000 | | \$ - | \$ - | |
| ADRC-MFP Partnership Funding - 100% | 1.0000 | | \$ - | \$ - | |
| CY 2013 Total | | \$ - | \$ - | \$ - | |

| CY 2014 | Rate | Total Costs | Federal | State | Enter CY 2014 Comments Here |
|--------------------------------------|-------------|--------------------|----------------|--------------|--|
| Qualified HCBS (Jan-Mar) | 0.5000 | | \$ - | \$ - | |
| Qualified HCBS (Apr-Jun) | 0.5000 | | \$ - | \$ - | |
| Qualified HCBS (Jul-Sept) | 0.5000 | | \$ - | \$ - | |
| Qualified HCBS (Oct-Dec) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Jan-Mar) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Apr-Jun) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Jul-Sept) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Oct-Dec) | 0.5000 | | \$ - | \$ - | |
| Supplemental Services (Jan-Mar) | | | \$ - | \$ - | |
| Supplemental Services (Apr-Jun) | | | \$ - | \$ - | |
| Supplemental Services (Jul-Sept) | | | \$ - | \$ - | |
| Supplemental Services (Oct-Dec) | | | \$ - | \$ - | |
| Administrative - 50% | 0.5000 | | \$ - | \$ - | |
| Administrative - 75% | 0.7500 | | \$ - | \$ - | |
| Administrative - 90% | 0.9000 | | \$ - | \$ - | |
| Federal Evaluation Supports - 100% | 1.0000 | | \$ - | \$ - | |
| Administrative - 100% | 1.0000 | | \$ - | \$ - | |
| State Evaluation (if approved) - 50% | 0.5000 | | \$ - | \$ - | |
| ADRC-MFP Partnership Funding - 100% | 1.0000 | | \$ - | \$ - | |
| MFP-Tribal Initiative - 100% | 1.0000 | | \$ - | \$ - | |
| CY 2014 Total | | \$ - | \$ - | \$ - | |

| CY 2015 | Rate | Total Costs | Federal | State | Enter CY 2015 Comments Here |
|--------------------------------------|-------------|--------------------|----------------|--------------|--|
| Qualified HCBS (Jan-Mar) | 0.5000 | | \$ - | \$ - | |
| Qualified HCBS (Apr-Jun) | 0.5000 | | \$ - | \$ - | |
| Qualified HCBS (Jul-Sept) | 0.5000 | | \$ - | \$ - | |
| Qualified HCBS (Oct-Dec) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Jan-Mar) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Apr-Jun) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Jul-Sept) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Oct-Dec) | 0.5000 | | \$ - | \$ - | |
| Supplemental Services (Jan-Mar) | | | \$ - | \$ - | |
| Supplemental Services (Apr-Jun) | | | \$ - | \$ - | |
| Supplemental Services (Jul-Sept) | | | \$ - | \$ - | |
| Supplemental Services (Oct-Dec) | | | \$ - | \$ - | |
| Administrative - 50% | 0.5000 | | \$ - | \$ - | |
| Administrative - 75% | 0.7500 | | \$ - | \$ - | |
| Administrative - 90% | 0.9000 | | \$ - | \$ - | |
| Federal Evaluation Supports - 100% | 1.0000 | | \$ - | \$ - | |
| Administrative - 100% | 1.0000 | | \$ - | \$ - | |
| State Evaluation (if approved) - 50% | 0.5000 | | \$ - | \$ - | |
| ADRC-MFP Partnership Funding - 100% | 1.0000 | | \$ - | \$ - | |
| MFP-Tribal Initiative - 100% | 1.0000 | | \$ - | \$ - | |
| CY 2015 Total | | \$ - | \$ - | \$ - | |

| Please update expenditures for all past years. Rates for all services (qualified, demonstration, and supplemental) will calculate for each CY when FMAP rates are entered in the FMAP table. | | | | | Enter CY 2016 Comments Here |
|--|--------|-------------|---------|-------|--------------------------------|
| CY 2016 Total | Rate | Total Costs | Federal | State | |
| Qualified HCBS (Jan-Mar) | 0.5000 | | \$ - | \$ - | |
| Qualified HCBS (Apr-Jun) | 0.5000 | | \$ - | \$ - | |
| Qualified HCBS (Jul-Sept) | 0.5000 | | \$ - | \$ - | |
| Qualified HCBS (Oct-Dec) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Jan-Mar) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Apr-Jun) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Jul-Sept) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Oct-Dec) | 0.5000 | | \$ - | \$ - | |
| Supplemental Services (Jan-Mar) | | | \$ - | \$ - | |
| Supplemental Services (Apr-Jun) | | | \$ - | \$ - | |
| Supplemental Services (Jul-Sept) | | | \$ - | \$ - | |
| Supplemental Services (Oct-Dec) | | | \$ - | \$ - | |
| Administrative - 50% | 0.5000 | | \$ - | \$ - | |
| Administrative - 75% | 0.7500 | | \$ - | \$ - | |
| Administrative - 90% | 0.9000 | | \$ - | \$ - | |
| Federal Evaluation Supports - 100% | 1.0000 | | \$ - | \$ - | |
| Administrative - 100% | 1.0000 | | \$ - | \$ - | |
| State Evaluation (if approved) - 50% | 0.5000 | | \$ - | \$ - | |
| ADRC-MFP Partnership Funding - 100% | 1.0000 | | \$ - | \$ - | |
| MFP-Tribal Initiative - 100% | 1.0000 | | \$ - | \$ - | |
| CY 2016 Total | | \$ - | \$ - | \$ - | |

| CY 2017 | Rate | Total Costs | Federal | State | Enter CY 2017 Comments Here |
|--------------------------------------|--------|-------------|---------|-------|--------------------------------|
| Qualified HCBS (Jan-Mar) | 0.5000 | | \$ - | \$ - | |
| Qualified HCBS (Apr-Jun) | 0.5000 | | \$ - | \$ - | |
| Qualified HCBS (Jul-Sept) | 0.5000 | | \$ - | \$ - | |
| Qualified HCBS (Oct-Dec) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Jan-Mar) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Apr-Jun) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Jul-Sept) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Oct-Dec) | 0.5000 | | \$ - | \$ - | |
| Supplemental Services (Jan-Mar) | | | \$ - | \$ - | |
| Supplemental Services (Apr-Jun) | | | \$ - | \$ - | |
| Supplemental Services (Jul-Sept) | | | \$ - | \$ - | |
| Supplemental Services (Oct-Dec) | | | \$ - | \$ - | |
| Administrative - 50% | 0.5000 | | \$ - | \$ - | |
| Administrative - 75% | 0.7500 | | \$ - | \$ - | |
| Administrative - 90% | 0.9000 | | \$ - | \$ - | |
| Federal Evaluation Supports - 100% | 1.0000 | | \$ - | \$ - | |
| Administrative - 100% | 1.0000 | | \$ - | \$ - | |
| State Evaluation (if approved) - 50% | 0.5000 | | \$ - | \$ - | |
| ADRC-MFP Partnership Funding - 100% | 1.0000 | | \$ - | \$ - | |
| MFP-Tribal Initiative - 100% | 1.0000 | | \$ - | \$ - | |
| CY 2017 Total | | \$ - | \$ - | \$ - | |

| CY 2018 | Rate | Total Costs | Federal | State | Enter CY 2018 Comments Here |
|--------------------------------------|-------------|--------------------|----------------|--------------|--|
| Qualified HCBS (Jan-Mar) | 0.5000 | | \$ - | \$ - | |
| Qualified HCBS (Apr-Jun) | 0.5000 | | \$ - | \$ - | |
| Qualified HCBS (Jul-Sept) | 0.5000 | | \$ - | \$ - | |
| Qualified HCBS (Oct-Dec) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Jan-Mar) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Apr-Jun) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Jul-Sept) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Oct-Dec) | 0.5000 | | \$ - | \$ - | |
| Supplemental Services (Jan-Mar) | | | \$ - | \$ - | |
| Supplemental Services (Apr-Jun) | | | \$ - | \$ - | |
| Supplemental Services (Jul-Sept) | | | \$ - | \$ - | |
| Supplemental Services (Oct-Dec) | | | \$ - | \$ - | |
| Administrative - 50% | 0.5000 | | \$ - | \$ - | |
| Administrative - 75% | 0.7500 | | \$ - | \$ - | |
| Administrative - 90% | 0.9000 | | \$ - | \$ - | |
| Federal Evaluation Supports - 100% | 1.0000 | | \$ - | \$ - | |
| Administrative - 100% | 1.0000 | | \$ - | \$ - | |
| State Evaluation (if approved) - 50% | 0.5000 | | \$ - | \$ - | |
| ADRC-MFP Partnership Funding - 100% | 1.0000 | | \$ - | \$ - | |
| MFP-Tribal Initiative - 100% | 1.0000 | | \$ - | \$ - | |
| CY 2018 Total | | \$ - | \$ - | \$ - | |

| CY 2019 | Rate | Total Costs | Federal | State | Enter CY 2019 Comments Here |
|--------------------------------------|-------------|--------------------|----------------|--------------|--|
| Qualified HCBS (Jan-Mar) | 0.5000 | | \$ - | \$ - | |
| Qualified HCBS (Apr-Jun) | 0.5000 | | \$ - | \$ - | |
| Qualified HCBS (Jul-Sept) | 0.5000 | | \$ - | \$ - | |
| Qualified HCBS (Oct-Dec) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Jan-Mar) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Apr-Jun) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Jul-Sept) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Oct-Dec) | 0.5000 | | \$ - | \$ - | |
| Supplemental Services (Jan-Mar) | | | \$ - | \$ - | |
| Supplemental Services (Apr-Jun) | | | \$ - | \$ - | |
| Supplemental Services (Jul-Sept) | | | \$ - | \$ - | |
| Supplemental Services (Oct-Dec) | | | \$ - | \$ - | |
| Administrative - 50% | 0.5000 | | \$ - | \$ - | |
| Administrative - 75% | 0.7500 | | \$ - | \$ - | |
| Administrative - 90% | 0.9000 | | \$ - | \$ - | |
| Federal Evaluation Supports - 100% | 1.0000 | | \$ - | \$ - | |
| Administrative - 100% | 1.0000 | | \$ - | \$ - | |
| State Evaluation (if approved) - 50% | 0.5000 | | \$ - | \$ - | |
| ADRC-MFP Partnership Funding - 100% | 1.0000 | | \$ - | \$ - | |
| MFP-Tribal Initiative - 100% | 1.0000 | | \$ - | \$ - | |
| CY 2019 Total | | \$ - | \$ - | \$ - | |

| CY 2020 | Rate | Total Costs | Federal | State | Enter CY 2020 Comments Here |
|--|-------------|--------------------|----------------|--------------|--|
| Qualified HCBS (Jan-Mar increased FMAP) | 0.5000 | | \$ - | \$ - | |
| Qualified HCBS (Apr-Jun increased FMAP) | 0.5000 | | \$ - | \$ - | |
| Qualified HCBS (Jul- Sep increased FMAP) | 0.5000 | | \$ - | \$ - | |
| Qualified HCBS (Oct - Dec increased FMAP) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Jan-Mar increased FMAP) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Apr-Jun increased FMAP) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Jul- Sep increased FMAP) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Oct - Dec increased FMAP) | 0.5000 | | \$ - | \$ - | |
| Supplemental Services (Jan-Mar increased FMAP) | | | \$ - | \$ - | |
| Supplemental Services (Apr-Jun increased FMAP) | | | \$ - | \$ - | |
| Supplemental Services (Jul- Sep increased FMAP) | | | \$ - | \$ - | |
| Supplemental Services (Oct - Dec increased FMAP) | | | \$ - | \$ - | |
| Administrative - 50% | 0.5000 | | \$ - | \$ - | |
| Administrative - 75% | 0.7500 | | \$ - | \$ - | |
| Administrative - 90% | 0.9000 | | \$ - | \$ - | |
| Federal Evaluation Supports - 100% | 1.0000 | | \$ - | \$ - | |
| Administrative - 100% | 1.0000 | | \$ - | \$ - | |
| State Evaluation (if approved) - 50% | 0.5000 | | \$ - | \$ - | |
| ADRC-MFP Partnership Funding - 100% | 1.0000 | | \$ - | \$ - | |
| MFP-Tribal Initiative - 100% | 1.0000 | | \$ - | \$ - | |
| CY 2020 Total | | \$ - | \$ - | \$ - | |

| CY 2021 | Rate | Total Costs | Federal | State | Enter CY 2021 Comments Here |
|--|-------------|--------------------|----------------|--------------|--|
| Qualified HCBS (Jan-Mar increased FMAP) | 0.5000 | | \$ - | \$ - | |
| Qualified HCBS (Apr-Jun increased FMAP) | 0.5000 | | \$ - | \$ - | |
| Qualified HCBS (Jul- Sep increased FMAP) | 0.5000 | | \$ - | \$ - | |
| Qualified HCBS (Oct - Dec increased FMAP) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Jan-Mar increased FMAP) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Apr-Jun increased FMAP) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Jul- Sep increased FMAP) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Oct - Dec increased FMAP) | 0.5000 | | \$ - | \$ - | |
| Supplemental Services (Jan-Mar increased FMAP) | | | \$ - | \$ - | |
| Supplemental Services (Apr-Jun increased FMAP) | | | \$ - | \$ - | |
| Supplemental Services (Jul- Sep increased FMAP) | | | \$ - | \$ - | |
| Supplemental Services (Oct - Dec increased FMAP) | | | \$ - | \$ - | |
| Administrative - 50% | 0.5000 | | \$ - | \$ - | |
| Administrative - 75% | 0.7500 | | \$ - | \$ - | |
| Administrative - 90% | 0.9000 | | \$ - | \$ - | |
| Federal Evaluation Supports - 100% | 1.0000 | | \$ - | \$ - | |
| Administrative - 100% | 1.0000 | | \$ - | \$ - | |
| State Evaluation (if approved) - 50% | 0.5000 | | \$ - | \$ - | |
| ADRC-MFP Partnership Funding - 100% | 1.0000 | | \$ - | \$ - | |
| MFP-Tribal Initiative - 100% | 1.0000 | | \$ - | \$ - | |
| Capacity Building Funding - 100% | 1.0000 | | \$ - | \$ - | |
| CY 2021 Total | | \$ - | \$ - | \$ - | |

| CY 2022 | Rate | Total Costs | Federal | State | Enter CY 2022 Comments Here |
|--------------------------------------|-------------|--------------------|----------------|--------------|--|
| Qualified HCBS (Jan-Mar) | 0.5000 | | \$ - | \$ - | |
| Qualified HCBS (Apr-Jun) | 0.5000 | | \$ - | \$ - | |
| Qualified HCBS (Jul-Sept) | 0.5000 | | \$ - | \$ - | |
| Qualified HCBS (Oct-Dec) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Jan-Mar) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Apr-Jun) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Jul-Sept) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Oct-Dec) | 0.5000 | | \$ - | \$ - | |
| Supplemental Services (Jan-Mar) | | | \$ - | \$ - | |
| Supplemental Services (Apr-Jun) | | | \$ - | \$ - | |
| Supplemental Services (Jul-Sept) | | | \$ - | \$ - | |
| Supplemental Services (Oct-Dec) | | | \$ - | \$ - | |
| Administrative - 50% | 0.5000 | | \$ - | \$ - | |
| Administrative - 75% | 0.7500 | | \$ - | \$ - | |
| Administrative - 90% | 0.9000 | | \$ - | \$ - | |
| Federal Evaluation Supports - 100% | 1.0000 | | \$ - | \$ - | |
| Administrative - 100% | 1.0000 | | \$ - | \$ - | |
| State Evaluation (if approved) - 50% | 0.5000 | | \$ - | \$ - | |
| ADRC-MFP Partnership Funding - 100% | 1.0000 | | \$ - | \$ - | |
| MFP-Tribal Initiative - 100% | 1.0000 | | \$ - | \$ - | |
| Capacity Building Funding - 100% | 1.0000 | | \$ - | \$ - | |
| CY 2022 Total | | \$ - | \$ - | \$ - | |

| CY 2023 | Rate | Total Costs | Federal | State | Enter CY 2023 Comments Here |
|---------------------------------------|-------------|--------------------|----------------|--------------|--|
| Qualified HCBS (Jan-Mar) | 0.5000 | | \$ - | \$ - | |
| Qualified HCBS (Apr-Jun) | 0.5000 | | \$ - | \$ - | |
| Qualified HCBS (Jul-Sept) | 0.5000 | | \$ - | \$ - | |
| Qualified HCBS (Oct-Dec) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Jan-Mar) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Apr-Jun) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Jul-Sept) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Oct-Dec) | 0.5000 | | \$ - | \$ - | |
| Supplemental Services (Jan-Mar) | 1.0000 | | \$ - | \$ - | |
| Supplemental Services (Apr-Jun) | 1.0000 | | \$ - | \$ - | |
| Supplemental Services (Jul-Sept) | 1.0000 | | \$ - | \$ - | |
| Supplemental Services (Oct-Dec) | 1.0000 | | \$ - | \$ - | |
| Administrative - 50% | 0.5000 | | \$ - | \$ - | |
| Administrative - 75% | 0.7500 | | \$ - | \$ - | |
| Administrative - 90% | 0.9000 | | \$ - | \$ - | |
| Federal Evaluation Supports - 100% | 1.0000 | | \$ - | \$ - | |
| Administrative - 100% | 1.0000 | | \$ - | \$ - | |
| State Evaluation (if approved) - 100% | 1.0000 | | \$ - | \$ - | |
| ADRC-MFP Partnership Funding - 100% | 1.0000 | | \$ - | \$ - | |
| MFP-Tribal Initiative - 100% | 1.0000 | | \$ - | \$ - | |
| Capacity Building Funding - 100% | 1.0000 | | \$ - | \$ - | |
| CY 2023 Total | | \$ - | \$ - | \$ - | |

| CY 2024 | Rate | Total Costs | Federal | State | Enter CY 2024 Comments Here |
|---------------------------------------|-------------|--------------------|----------------|--------------|--|
| Qualified HCBS (Jan-Mar) | 0.5000 | | \$ - | \$ - | |
| Qualified HCBS (Apr-Jun) | 0.5000 | | \$ - | \$ - | |
| Qualified HCBS (Jul-Sept) | 0.5000 | | \$ - | \$ - | |
| Qualified HCBS (Oct-Dec) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Jan-Mar) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Apr-Jun) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Jul-Sept) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Oct-Dec) | 0.5000 | | \$ - | \$ - | |
| Supplemental Services (Jan-Mar) | 1.0000 | | \$ - | \$ - | |
| Supplemental Services (Apr-Jun) | 1.0000 | | \$ - | \$ - | |
| Supplemental Services (Jul-Sept) | 1.0000 | | \$ - | \$ - | |
| Supplemental Services (Oct-Dec) | 1.0000 | | \$ - | \$ - | |
| Administrative - 50% | 0.5000 | | \$ - | \$ - | |
| Administrative - 75% | 0.7500 | | \$ - | \$ - | |
| Administrative - 90% | 0.9000 | | \$ - | \$ - | |
| Federal Evaluation Supports - 100% | 1.0000 | | \$ - | \$ - | |
| Administrative - 100% | 1.0000 | | \$ - | \$ - | |
| State Evaluation (if approved) - 100% | 1.0000 | | \$ - | \$ - | |
| ADRC-MFP Partnership Funding - 100% | 1.0000 | | \$ - | \$ - | |
| MFP-Tribal Initiative - 100% | 1.0000 | | \$ - | \$ - | |
| Capacity Building Funding - 100% | 1.0000 | | \$ - | \$ - | |
| CY 2024 Total | | \$ - | \$ - | \$ - | |

| CY 2025 | Rate | Total Costs | Federal | State | Enter CY 2025 Comments Here |
|---------------------------------------|-------------|--------------------|----------------|--------------|--|
| Qualified HCBS (Jan-Mar) | 0.5000 | | \$ - | \$ - | |
| Qualified HCBS (Apr-Jun) | 0.5000 | | \$ - | \$ - | |
| Qualified HCBS (Jul-Sept) | 0.5000 | | \$ - | \$ - | |
| Qualified HCBS (Oct-Dec) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Jan-Mar) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Apr-Jun) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Jul-Sept) | 0.5000 | | \$ - | \$ - | |
| Demonstration HCBS (Oct-Dec) | 0.5000 | | \$ - | \$ - | |
| Supplemental Services (Jan-Mar) | 1.0000 | | \$ - | \$ - | |
| Supplemental Services (Apr-Jun) | 1.0000 | | \$ - | \$ - | |
| Supplemental Services (Jul-Sept) | 1.0000 | | \$ - | \$ - | |
| Supplemental Services (Oct-Dec) | 1.0000 | | \$ - | \$ - | |
| Administrative - 50% | 0.5000 | | \$ - | \$ - | |
| Administrative - 75% | 0.7500 | | \$ - | \$ - | |
| Administrative - 90% | 0.9000 | | \$ - | \$ - | |
| Federal Evaluation Supports - 100% | 1.0000 | | \$ - | \$ - | |
| Administrative - 100% | 1.0000 | | \$ - | \$ - | |
| State Evaluation (if approved) - 100% | 1.0000 | | \$ - | \$ - | |
| ADRC-MFP Partnership Funding - 100% | 1.0000 | | \$ - | \$ - | |
| MFP-Tribal Initiative - 100% | 1.0000 | | \$ - | \$ - | |
| Capacity Building Funding - 100% | 1.0000 | | \$ - | \$ - | |
| CY 2025 Total | | \$ - | \$ - | \$ - | |

Budget Summary

| Object Class Categories | CY Federal Cost (sum of columns C and D) | CY -1 Unobligated Balance | CY Supplemental | CY Capacity Building Cost | CY -1 Capacity Building Unobligated Balance | CY Non-Federal Match | Total Federal and Non- Federal Costs (sum of columns B and G) |
|--|--|------------------------------|--------------------|------------------------------|---|-------------------------|---|
| a. Personnel | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| b. Fringe Benefits | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| c. Travel | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| d. Equipment | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| e. Supplies | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| f. Sub Recipient | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| g. Services - Other | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Total Direct Costs | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| h. Indirect Costs | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| Total Project Costs (Direct + Indirect) | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |

Additional Detail

For this table, you must manually complete column C (CY -1 Unobligated Balance) and G (CY Non-Federal Match). Column B will have information on the projected budget for the different categories and column G will have information on the state share of the budget for the different categories.

Note: The CY Federal Cost column (column B) will be auto-filled when all the categorical tabs in red are completed.

Additional Detail

Page 18 of 31

| | | | |
|--|----|---|----------------------|
| B. Fringe Benefits | \$ | - | To Section B-SF-424A |
| Annual Unobligated Balance: | \$ | - | |
| Supplement: | \$ | - | |
| Capacity Building: | \$ | - | |
| Capacity Building Unobligated Balance: | \$ | - | |

| Component | Benefit Rate (%) | Salaries/Wages | Annual Supplemental | Capacity Building | Total Federal | Non-Federal Match | Narrative/Comment |
|----------------------------|------------------|----------------|---------------------|-------------------|---------------|-------------------|-------------------|
| Retirement | | \$ - | \$ - | \$ - | \$ - | \$ - | |
| Social Security & Medicare | | \$ - | \$ - | \$ - | \$ - | \$ - | |
| Group Life | | \$ - | \$ - | \$ - | \$ - | \$ - | |
| Health Insurance | | \$ - | \$ - | \$ - | \$ - | \$ - | |
| Retiree Health Credit | | \$ - | \$ - | \$ - | \$ - | \$ - | |
| Disability | | \$ - | \$ - | \$ - | \$ - | \$ - | |
| Total | | \$ - | \$ - | \$ - | \$ - | \$ - | |

Additional Detail

Apply the appropriate fringe benefit rate (column B) to each salary amount determined in the personnel section. Columns C-F will be auto-filled based on the benefit rate and salary amount determined in the personnel section. Provide the state share of costs in column G. Fringe benefits may include contributions for social security, employee insurance, pension plans, etc. Only those benefits not included in an organization's indirect cost pool may be shown as direct costs. List all components of fringe benefit rate. Enter a description of the Fringe funds requested, how the rate was determined, and how their use will support the purpose and goals of this proposal in column H.

| | | | |
|--|----|---|-------------------|
| C. Travel | \$ | - | Section B-SF-424A |
| Annual Unobligated Balance: | \$ | - | |
| Supplement: | \$ | - | |
| Capacity Building: | \$ | - | |
| Capacity Building Unobligated Balance: | \$ | - | |

| Purpose of Travel | Location | Item | Estimated Staff Eligible for Travel (Annual Supplemental) | Estimated Staff Eligible for Travel (Capacity Building) | Number of Days (Annual Supplemental) | Number of Days (Capacity Building) | Rate | Annual Supplemental Cost | Capacity Building Cost | Total Federal Cost | Non-Federal Match |
|--------------------|----------|--------------------|---|---|--------------------------------------|------------------------------------|------|--------------------------|------------------------|--------------------|-------------------|
| MFP P/D Conference | | Airfare | | | | | | \$ - | \$ - | \$ - | \$ - |
| | | Hotel | | | | | | \$ - | \$ - | \$ - | \$ - |
| | | Per Diem (Meals) | | | | | | \$ - | \$ - | \$ - | \$ - |
| | | Cab | | | | | | \$ - | \$ - | \$ - | \$ - |
| Housing Conference | | Airfare | | | | | | \$ - | \$ - | \$ - | \$ - |
| | | Hotel | | | | | | \$ - | \$ - | \$ - | \$ - |
| | | Per Diem (Meals) | | | | | | \$ - | \$ - | \$ - | \$ - |
| State Travel | | Airfare | | | | | | \$ - | \$ - | \$ - | \$ - |
| | | Hotel | | | | | | \$ - | \$ - | \$ - | \$ - |
| | | Per Diem (Meals) | | | | | | \$ - | \$ - | \$ - | \$ - |
| Local Travel | | Mileage | | | | | | \$ - | \$ - | \$ - | \$ - |
| | | | | | | | | | | | |
| Grand Total | | | | | | | | \$ - | \$ - | \$ - | \$ - |

Additional Detail

What travel is associated with this specific activity? For each travel activity, differentiate between activities funded by federal Annual Supplemental funds, Capacity Building funds, and state funds. The lowest available commercial fares for coach or equivalent accommodations must be used. If state or local policy is being used, please attach policies as justification. It may also be necessary to attach previous year's actual budget as part of your justification. Include airfare, mileage, or rental car and fuel expense. Apply the appropriate reimbursement rate for mileage where appropriate (current IRS allowed rate is available at <https://www.irs.gov/tax-professionals/standard-mileage-rates>). Then, include ground transportation after arrival (train, subway, taxi, rental car). Use the US General Services Administration's (www.gsa.gov) per diem rates to calculate per diem for all domestic travel. Include lodging and meals. If the specific travel location is not available in the GSA information, use the county or state rates assigned. Note that meals for the first and last day of travel can only be charged at 75%. Including this level of detail and information in your budget calculations and budget narrative indicates that you have carefully evaluated the costs associated with proposed activities rather than randomly assigning an amount.

| | | | |
|--|----|---|----------------------|
| D. Equipment | \$ | - | To Section B-SF-424A |
| Annual Unobligated Balance: | \$ | - | |
| Supplement: | \$ | - | |
| Capacity Building: | \$ | - | |
| Capacity Building Unobligated Balance: | \$ | - | |

| Item | Rate | Annual Supplemental Cost | Capacity Building Cost | Total Federal Cost | Non-Federal Cost | Description |
|------------------------|------|--------------------------|------------------------|--------------------|------------------|-------------|
| | | \$ - | \$ - | \$ - | \$ - | |
| | | \$ - | \$ - | \$ - | \$ - | |
| | | \$ - | \$ - | \$ - | \$ - | |
| | | \$ - | \$ - | \$ - | \$ - | |
| | | \$ - | \$ - | \$ - | \$ - | |
| | | \$ - | \$ - | \$ - | \$ - | |
| | | \$ - | \$ - | \$ - | \$ - | |
| | | \$ - | \$ - | \$ - | \$ - | |
| | | \$ - | \$ - | \$ - | \$ - | |
| | | \$ - | \$ - | \$ - | \$ - | |
| | | \$ - | \$ - | \$ - | \$ - | |
| Equipment Total | | \$ - | \$ - | \$ - | \$ - | |

Additional Detail

Permanent equipment is defined as nonexpendable personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more. If applicant agency defines "equipment" at lower rate, then follow the applying agency's policy. In some instances, the grantor agency may require equipment documentation at a lower rate also. For the cost of each item, differentiate between costs funded by federal Annual Supplemental funds (column C), Capacity Building funds (column D), and state funds (column F). Enter a description of the equipment and how its purchase will support the purpose and goals of this project in column G. As with other budget categories, if the equipment is used for other projects or across other departments, please only allocate the appropriate percentage to your project.

| | | | |
|--|----|---|----------------------|
| E. Supplies | \$ | - | To Section B-SF-424A |
| Annual Unobligated Balance: | \$ | - | |
| Supplement: | \$ | - | |
| Capacity Building: | \$ | - | |
| Capacity Building Unobligated Balance: | \$ | - | |

| Item(s) | Rate | Annual Supplemental | Capacity Building | Total Federal | Non-Federal Match | Explanation |
|-----------------------|------|---------------------|-------------------|---------------|-------------------|-------------|
| | | \$ - | \$ - | \$ - | \$ - | |
| | | \$ - | \$ - | \$ - | \$ - | |
| | | \$ - | \$ - | \$ - | \$ - | |
| | | \$ - | \$ - | \$ - | \$ - | |
| | | \$ - | \$ - | \$ - | \$ - | |
| | | \$ - | \$ - | \$ - | \$ - | |
| | | \$ - | \$ - | \$ - | \$ - | |
| Supplies Total | | \$ - | \$ - | \$ - | \$ - | |

Additional Detail

Under this category, document materials costing less than \$5,000 per unit and often having one-time use. For the cost of each item, differentiate between costs funded by federal Annual Supplemental funds (column C), Capacity Building funds (column D), and state funds (column F). Enter a description of the supplies requested and how their purchase will support the purpose and goals of this proposal in column G.

F. Subrecipient Cost

Annual Unobligated Balance: \$ -
 Supplement: \$ -
 Capacity Building: \$ -
 Capacity Building Unobligated Balance: \$ -

To Section B-SF-424A

| Item # | Subrecipient | Statement of Work | Annual Supplemental | Capacity Building | Total Federal | Non-Federal Match |
|--------------|--------------|-------------------|---------------------|-------------------|---------------|-------------------|
| 1 | | | \$ - | \$ - | \$ - | \$ - |
| 2 | | | \$ - | \$ - | \$ - | \$ - |
| 3 | | | \$ - | \$ - | \$ - | \$ - |
| 4 | | | \$ - | \$ - | \$ - | \$ - |
| 5 | | | \$ - | \$ - | \$ - | \$ - |
| 6 | | | \$ - | \$ - | \$ - | \$ - |
| 7 | | | \$ - | \$ - | \$ - | \$ - |
| 8 | | | \$ - | \$ - | \$ - | \$ - |
| 9 | | | \$ - | \$ - | \$ - | \$ - |
| 10 | | | \$ - | \$ - | \$ - | \$ - |
| Total | | | \$ - | \$ - | \$ - | \$ - |

Additional Detail

The costs of project activities to be undertaken by a subrecipient should be included in this category as a single line-item charge. For the cost of each activity, differentiate between costs funded by federal Annual Supplemental funds (column D), Capacity Building funds (column E), and state funds (column G). A complete itemization of the cost comprising the charge should be attached to the budget. If there is more than one contractor, each must be budgeted separately and must have an attached itemization. Explain the need for each agreement and how their use will support the purpose and goals of this proposal. For those subrecipients already arranged, please provide the proposed detailed categorical budgets. For those subrecipients that have not been arranged, please provide the expected Statement of Work, Period of Performance and how the proposed costs were estimated. Where there are sub awards covering more than one department or project, please attach either interagency agreement (IAAs) that clearly shows the cost to your project or in the absence of an IAA, a budget that clearly explains and itemizes the cost to your project is required. (All line items on this tab must be itemized using the subrecipient and 2nd tier subrecipient tab).

Provide narrative justification for each subrecipient, contractor, or consultant and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget. For each subrecipient, if applicable, differentiate between costs funded by federal Annual Supplemental funds and Capacity Building funds by entering information in the appropriate table.

If applicable, show the indirect cost rate (ICR) and calculated modified total direct costs (MTDC) in narrative. MTDC consists of total direct costs minus the following exclusions: equipment over \$5,000, capital expenditures, charges for patient care, tuition remission, rental costs of offsite facilities, scholarships, fellowships, and the portion of each subrecipient in excess of \$25,000.

Subrecipients – Provide same detailed information, as provided for “subrecipients”, on the 2nd Tier subrecipient budgets tab. Include vendor quotes/itemized cost build-ups, period of performance, description of the scope of the work, personnel, salary (level of effort), fringe, supplies, travel costs, how base cost rates and user rates were determined. Show calculations and describe how each subrecipient relates to furthering the objectives of the program.

| #1 Subrecipient, Contract or Consultant: | | | Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget. |
|--|--------------------------|------------------------|--|
| Budget Category | Annual Supplemental Cost | Narrative Descriptions | |
| Personnel | | | |
| Fringe Benefit | | | |
| Travel | | | |
| Equipment | | | |
| Supplies | | | |
| Subrecipient | | | |
| Services - Other | | | |
| Indirect Costs | | | |
| Totals | \$ - | | |
| Narrative Justification Subrecipient #1: | | | |

| #1 Subrecipient, Contract or Consultant: | | | Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget. |
|--|------------------------|------------------------|--|
| Budget Category | Capacity Building Cost | Narrative Descriptions | |
| Personnel | | | |
| Fringe Benefit | | | |
| Travel | | | |
| Equipment | | | |
| Supplies | | | |
| Subrecipient | | | |
| Services - Other | | | |
| Indirect Costs | | | |
| Totals | \$ - | | |
| Narrative Justification Subrecipient #1: | | | |

| #2 Subrecipient, Contract or Consultant: | | | Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget. |
|--|--------------------------|------------------------|--|
| Budget Category | Annual Supplemental Cost | Narrative Descriptions | |
| Personnel | | | |
| Fringe Benefit | | | |
| Travel | | | |
| Equipment | | | |
| Supplies | | | |
| Subrecipient | | | |
| Services - Other | | | |
| Indirect Costs | | | |
| Totals | \$ - | | |
| Narrative Justification Subrecipient #2: | | | |

| #2 Subrecipient, Contract or Consultant: | | | Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget. |
|--|------------------------|------------------------|--|
| Budget Category | Capacity Building Cost | Narrative Descriptions | |
| Personnel | | | |
| Fringe Benefit | | | |
| Travel | | | |
| Equipment | | | |
| Supplies | | | |
| Subrecipient | | | |
| Services - Other | | | |
| Indirect Costs | | | |
| Totals | \$ - | | |
| Narrative Justification Subrecipient #2: | | | |

| #3 Subrecipient, Contract or Consultant: | | | Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget. |
|--|--------------------------|------------------------|--|
| Budget Category | Annual Supplemental Cost | Narrative Descriptions | |
| Personnel | | | |
| Fringe Benefit | | | |
| Travel | | | |
| Equipment | | | |
| Supplies | | | |
| Subrecipient | | | |
| Services - Other | | | |
| Indirect Costs | | | |
| Totals | \$ - | | |
| Narrative Justification Subrecipient #3: | | | |

| #3 Subrecipient, Contract or Consultant: | | | Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget. |
|--|------------------------|------------------------|--|
| Budget Category | Capacity Building Cost | Narrative Descriptions | |
| Personnel | | | |
| Fringe Benefit | | | |
| Travel | | | |
| Equipment | | | |
| Supplies | | | |
| Subrecipient | | | |
| Services - Other | | | |
| Indirect Costs | | | |
| Totals | \$ - | | |
| Narrative Justification Subrecipient #3: | | | |

| #4 Subrecipient, Contract or Consultant: | | | Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget. |
|--|--------------------------|------------------------|--|
| Budget Category | Annual Supplemental Cost | Narrative Descriptions | |
| Personnel | | | |
| Fringe Benefit | | | |
| Travel | | | |
| Equipment | | | |
| Supplies | | | |
| Subrecipient | | | |
| Services - Other | | | |
| Indirect Costs | | | |
| Totals | \$ - | | |
| Narrative Justification Subrecipient #4: | | | |

| #4 Subrecipient, Contract or Consultant: | | | Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget. |
|--|------------------------|------------------------|--|
| Budget Category | Capacity Building Cost | Narrative Descriptions | |
| Personnel | | | |
| Fringe Benefit | | | |
| Travel | | | |
| Equipment | | | |
| Supplies | | | |
| Subrecipient | | | |
| Services - Other | | | |
| Indirect Costs | | | |
| Totals | \$ - | | |
| Narrative Justification Subrecipient #4: | | | |

| #5 Subrecipient, Contract or Consultant: | | | Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget. |
|--|--------------------------|------------------------|--|
| Budget Category | Annual Supplemental Cost | Narrative Descriptions | |
| Personnel | | | |
| Fringe Benefit | | | |
| Travel | | | |
| Equipment | | | |
| Supplies | | | |
| Subrecipient | | | |
| Services - Other | | | |
| Indirect Costs | | | |
| Totals | \$ - | | |
| Narrative Justification Subrecipient #5: | | | |

| #5 Subrecipient, Contract or Consultant: | | | Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget. |
|--|------------------------|------------------------|--|
| Budget Category | Capacity Building Cost | Narrative Descriptions | |
| Personnel | | | |
| Fringe Benefit | | | |
| Travel | | | |
| Equipment | | | |
| Supplies | | | |
| Subrecipient | | | |
| Services - Other | | | |
| Indirect Costs | | | |
| Totals | \$ - | | |
| Narrative Justification Subrecipient #5: | | | |

| #6 Subrecipient, Contract or Consultant: | | | Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget. |
|--|--------------------------|------------------------|--|
| Budget Category | Annual Supplemental Cost | Narrative Descriptions | |
| Personnel | | | |
| Fringe Benefit | | | |
| Travel | | | |
| Equipment | | | |
| Supplies | | | |
| Subrecipient | | | |
| Services - Other | | | |
| Indirect Costs | | | |
| Totals | \$ - | | |
| Narrative Justification Subrecipient #6: | | | |

| #6 Subrecipient, Contract or Consultant: | | | Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget. |
|--|------------------------|------------------------|--|
| Budget Category | Capacity Building Cost | Narrative Descriptions | |
| Personnel | | | |
| Fringe Benefit | | | |
| Travel | | | |
| Equipment | | | |
| Supplies | | | |
| Subrecipient | | | |
| Services - Other | | | |
| Indirect Costs | | | |
| Totals | \$ - | | |
| Narrative Justification Subrecipient #6: | | | |

| #7 Subrecipient, Contract or Consultant: | | | Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget. |
|--|--------------------------|------------------------|--|
| Budget Category | Annual Supplemental Cost | Narrative Descriptions | |
| Personnel | | | |
| Fringe Benefit | | | |
| Travel | | | |
| Equipment | | | |
| Supplies | | | |
| Subrecipient | | | |
| Services - Other | | | |
| Indirect Costs | | | |
| Totals | \$ - | | |
| Narrative Justification Subrecipient #7: | | | |

| #7 Subrecipient, Contract or Consultant: | | | Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget. |
|--|------------------------|------------------------|--|
| Budget Category | Capacity Building Cost | Narrative Descriptions | |
| Personnel | | | |
| Fringe Benefit | | | |
| Travel | | | |
| Equipment | | | |
| Supplies | | | |
| Subrecipient | | | |
| Services - Other | | | |
| Indirect Costs | | | |
| Totals | \$ - | | |
| Narrative Justification Subrecipient #7: | | | |

| #8 Subrecipient, Contract or Consultant: | | | Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget. |
|--|--------------------------|------------------------|--|
| Budget Category | Annual Supplemental Cost | Narrative Descriptions | |
| Personnel | | | |
| Fringe Benefit | | | |
| Travel | | | |
| Equipment | | | |
| Supplies | | | |
| Subrecipient | | | |
| Services - Other | | | |
| Indirect Costs | | | |
| Totals | \$ - | | |
| Narrative Justification Subrecipient #8: | | | |

| #8 Subrecipient, Contract or Consultant: | | | Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget. |
|--|------------------------|------------------------|--|
| Budget Category | Capacity Building Cost | Narrative Descriptions | |
| Personnel | | | |
| Fringe Benefit | | | |
| Travel | | | |
| Equipment | | | |
| Supplies | | | |
| Subrecipient | | | |
| Services - Other | | | |
| Indirect Costs | | | |
| Totals | \$ - | | |
| Narrative Justification Subrecipient #8: | | | |

| #9 Subrecipient, Contract or Consultant: | | | Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget. |
|--|--------------------------|------------------------|--|
| Budget Category | Annual Supplemental Cost | Narrative Descriptions | |
| Personnel | | | |
| Fringe Benefit | | | |
| Travel | | | |
| Equipment | | | |
| Supplies | | | |
| Subrecipient | | | |
| Services - Other | | | |
| Indirect Costs | | | |
| Totals | \$ - | | |
| Narrative Justification Subrecipient #9: | | | |

| #9 Subrecipient, Contract or Consultant: | | | Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget. |
|--|------------------------|------------------------|--|
| Budget Category | Capacity Building Cost | Narrative Descriptions | |
| Personnel | | | |
| Fringe Benefit | | | |
| Travel | | | |
| Equipment | | | |
| Supplies | | | |
| Subrecipient | | | |
| Services - Other | | | |
| Indirect Costs | | | |
| Totals | \$ - | | |
| Narrative Justification Subrecipient #9: | | | |

| #10 Subrecipient, Contract or Consultant: | | | Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget. |
|---|--------------------------|------------------------|--|
| Budget Category | Annual Supplemental Cost | Narrative Descriptions | |
| Personnel | | | |
| Fringe Benefit | | | |
| Travel | | | |
| Equipment | | | |
| Supplies | | | |
| Subrecipient | | | |
| Services - Other | | | |
| Indirect Costs | | | |
| Totals | \$ - | | |
| Narrative Justification Subrecipient #10: | | | |

| #10 Subrecipient, Contract or Consultant: | | | Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget. |
|---|------------------------|------------------------|--|
| Budget Category | Capacity Building Cost | Narrative Descriptions | |
| Personnel | | | |
| Fringe Benefit | | | |
| Travel | | | |
| Equipment | | | |
| Supplies | | | |
| Subrecipient | | | |
| Services - Other | | | |
| Indirect Costs | | | |
| Totals | \$ - | | |
| Narrative Justification Subrecipient #10: | | | |

Provide narrative justification for each subrecipient, contractor, or consultant and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget. For each subrecipient, if applicable, differentiate between costs funded by federal Annual Supplemental funds and Capacity Building funds by entering information in the appropriate table.

If applicable, show the indirect cost rate (ICR) and calculated modified total direct costs (MTDC) in narrative. MTDC consists of total direct costs minus the following exclusions: equipment over \$5,000, capital expenditures, charges for patient care, tuition remission, rental costs of offsite facilities, scholarships, fellowships, and the portion of each subrecipient in excess of \$25,000.

Subrecipients – Provide same detailed information, as provided for “subrecipients”, on the 2nd Tier subrecipient budgets tab. Include vendor quotes/itemized cost build-ups, period of performance, description of the scope of the work, personnel, salary (level of effort), fringe, supplies, travel costs, how base cost rates and user rates were determined. Show calculations and describe how each subrecipient relates to furthering the objectives of the program.

| #1 Subrecipient, Contract or Consultant: | | | Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget. |
|--|--------------------------|------------------------|--|
| Budget Category | Annual Supplemental Cost | Narrative Descriptions | |
| Personnel | | | |
| Fringe Benefit | | | |
| Travel | | | |
| Equipment | | | |
| Supplies | | | |
| Subrecipient | | | |
| Services - Other | | | |
| Indirect Costs | | | |
| Totals | \$ - | | |
| Narrative Justification Subrecipient #1: | | | |

| #1 Subrecipient, Contract or Consultant: | | | Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget. |
|--|------------------------|------------------------|--|
| Budget Category | Capacity Building Cost | Narrative Descriptions | |
| Personnel | | | |
| Fringe Benefit | | | |
| Travel | | | |
| Equipment | | | |
| Supplies | | | |
| Subrecipient | | | |
| Services - Other | | | |
| Indirect Costs | | | |
| Totals | \$ - | | |
| Narrative Justification Subrecipient #1: | | | |

| #2 Subrecipient, Contract or Consultant: | | | Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget. |
|--|--------------------------|------------------------|--|
| Budget Category | Annual Supplemental Cost | Narrative Descriptions | |
| Personnel | | | |
| Fringe Benefit | | | |
| Travel | | | |
| Equipment | | | |
| Supplies | | | |
| Subrecipient | | | |
| Services - Other | | | |
| Indirect Costs | | | |
| Totals | \$ - | | |
| Narrative Justification Subrecipient #2: | | | |

| #2 Subrecipient, Contract or Consultant: | | | Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget. |
|--|------------------------|------------------------|--|
| Budget Category | Capacity Building Cost | Narrative Descriptions | |
| Personnel | | | |
| Fringe Benefit | | | |
| Travel | | | |
| Equipment | | | |
| Supplies | | | |
| Subrecipient | | | |
| Services - Other | | | |
| Indirect Costs | | | |
| Totals | \$ - | | |
| Narrative Justification Subrecipient #2: | | | |

| #3 Subrecipient, Contract or Consultant: | | | Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget. |
|--|--------------------------|------------------------|--|
| Budget Category | Annual Supplemental Cost | Narrative Descriptions | |
| Personnel | | | |
| Fringe Benefit | | | |
| Travel | | | |
| Equipment | | | |
| Supplies | | | |
| Subrecipient | | | |
| Services - Other | | | |
| Indirect Costs | | | |
| Totals | \$ - | | |
| Narrative Justification Subrecipient #3: | | | |

| #3 Subrecipient, Contract or Consultant: | | | Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget. |
|--|------------------------|------------------------|--|
| Budget Category | Capacity Building Cost | Narrative Descriptions | |
| Personnel | | | |
| Fringe Benefit | | | |
| Travel | | | |
| Equipment | | | |
| Supplies | | | |
| Subrecipient | | | |
| Services - Other | | | |
| Indirect Costs | | | |
| Totals | \$ - | | |
| Narrative Justification Subrecipient #3: | | | |

| #4 Subrecipient, Contract or Consultant: | | | Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget. |
|--|--------------------------|------------------------|--|
| Budget Category | Annual Supplemental Cost | Narrative Descriptions | |
| Personnel | | | |
| Fringe Benefit | | | |
| Travel | | | |
| Equipment | | | |
| Supplies | | | |
| Subrecipient | | | |
| Services - Other | | | |
| Indirect Costs | | | |
| Totals | \$ - | | |
| Narrative Justification Subrecipient #4: | | | |

| #4 Subrecipient, Contract or Consultant: | | | Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget. |
|--|------------------------|------------------------|--|
| Budget Category | Capacity Building Cost | Narrative Descriptions | |
| Personnel | | | |
| Fringe Benefit | | | |
| Travel | | | |
| Equipment | | | |
| Supplies | | | |
| Subrecipient | | | |
| Services - Other | | | |
| Indirect Costs | | | |
| Totals | \$ - | | |
| Narrative Justification Subrecipient #4: | | | |

| #5 Subrecipient, Contract or Consultant: | | |
|--|--------------------------|------------------------|
| Budget Category | Annual Supplemental Cost | Narrative Descriptions |
| Personnel | | |
| Fringe Benefit | | |
| Travel | | |
| Equipment | | |
| Supplies | | |
| Subrecipient | | |
| Services - Other | | |
| Indirect Costs | | |
| Totals | \$ - | |
| Narrative Justification Subrecipient #5: | | |

Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget.

| #5 Subrecipient, Contract or Consultant: | | |
|--|------------------------|------------------------|
| Budget Category | Capacity Building Cost | Narrative Descriptions |
| Personnel | | |
| Fringe Benefit | | |
| Travel | | |
| Equipment | | |
| Supplies | | |
| Subrecipient | | |
| Services - Other | | |
| Indirect Costs | | |
| Totals | \$ - | |
| Narrative Justification Subrecipient #5: | | |

Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget.

| #6 Subrecipient, Contract or Consultant: | | |
|--|--------------------------|------------------------|
| Budget Category | Annual Supplemental Cost | Narrative Descriptions |
| Personnel | | |
| Fringe Benefit | | |
| Travel | | |
| Equipment | | |
| Supplies | | |
| Subrecipient | | |
| Services - Other | | |
| Indirect Costs | | |
| Totals | \$ - | |
| Narrative Justification Subrecipient #6: | | |

Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget.

| #6 Subrecipient, Contract or Consultant: | | |
|--|------------------------|------------------------|
| Budget Category | Capacity Building Cost | Narrative Descriptions |
| Personnel | | |
| Fringe Benefit | | |
| Travel | | |
| Equipment | | |
| Supplies | | |
| Subrecipient | | |
| Services - Other | | |
| Indirect Costs | | |
| Totals | \$ - | |
| Narrative Justification Subrecipient #6: | | |

Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget.

| #7 Subrecipient, Contract or Consultant: | | |
|--|--------------------------|------------------------|
| Budget Category | Annual Supplemental Cost | Narrative Descriptions |
| Personnel | | |
| Fringe Benefit | | |
| Travel | | |
| Equipment | | |
| Supplies | | |
| Subrecipient | | |
| Services - Other | | |
| Indirect Costs | | |
| Totals | \$ - | |
| Narrative Justification Subrecipient #7: | | |

Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget.

| #7 Subrecipient, Contract or Consultant: | | |
|--|------------------------|------------------------|
| Budget Category | Capacity Building Cost | Narrative Descriptions |
| Personnel | | |
| Fringe Benefit | | |
| Travel | | |
| Equipment | | |
| Supplies | | |
| Subrecipient | | |
| Services - Other | | |
| Indirect Costs | | |
| Totals | \$ - | |
| Narrative Justification Subrecipient #7: | | |

Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget.

| #8 Subrecipient, Contract or Consultant: | | |
|--|--------------------------|------------------------|
| Budget Category | Annual Supplemental Cost | Narrative Descriptions |
| Personnel | | |
| Fringe Benefit | | |
| Travel | | |
| Equipment | | |
| Supplies | | |
| Subrecipient | | |
| Services - Other | | |
| Indirect Costs | | |
| Totals | \$ - | |
| Narrative Justification Subrecipient #8: | | |

Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget.

| #8 Subrecipient, Contract or Consultant: | | |
|--|------------------------|------------------------|
| Budget Category | Capacity Building Cost | Narrative Descriptions |
| Personnel | | |
| Fringe Benefit | | |
| Travel | | |
| Equipment | | |
| Supplies | | |
| Subrecipient | | |
| Services - Other | | |
| Indirect Costs | | |
| Totals | \$ - | |
| Narrative Justification Subrecipient #8: | | |

Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget.

| #9 Subrecipient, Contract or Consultant: | | | Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget. |
|--|--------------------------|------------------------|--|
| Budget Category | Annual Supplemental Cost | Narrative Descriptions | |
| Personnel | | | |
| Fringe Benefit | | | |
| Travel | | | |
| Equipment | | | |
| Supplies | | | |
| Subrecipient | | | |
| Services - Other | | | |
| Indirect Costs | | | |
| Totals | \$ - | | |
| Narrative Justification Subrecipient #9: | | | |

| #9 Subrecipient, Contract or Consultant: | | | Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget. |
|--|------------------------|------------------------|--|
| Budget Category | Capacity Building Cost | Narrative Descriptions | |
| Personnel | | | |
| Fringe Benefit | | | |
| Travel | | | |
| Equipment | | | |
| Supplies | | | |
| Subrecipient | | | |
| Services - Other | | | |
| Indirect Costs | | | |
| Totals | \$ - | | |
| Narrative Justification Subrecipient #9: | | | |

| #10 Subrecipient, Contract or Consultant: | | | Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget. |
|---|--------------------------|------------------------|--|
| Budget Category | Annual Supplemental Cost | Narrative Descriptions | |
| Personnel | | | |
| Fringe Benefit | | | |
| Travel | | | |
| Equipment | | | |
| Supplies | | | |
| Subrecipient | | | |
| Services - Other | | | |
| Indirect Costs | | | |
| Totals | \$ - | | |
| Narrative Justification Subrecipient #10: | | | |

| #10 Subrecipient, Contract or Consultant: | | | Note: Provide narrative justification for each subrecipient and show calculations for each line item: how the subrecipient was selected, vendor quotes, period of performance, description of the scope of the work, personnel/salary, fringe, travel costs, level of effort (LOE) and how the cost rates were determined. Itemize budget with calculations and describe how each subrecipient relates to furthering the objectives of the program. Add rows and additional tables as necessary to accurately reflect proposed budget. |
|---|------------------------|------------------------|--|
| Budget Category | Capacity Building Cost | Narrative Descriptions | |
| Personnel | | | |
| Fringe Benefit | | | |
| Travel | | | |
| Equipment | | | |
| Supplies | | | |
| Subrecipient | | | |
| Services - Other | | | |
| Indirect Costs | | | |
| Totals | \$ - | | |
| Narrative Justification Subrecipient #10: | | | |

G. Other - Services Dollars

Total Federal HCBS Cost: \$ -
 Unobligated Balance: \$ -
 Supplement: \$ -

Rate used for Qualified and Demonstration HCBS Services: 0.00
 Rate used for Supplemental Services: 0.00

| Services | Cost | Federal | Non-Federal Match | Cost Methodology |
|---|------|---------|-------------------|---|
| Qualified HCBS Services (State Enhanced FMAP Rate) | \$ - | \$ - | \$ - | Clearly explain how your Qualified HCBS Services Cost was derived. See example. |
| Demonstration HCBS Services (State Enhanced FMAP Rate) | \$ - | \$ - | \$ - | Clearly explain how your Demonstration HCBS Services Cost was derived |
| Supplemental Services | \$ - | \$ - | \$ - | Clearly explain how your Supplemental Services Cost was derived |
| Total | \$ - | \$ - | \$ - | |

Additional Detail

For the qualified HCBS, the demonstration HCBS and supplemental costs, please clearly show the methodology used to determine the cost. Based on the number of enrollees projected to be transitioned, how was the cost determined? Please see the Service Detail Worksheet Example below. You may use this if you please or provide your own detail worksheet.

Example of the Services Detail Worksheet

| Monthly Average Per Transition | | |
|----------------------------------|------------------------------------|-----------------------------------|
| Qualified Services \$2,100.00 | Demonstration Services \$950.00 | Supplemental Services \$525.00 |

| Month | Estimated Enrollment Qualified Services | Estimated Enrollment Demonstration Services | Estimated Enrollment Supplemental Services | Qualified Services Cost | Demonstration Services Cost | Supplemental Services Cost |
|---------------------------|--|--|---|-------------------------|-----------------------------|----------------------------|
| January | 6 | 7 | 4 | \$12,600.00 | \$6,650.00 | \$2,100.00 |
| February | 12 | 9 | 10 | \$25,200.00 | \$8,550.00 | \$5,250.00 |
| March | 12 | 16 | 13 | \$25,200.00 | \$15,200.00 | \$6,825.00 |
| April | 28 | 20 | 17 | \$58,800.00 | \$19,000.00 | \$8,925.00 |
| May | 39 | 14 | 20 | \$81,900.00 | \$13,300.00 | \$10,500.00 |
| June | 40 | 24 | 26 | \$84,000.00 | \$22,800.00 | \$13,650.00 |
| July | 50 | 32 | 34 | \$105,000.00 | \$30,400.00 | \$17,850.00 |
| August | 63 | 35 | 39 | \$132,300.00 | \$33,250.00 | \$20,475.00 |
| September | 70 | 40 | 41 | \$147,000.00 | \$38,000.00 | \$21,525.00 |
| October | 79 | 45 | 46 | \$165,900.00 | \$42,750.00 | \$24,150.00 |
| November | 86 | 50 | 52 | \$180,600.00 | \$47,500.00 | \$27,300.00 |
| December | 99 | 53 | 58 | \$207,900.00 | \$50,350.00 | \$30,450.00 |
| Totals | | | | \$ 1,226,400.00 | \$ 327,750.00 | \$ 189,000.00 |
| Federal Match Rate | | | | \$ - | \$ - | \$ - |
| Federal Request | | | | \$ - | \$ - | \$ - |
| Non-Federal Match | | | | \$ 1,226,400.00 | \$ 327,750.00 | \$ 189,000.00 |

| | | |
|--|----|---|
| H. Indirect Charges | \$ | - |
| Annual Unobligated Balance: | \$ | - |
| Supplement: | \$ | - |
| Capacity Building: | \$ | - |
| Capacity Building Unobligated Balance: | \$ | - |

| BUDGET NARRATIVE: Object Class Category by Line | Total Costs | Annual Supplemental | Capacity Building | Total Federal | Non-Federal Match | BUDGET NARRATIVE: Justification |
|--|-------------|---------------------|-------------------|---------------|-------------------|---|
| DCA/CMS-Approved Cost Allocation | \$ - | \$ - | \$ - | \$ - | \$ - | Please attach approved IDC rate or Cost allocation plan and explain calculation |
| | \$ - | \$ - | \$ - | \$ - | \$ - | |
| | \$ - | \$ - | \$ - | \$ - | \$ - | |
| | \$ - | \$ - | \$ - | \$ - | \$ - | |
| Total | \$ - | \$ - | \$ - | \$ - | \$ - | |

Additional Detail

For each indirect charge, differentiate between total costs (column B), costs funded by federal Annual Supplemental funds (column C), Capacity Building funds (column D), and state funds (column F). In column G describe how the cost was calculated. Is it a reasonable rate for the project? Do you have a federally approved indirect rate agreement or cost allocation plan? Has the rate been applied to the appropriate base? Remember that those costs that are already in your indirect cost pool cannot be charged to your direct cost category.

Note:

Policy Reform, Section 200.414 Indirect Costs - Provides a de minimis indirect cost rate of 10% of MTDC to those non-Federal entities who have never had a negotiated indirect cost rate, thereby eliminating a potential administrative barrier to receiving and effectively implementing Federal financial assistance.

§200.68 Modified Total Direct Cost (MTDC) - MTDC means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.