

**Section A. Instructions for Completing the *MFP Worksheet for Proposed Budget (WFPB) Revised 12/09/2020*.** Instructions for completing the Budget Narrative are located on each spreadsheet with the Budget Narrative 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 FY 2020 – FY 2023. For FY 2021, you will use the same version of the report submitted for FY 2020, and only update new fields.**

**Step 1** – Fill in the following yellow highlighted cells about your program and report: (1) Date of Report, (2) State, (3) Award Number (your award 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. Note: Each time the form is revised and resubmitted in Grants Solutions, please enter revised information.

**Step 2** –

- In the FMAP Table, enter your Original State FMAP rate for each quarter in column C through the next Calendar Year (You do not need to enter rates until 2023, until your 2022 report). Original State FMAP rates may be found in previous WFPB reports or at the links below:

**FFY 2007 - 2017:** <http://aspe.hhs.gov/federal-medical-assistance-percentages-or-federal-financial-participation-state-assistance-expenditures>

**FFY 2018:** <https://www.gpo.gov/fdsys/pkg/FR-2016-11-15/pdf/2016-27424.pdf>

**FFY 2019:** <https://www.gpo.gov/fdsys/pkg/FR-2017-11-21/pdf/2017-24953.pdf>

**FFY 2020:** <https://www.govinfo.gov/content/pkg/FR-2018-11-28/pdf/2018-25944.pdf>

**FFY 2021:** <https://www.govinfo.gov/content/pkg/FR-2019-12-03/pdf/2019-26207.pdf>

*For future years, refer to the Federal Register or consult your CMS Project Officer.*

- For states participating in the MFP demonstration from October 2008 through June 2011, enter the ARRA Enhanced FMAP percentage for each quarter in column E. Please use the appropriate rate for each year as published in the Federal Register. (After you have pasted in these values once, you will not need to update them again as ARRA expired in 2011.)

For January 2020 - TBD, enter the FFCRA Enhanced FMAP percentage for each quarter in column E. The rates are included in a separate tab within this workbook. *When the FFCRA enhancement ends, the state should enter their regular FMAP in Column E of the FMAP table for future quarters where there is a FFCRA cell. If the cell is left blank, it will default to 0.50.*

**- Rates for all services (qualified, demonstration, and supplemental) will calculate for each CY when State 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 "Other" column includes any populations that do not fit one of the listed target populations.

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 110 and the Estimated MFP Enhanced FMAP Calculation table beginning on Row 124 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 to Check**

*Please make sure to check that these values match after completing data entry on all tabs (including the budget narrative tabs).*

**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. Make sure to look at the correct year, and note that values may be slightly off due to rounding differences.

*Example: If you are filling this form out for year 2019 then you would look at the WFPB CY 2016-2025 tab. Using the "Qualified HCBS" rows, you should be summing rows D75, D76, D77, and D78 and checking that this summed value 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. Make sure to look at the correct year, the correct Administrative cell, and note that values may be slightly off due to rounding differences.

*Example: If you are filling this form out for year 2019 and used the Administrative (Other) - 100 % row, then you would look at cell D91 in the WFPB CY 2016-2025 tab and checking that this value equals the sum of B4, B5, B6, B7, B8, B9, and B12 from the Budget Summary tab.*

**Section C. Definition of Line Items**

**Qualified HCBS Services.** 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 Services.** 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" reimbursed through grant funds at a rate based on the state's standard FMAP. The State may propose these services because they are essential for successful transition to the community. These services should only be required during the transition period, or be a one-time cost to the program. 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.** 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.

Additionally, MFP grant administrative costs may include activities that are represented under certain Line Items:

**Quality Improvement-100%** Costs related to administering and reporting on individual quality and satisfaction surveys (reimbursed @ about \$100-\$150 per survey).

**State Evaluation (if approved) - 50%** . 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.

**ADRC Funding -100%.** This funding is used to facilitate and strengthen the roles of Aging and Disability Resource Centers (ADRCs) in supporting the rebalancing the delivery 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.

**American Indians and Alaska Natives (AI/AN Funding) - 100%.** Administrative costs may be used for developing and implementing long term services and supports programs under the MFP Tribal Initiative.

**Capacity Building Funding - 100%.** 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.

State	<u>Original State FMAP FY20 *</u>	MFP Enhanced FMAP (1.00 - Reg FMAP / 2 + Reg FMAP)	MFP FMAP with FFCRA Increase (Jan 2020 - TBD)	MFP Enhanced FMAP with FFCRA and MFP (for Jan 2020 - TBD) Not to Exceed 90%	Calculated MFP Enhanced FMAP (Jan 2020 - TBD)
United States	0.5000	0.7500	0.5620	0.7810	0.7810
Alabama	0.7197	0.8599	0.7817	0.8909	0.8909
Arkansas	0.7142	0.8571	0.7762	0.8881	0.8881
California	0.5000	0.7500	0.5620	0.7810	0.7810
Colorado	0.5000	0.7500	0.5620	0.7810	0.7810
Connecticut	0.5000	0.7500	0.5620	0.7810	0.7810
Delaware	0.5786	0.7893	0.6406	0.8203	0.8203
District of Columbia	0.7000	0.8500	0.7620	0.8810	0.8810
Georgia	0.6730	0.8365	0.7350	0.8675	0.8675
Hawaii	0.5347	0.7674	0.5967	0.7984	0.7984
Idaho	0.7034	0.8517	0.7654	0.8827	0.8827
Illinois	0.5014	0.7507	0.5634	0.7817	0.7817
Indiana	0.6584	0.8292	0.7204	0.8602	0.8602
Iowa	0.6120	0.8060	0.6740	0.8370	0.8370
Kansas	0.5916	0.7958	0.6536	0.8268	0.8268
Kentucky	0.7182	0.8591	0.7802	0.8901	0.8901
Louisiana	0.6686	0.8343	0.7306	0.8653	0.8653
Maine	0.6380	0.8190	0.7000	0.8500	0.8500
Maryland	0.5000	0.7500	0.5620	0.7810	0.7810
Massachusetts	0.5000	0.7500	0.5620	0.7810	0.7810
Michigan	0.6406	0.8203	0.7026	0.8513	0.8513
Minnesota	0.5000	0.7500	0.5620	0.7810	0.7810
Mississippi	0.7698	0.8849	0.8318	0.9000	0.9159
Missouri	0.6565	0.8283	0.7185	0.8593	0.8593
Montana	0.6478	0.8239	0.7098	0.8549	0.8549
Nebraska	0.5472	0.7736	0.6092	0.8046	0.8046
Nevada	0.6393	0.8197	0.7013	0.8507	0.8507
New Hampshire	0.5000	0.7500	0.5620	0.7810	0.7810
New Jersey	0.5000	0.7500	0.5620	0.7810	0.7810
New York	0.5000	0.7500	0.5620	0.7810	0.7810
North Carolina	0.6703	0.8352	0.7323	0.8662	0.8662
North Dakota	0.5005	0.7503	0.5625	0.7813	0.7813
Ohio	0.6302	0.8151	0.6922	0.8461	0.8461
Oklahoma	0.6602	0.8301	0.7222	0.8611	0.8611
Pennsylvania	0.5225	0.7613	0.5845	0.7923	0.7923
Rhode Island	0.5295	0.7648	0.5915	0.7958	0.7958
South Carolina	0.7070	0.8535	0.7690	0.8845	0.8845
South Dakota	0.5762	0.7881	0.6382	0.8191	0.8191
Tennessee	0.6521	0.8261	0.7141	0.8571	0.8571
Texas	0.6089	0.8045	0.6709	0.8355	0.8355
Vermont	0.5386	0.7693	0.6006	0.8003	0.8003
Virginia	0.5000	0.7500	0.5620	0.7810	0.7810
Washington	0.5000	0.7500	0.5620	0.7810	0.7810
West Virginia	0.7494	0.8747	0.8114	0.9000	0.9057
Wisconsin	0.5936	0.7968	0.6556	0.8278	0.8278

**2007 - 2025 Money Follows the Person Demonstration**  
Worksheet for Proposed Budget (Rev. 12/09/2020)

**Instructions:** Please fill in only the cells highlighted in YELLOW. All other cells will auto populate and are locked.

Date of Report: \_\_\_\_\_

State: \_\_\_\_\_

Grant Number: \_\_\_\_\_

Current Year: **2021**

Preparer Name: \_\_\_\_\_

Preparer Phone: \_\_\_\_\_

Preparer Email: \_\_\_\_\_

Calendar Year Quarters through 2025	Original State FMAP	MFP Enhanced FMAP (1.00 - Reg FMAP / 2 + Reg FMAP)	MFP FMAP with ARRA Increase (Oct 2008 - Jun 2011) FFCRA Increase (Jan 2020 - TBD)	MFP Enhanced FMAP with ARRA Increase (Oct 2008 - Jun 2011) FFCRA Increase (Jan 2020 - TBD) <b>Not to Exceed 90%</b>	Calculated MFP Enhanced FMAP ARRA Increase (Oct 2008 - Jun 2011) FFCRA Increase (Jan 2020 - TBD)
	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			
Apr - Jun 2022	FFY 2022 Q3	0.5000			
Jul - Sept 2022	FFY 2022 Q4	0.5000			
Oct - Dec 2022	FFY 2023 Q1	0.5000			
Jan - Mar 2023	FFY 2023 Q2	0.5000			
Apr - Jun 2023	FFY 2023 Q3	0.5000			
Jul - Sept 2023	FFY 2023 Q4	0.5000			
Oct - Dec 2023	FFY 2024 Q1	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 State 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.

	Elderly	ID/DD	Physical Disability	Mental Illness	Other	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
<b>Total Count</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>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</b>						

**Demonstration Budget Summary-All Years**

Total Expenditures (2007 - 2025)	Total Costs (Fed & State)	Federal	State
Qualified HCBS	\$ -	\$ -	\$ -
Demonstration HCBS	\$ -	\$ -	\$ -
Supplemental	\$ -	\$ -	\$ -
Administrative - Normal - 50%	\$ -	\$ -	\$ -
Administrative - 75%	\$ -	\$ -	\$ -
Administrative - 90%	\$ -	\$ -	\$ -
Federal Evaluation Supports - 100%	\$ -	\$ -	\$ -
Administrative (Other) - 100%	\$ -	\$ -	\$ -
State Evaluation - 50%	\$ -	\$ -	\$ -
ADRC Funding - 100%	\$ -	\$ -	\$ -
AIAN Funding (Tribal) - 100%	\$ -	\$ -	\$ -
Capacity Building Funding - 100%	\$ -	\$ -	\$ -
<b>Total</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**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	\$ -
<b>Estimated Total</b>	<b>\$ -</b>



Please update expenditures for all past years. Rates for all services (qualified, demonstration, and supplemental) will calculate for each CY when State 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	0.0000		\$ -	\$ -	
Administrative - Normal	0.5000		\$ -	\$ -	
Administrative - 75%	0.7500		\$ -	\$ -	
Administrative - 90%	0.9000		\$ -	\$ -	
Federal Evaluation Supports	1.0000		\$ -	\$ -	
Administrative (Other) - 100%	1.0000		\$ -	\$ -	
State Evaluation (if approved)	0.5000		\$ -	\$ -	
ADRC Funding	1.0000		\$ -	\$ -	
<b>CY 2007 Total</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	

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 (Jan - Sept)	0.0000		\$ -	\$ -	
Supplemental (Oct - Dec increased FMAP)	0.0000		\$ -	\$ -	
Administrative - Normal	0.5000		\$ -	\$ -	
Administrative - 75%	0.7500		\$ -	\$ -	
Administrative - 90%	0.9000		\$ -	\$ -	
Federal Evaluation Supports	1.0000		\$ -	\$ -	
Administrative (Other) - 100%	1.0000		\$ -	\$ -	
State Evaluation (if approved)	0.5000		\$ -	\$ -	
ADRC Funding	1.0000		\$ -	\$ -	
<b>CY 2008 Total</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	

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 (Jan-Mar increased FMAP)	0.0000		\$ -	\$ -	
Supplemental (Apr-Jun increased FMAP)	0.0000		\$ -	\$ -	
Supplemental (Jul-Sep increased FMAP)	0.0000		\$ -	\$ -	
Supplemental (Oct - Dec increased FMAP)	0.0000		\$ -	\$ -	
Administrative - Normal	0.5000		\$ -	\$ -	
Administrative - 75%	0.7500		\$ -	\$ -	
Administrative - 90%	0.9000		\$ -	\$ -	
Federal Evaluation Supports	1.0000		\$ -	\$ -	
Administrative (Other) - 100%	1.0000		\$ -	\$ -	
State Evaluation (if approved)	0.5000		\$ -	\$ -	
ADRC Funding	1.0000		\$ -	\$ -	
<b>CY 2009 Total</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	

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 (Jan-Mar increased FMAP)	0.0000		\$ -	\$ -	
Supplemental (Apr-Jun increased FMAP)	0.0000		\$ -	\$ -	
Supplemental (Jul-Sep increased FMAP)	0.0000		\$ -	\$ -	
Supplemental (Oct - Dec increased FMAP)	0.0000		\$ -	\$ -	
Administrative - Normal - 50%	0.5000		\$ -	\$ -	
Administrative - 75%	0.7500		\$ -	\$ -	
Administrative - 90%	0.9000		\$ -	\$ -	
Federal Evaluation Supports - 100%	1.0000		\$ -	\$ -	
Administrative (Other) - 100%	1.0000		\$ -	\$ -	
State Evaluation (if approved) - 50%	0.5000		\$ -	\$ -	
ADRC Funding	1.0000		\$ -	\$ -	
<b>CY 2010 Total</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	

<b>CY 2011</b> (using partial year increased FMAP)	<b>Rate</b>	<b>Total Costs</b>	<b>Federal</b>	<b>State</b>	<b>Enter CY 2011 Comments Here</b>
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 (Jan-Mar increased FMAP)	0.0000		\$ -	\$ -	
Supplemental (Apr-Jun increased FMAP)	0.0000		\$ -	\$ -	
Supplemental (Jul-Sept)	0.0000		\$ -	\$ -	
Supplemental (Oct-Dec)	0.0000		\$ -	\$ -	
Administrative - Normal - 50%	0.5000		\$ -	\$ -	
Administrative - 75%	0.7500		\$ -	\$ -	
Administrative - 90%	0.9000		\$ -	\$ -	
Federal Evaluation Supports - 100%	1.0000		\$ -	\$ -	
Administrative (Other) - 100%	1.0000		\$ -	\$ -	
State Evaluation (if approved) - 50%	0.5000		\$ -	\$ -	
ADRC Funding - 100%	1.0000		\$ -	\$ -	
<b>CY 2011 Total</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	

<b>CY 2012</b>	<b>Rate</b>	<b>Total Costs</b>	<b>Federal</b>	<b>State</b>	<b>Enter CY 2012 Comments Here</b>
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 (Jan-Mar)	0.0000		\$ -	\$ -	
Supplemental (Apr-Jun)	0.0000		\$ -	\$ -	
Supplemental (Jul-Sept)	0.0000		\$ -	\$ -	
Supplemental (Oct-Dec)	0.0000		\$ -	\$ -	
Administrative - Normal - 50%	0.5000		\$ -	\$ -	
Administrative - 75%	0.7500		\$ -	\$ -	
Administrative - 90%	0.9000		\$ -	\$ -	
Federal Evaluation Supports - 100%	1.0000		\$ -	\$ -	
Administrative (Other) - 100%	1.0000		\$ -	\$ -	
State Evaluation (if approved) - 50%	0.5000		\$ -	\$ -	
ADRC Funding - 100%	1.0000		\$ -	\$ -	
<b>CY 2012 Total</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	

<b>CY 2013</b>	<b>Rate</b>	<b>Total Costs</b>	<b>Federal</b>	<b>State</b>	<b>Enter CY 2013 Comments Here</b>
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 (Jan-Mar)	0.0000		\$ -	\$ -	
Supplemental (Apr-Jun)	0.0000		\$ -	\$ -	
Supplemental (Jul-Sept)	0.0000		\$ -	\$ -	
Supplemental (Oct-Dec)	0.0000		\$ -	\$ -	
Administrative - Normal - 50%	0.5000		\$ -	\$ -	
Administrative - 75%	0.7500		\$ -	\$ -	
Administrative - 90%	0.9000		\$ -	\$ -	
Federal Evaluation Supports - 100%	1.0000		\$ -	\$ -	
Administrative (Other) - 100%	1.0000		\$ -	\$ -	
State Evaluation (if approved) - 50%	0.5000		\$ -	\$ -	
ADRC Funding - 100%	1.0000		\$ -	\$ -	
<b>CY 2013 Total</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	

<b>CY 2014</b>	<b>Rate</b>	<b>Total Costs</b>	<b>Federal</b>	<b>State</b>	<b>Enter CY 2014 Comments Here</b>
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 (Jan-Mar)	0.0000		\$ -	\$ -	
Supplemental (Apr-Jun)	0.0000		\$ -	\$ -	
Supplemental (Jul-Sept)	0.0000		\$ -	\$ -	
Supplemental (Oct-Dec)	0.0000		\$ -	\$ -	
Administrative - Normal	0.5000		\$ -	\$ -	
Administrative - 75%	0.7500		\$ -	\$ -	
Administrative - 90%	0.9000		\$ -	\$ -	
Federal Evaluation Supports - 100%	1.0000		\$ -	\$ -	
Administrative (Other) - 100%	1.0000		\$ -	\$ -	
State Evaluation (if approved) - 50%	0.5000		\$ -	\$ -	
ADRC Funding - 100%	1.0000		\$ -	\$ -	
AIAN Funding (Tribal) - 100%	1.0000		\$ -	\$ -	
<b>CY 2014 Total</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	

<b>CY 2015</b>	<b>Rate</b>	<b>Total Costs</b>	<b>Federal</b>	<b>State</b>	<b>Enter CY 2015 Comments Here</b>
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 (Jan-Mar)	0.0000		\$ -	\$ -	
Supplemental (Apr-Jun)	0.0000		\$ -	\$ -	
Supplemental (Jul-Sept)	0.0000		\$ -	\$ -	
Supplemental (Oct-Dec)	0.0000		\$ -	\$ -	
Administrative - Normal - 50%	0.5000		\$ -	\$ -	
Administrative - 75%	0.7500		\$ -	\$ -	
Administrative - 90%	0.9000		\$ -	\$ -	
Federal Evaluation Supports - 100%	1.0000		\$ -	\$ -	
Administrative (Other) - 100%	1.0000		\$ -	\$ -	
State Evaluation (if approved) - 50%	0.5000		\$ -	\$ -	
ADRC Funding - 100%	1.0000		\$ -	\$ -	
AIAN Funding - 100%	1.0000		\$ -	\$ -	
<b>CY 2015 Total</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	

Please update expenditures for all past years. Rates for all services (qualified, demonstration, and supplemental) will calculate for each CY when State 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 (Jan-Mar)	0.0000		\$ -	\$ -	
Supplemental (Apr-Jun)	0.0000		\$ -	\$ -	
Supplemental (Jul-Sept)	0.0000		\$ -	\$ -	
Supplemental (Oct-Dec)	0.0000		\$ -	\$ -	
Administrative - Normal - 50%	0.5000		\$ -	\$ -	
Administrative - 75%	0.7500		\$ -	\$ -	
Administrative - 90%	0.9000		\$ -	\$ -	
Federal Evaluation Supports - 100%	1.0000		\$ -	\$ -	
Administrative (Other) - 100%	1.0000		\$ -	\$ -	
State Evaluation (if approved) - 50%	0.5000		\$ -	\$ -	
ADRC Funding -100%	1.0000		\$ -	\$ -	
AIAN Funding - 100%	1.0000		\$ -	\$ -	
<b>CY 2016 Total</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	

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 (Jan-Mar)	0.0000		\$ -	\$ -	
Supplemental (Apr-Jun)	0.0000		\$ -	\$ -	
Supplemental (Jul-Sept)	0.0000		\$ -	\$ -	
Supplemental (Oct-Dec)	0.0000		\$ -	\$ -	
Administrative - Normal - 50%	0.5000		\$ -	\$ -	
Administrative - 75%	0.7500		\$ -	\$ -	
Administrative - 90%	0.9000		\$ -	\$ -	
Federal Evaluation Supports - 100%	1.0000		\$ -	\$ -	
Administrative (Other) - 100%	1.0000		\$ -	\$ -	
State Evaluation (if approved) - 50%	0.5000		\$ -	\$ -	
ADRC Funding -100%	1.0000		\$ -	\$ -	
AIAN Funding - 100%	1.0000		\$ -	\$ -	
<b>CY 2017 Total</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	

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 (Jan-Mar)	0.0000		\$ -	\$ -	
Supplemental (Apr-Jun)	0.0000		\$ -	\$ -	
Supplemental (Jul-Sept)	0.0000		\$ -	\$ -	
Supplemental (Oct-Dec)	0.0000		\$ -	\$ -	
Administrative - Normal - 50%	0.5000		\$ -	\$ -	
Administrative - 75%	0.7500		\$ -	\$ -	
Administrative - 90%	0.9000		\$ -	\$ -	
Federal Evaluation Supports - 100%	1.0000		\$ -	\$ -	
Administrative (Other) - 100%	1.0000		\$ -	\$ -	
State Evaluation (if approved) - 50%	0.5000		\$ -	\$ -	
ADRC Funding -100%	1.0000		\$ -	\$ -	
AIAN Funding - 100%	1.0000		\$ -	\$ -	
<b>CY 2018 Total</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	

<b>CY 2019</b>	<b>Rate</b>	<b>Total Costs</b>	<b>Federal</b>	<b>State</b>	<b>Enter CY 2019 Comments Here</b>
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 (Jan-Mar)	0.0000		\$ -	\$ -	
Supplemental (Apr-Jun)	0.0000		\$ -	\$ -	
Supplemental (Jul-Sept)	0.0000		\$ -	\$ -	
Supplemental (Oct-Dec)	0.0000		\$ -	\$ -	
Administrative - Normal - 50%	0.5000		\$ -	\$ -	
Administrative - 75%	0.7500		\$ -	\$ -	
Administrative - 90%	0.9000		\$ -	\$ -	
Federal Evaluation Supports - 100%	1.0000		\$ -	\$ -	
Administrative (Other) - 100%	1.0000		\$ -	\$ -	
State Evaluation (if approved) - 50%	0.5000		\$ -	\$ -	
ADRC Funding -100%	1.0000		\$ -	\$ -	
AIAN Funding - 100%	1.0000		\$ -	\$ -	
<b>CY 2019 Total</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	

<b>CY 2020</b>	<b>Rate</b>	<b>Total Costs</b>	<b>Federal</b>	<b>State</b>	<b>Enter CY 2020 Comments Here</b>
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 (Jan-Mar increased FMAP)	0.0000		\$ -	\$ -	
Supplemental (Apr-Jun increased FMAP)	0.0000		\$ -	\$ -	
Supplemental (Jul- Sep increased FMAP)	0.0000		\$ -	\$ -	
Supplemental (Oct - Dec increased FMAP)	0.0000		\$ -	\$ -	
Administrative - Normal - 50%	0.5000		\$ -	\$ -	
Administrative - 75%	0.7500		\$ -	\$ -	
Administrative - 90%	0.9000		\$ -	\$ -	
Federal Evaluation Supports - 100%	1.0000		\$ -	\$ -	
Administrative (Other) - 100%	1.0000		\$ -	\$ -	
State Evaluation (if approved) - 50%	0.5000		\$ -	\$ -	
ADRC Funding -100%	1.0000		\$ -	\$ -	
AIAN Funding - 100%	1.0000		\$ -	\$ -	
<b>CY 2020 Total</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	

<b>CY 2021</b>	<b>Rate</b>	<b>Total Costs</b>	<b>Federal</b>	<b>State</b>	<b>Enter CY 2021 Comments Here</b>
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 (Jan-Mar increased FMAP)	0.0000		\$ -	\$ -	
Supplemental (Apr-Jun increased FMAP)	0.0000		\$ -	\$ -	
Supplemental (Jul- Sep increased FMAP)	0.0000		\$ -	\$ -	
Supplemental (Oct - Dec increased FMAP)	0.0000		\$ -	\$ -	
Administrative - Normal - 50%	0.5000		\$ -	\$ -	
Administrative - 75%	0.7500		\$ -	\$ -	
Administrative - 90%	0.9000		\$ -	\$ -	
Federal Evaluation Supports - 100%	1.0000		\$ -	\$ -	
Administrative (Other) - 100%	1.0000		\$ -	\$ -	
State Evaluation (if approved) - 50%	0.5000		\$ -	\$ -	
ADRC Funding -100%	1.0000		\$ -	\$ -	
AIAN Funding - 100%	1.0000		\$ -	\$ -	
Capacity Building Funding - 100%	1.0000		\$ -	\$ -	
<b>CY 2021 Total</b>		<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	

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 (Jan-Mar)	0.0000		\$ -	\$ -	
Supplemental (Apr-Jun)	0.0000		\$ -	\$ -	
Supplemental (Jul-Sept)	0.0000		\$ -	\$ -	
Supplemental (Oct-Dec)	0.0000		\$ -	\$ -	
Administrative - Normal - 50%	0.5000		\$ -	\$ -	
Administrative - 75%	0.7500		\$ -	\$ -	
Administrative - 90%	0.9000		\$ -	\$ -	
Federal Evaluation Supports - 100%	1.0000		\$ -	\$ -	
Administrative (Other) - 100%	1.0000		\$ -	\$ -	
State Evaluation (if approved) - 50%	0.5000		\$ -	\$ -	
ADRC Funding -100%	1.0000		\$ -	\$ -	
AIAN Funding - 100%	1.0000		\$ -	\$ -	
Capacity Building Funding - 100%	1.0000		\$ -	\$ -	
<b>CY 2022 Total</b>		\$ -	\$ -	\$ -	

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 (Jan-Mar)	0.0000		\$ -	\$ -	
Supplemental (Apr-Jun)	0.0000		\$ -	\$ -	
Supplemental (Jul-Sept)	0.0000		\$ -	\$ -	
Supplemental (Oct-Dec)	0.0000		\$ -	\$ -	
Administrative - Normal - 50%	0.5000		\$ -	\$ -	
Administrative - 75%	0.7500		\$ -	\$ -	
Administrative - 90%	0.9000		\$ -	\$ -	
Federal Evaluation Supports - 100%	1.0000		\$ -	\$ -	
Administrative (Other) - 100%	1.0000		\$ -	\$ -	
State Evaluation (if approved) - 50%	0.5000		\$ -	\$ -	
ADRC Funding -100%	1.0000		\$ -	\$ -	
AIAN Funding - 100%	1.0000		\$ -	\$ -	
Capacity Building Funding - 100%	1.0000		\$ -	\$ -	
<b>CY 2023 Total</b>		\$ -	\$ -	\$ -	

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 (Jan-Mar)	0.0000		\$ -	\$ -	
Supplemental (Apr-Jun)	0.0000		\$ -	\$ -	
Supplemental (Jul-Sept)	0.0000		\$ -	\$ -	
Supplemental (Oct-Dec)	0.0000		\$ -	\$ -	
Administrative - Normal - 50%	0.5000		\$ -	\$ -	
Administrative - 75%	0.7500		\$ -	\$ -	
Administrative - 90%	0.9000		\$ -	\$ -	
Federal Evaluation Supports - 100%	1.0000		\$ -	\$ -	
Administrative (Other) - 100%	1.0000		\$ -	\$ -	
State Evaluation (if approved) - 50%	0.5000		\$ -	\$ -	
ADRC Funding -100%	1.0000		\$ -	\$ -	
AIAN Funding - 100%	1.0000		\$ -	\$ -	
Capacity Building Funding - 100%	1.0000		\$ -	\$ -	
<b>CY 2024 Total</b>		\$ -	\$ -	\$ -	

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 (Jan-Mar)	0.0000		\$ -	\$ -	
Supplemental (Apr-Jun)	0.0000		\$ -	\$ -	
Supplemental (Jul-Sept)	0.0000		\$ -	\$ -	
Supplemental (Oct-Dec)	0.0000		\$ -	\$ -	
Administrative - Normal - 50%	0.5000		\$ -	\$ -	
Administrative - 75%	0.7500		\$ -	\$ -	
Administrative - 90%	0.9000		\$ -	\$ -	
Federal Evaluation Supports - 100%	1.0000		\$ -	\$ -	
Administrative (Other) - 100%	1.0000		\$ -	\$ -	
State Evaluation (if approved) - 50%	0.5000		\$ -	\$ -	
ADRC Funding -100%	1.0000		\$ -	\$ -	

AIAN Funding - 100%	1.0000		\$	-	\$	-	
Capacity Building Funding - 100%	1.0000		\$	-	\$	-	
<b>CY 2025 Total</b>		\$	-	\$	-	\$	-

## MFP Multi-Year Budget Projection

Object Class Categories	CY 2020 (Unobligated Balance)	CY 2021	CY 2022	CY 2023	CY 2024	CY 2025	Total
a. Personnel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
b. Fringe Benefits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
c. Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
d. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
e. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
f. Sub Recipient	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
g. Services - Other	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Direct Costs</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
h. Indirect Costs	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Project Costs (Direct + Indirect)</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -



### Budget Summary

Object Class Categories	CY 2021 Federal Cost	CY 2020 Unobligated Balance	CY 2021 Supplemental	CY 2021 Non-Federal Match	Total (sum of columns B and E)
a. Personnel	\$ -	\$ -	\$ -	\$ -	\$ -
b. Fringe Benefits	\$ -	\$ -	\$ -	\$ -	\$ -
c. Travel	\$ -	\$ -	\$ -	\$ -	\$ -
d. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -
e. Supplies	\$ -	\$ -	\$ -	\$ -	\$ -
f. Sub Recipient	\$ -	\$ -	\$ -	\$ -	\$ -
g. Services - Other	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Direct Costs</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
h. Indirect Costs	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Project Costs (Direct + Indirect)</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

### Additional Detail

For this table, you must manually complete column C (CY 2020 Unobligated Balance) and E (CY 2021 Non-Federal Match). Column B will have information on the unobligated balances for the different categories and column E will have information on the state share of the budget for the different categories. The CY 2021 Federal Cost column (column B) will be auto-filled when all the categorical tabs in red are completed.

**A. Personnel** \$ - To Section B-SF-424A  
 Unobligated Balance: \$ -  
 Supplement: \$ -

Position Title	Name	Position Status	Annual Salary/Rate NTE \$192,300	Level of Effort		Costs		Role & Responsibilities
				Federal	Non-Federal Match	Federal	Non-Federal Match	
		Filled				\$ -	\$ -	
		Vacant				\$ -	\$ -	
		Filled				\$ -	\$ -	
		Filled				\$ -	\$ -	
		Filled				\$ -	\$ -	
		Vacant				\$ -	\$ -	
		Vacant				\$ -	\$ -	
		Filled				\$ -	\$ -	
		Filled				\$ -	\$ -	
		Filled				\$ -	\$ -	
		Filled				\$ -	\$ -	
<b>Total</b>			\$ -			\$ -	\$ -	

**Additional Detail**

What Personnel are absolutely necessary for this specific activity? Identify each staff member and provide: the title; time commitment to the project in months; time commitment to the project as a percentage of full-time equivalent; annual salary; wage rates; etc. Be sure to explain how the use of personnel funds will support the purpose and goals of this proposal. Describe the role, responsibilities and unique qualifications of each position. You may choose to upload or embed a more detailed explanation.

<b>B. Fringe Benefits</b>	\$	-	To Section B-SF-424A
Unobligated Balance:	\$	-	
Supplement:	\$	-	

Component	Benefit Rate	Salaries/Wages	Federal	Non-Federal Match	Narrative/Comment
Retirement		\$ -	\$ -	\$ -	
Social Security & Medicare		\$ -	\$ -	\$ -	
Group Life		\$ -	\$ -	\$ -	
Health Insurance		\$ -	\$ -	\$ -	
Retiree Health Credit		\$ -	\$ -	\$ -	
Disability		\$ -	\$ -	\$ -	
<b>Total</b>		\$ -	\$ -	\$ -	

**Additional Detail**

Apply the appropriate fringe benefit rate to each salary amount determined in the personnel section. 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.

**C. Travel** \$ - Section B-SF-424A  
 Unobligated Balance: \$ -  
 Supplement: \$ -

Purpose of Travel	Location	Item	Estimated Staff Eligible for Travel	Number of Days	Rate	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			\$ -	\$ -	
<b>Grand Total</b>						\$ -	\$ -

**Additional Detail**

What travel is associated with this specific activity? 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 <http://www.irs.gov>). Then, include ground transportation after arrival (train, subway, taxi, rental car). Use the US General Services Administration's ([www.gsa.gov](http://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  
 Unobligated Balance: \$ -  
 Supplement: \$ -

Item	Rate	Total Cost	Federal Cost	Non-Federal Cost	Description
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
<b>Equipment Total</b>		\$ -	\$ -	\$ -	

**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. Enter a description of the equipment and how its purchase will support the purpose and goals of this project. 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  
 Unobligated Balance: \$ -  
 Supplement: \$ -

Item(s)	Rate	Cost	Federal	Non-Federal Match	Explanation
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
		\$ -	\$ -	\$ -	
<b>Supplies Total</b>		\$ -	\$ -	\$ -	

**Additional Detail**

Under this category, document materials costing less than \$5,000 per unit and often having one-time use. Enter a description of the supplies requested and how their purchase will support the purpose and goals of this proposal.

**F. Subrecipient Cost** \$ -  
 Unobligated Balance: \$ -  
 Supplement: \$ -

To Section B-SF-424A

Item #	Subrecipient	Statement of Work	Cost	Federal	Non-Federal Match
1			\$ -	\$ -	\$ -
2			\$ -	\$ -	\$ -
3			\$ -	\$ -	\$ -
4			\$ -	\$ -	\$ -
5			\$ -	\$ -	\$ -
6			\$ -	\$ -	\$ -
7			\$ -	\$ -	\$ -
8			\$ -	\$ -	\$ -
9			\$ -	\$ -	\$ -
10			\$ -	\$ -	\$ -
<b>Total</b>			<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>

**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. 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).

**H. Other**

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

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

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

**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	Demonstration Services	Supplemental Services
\$2,100.00	\$950.00	\$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
<b>Totals</b>				\$ 1,226,400.00	\$ 327,750.00	\$ 189,000.00
<b>Federal Match Rate</b>				\$ -	\$ -	\$ -
<b>Federal Request</b>				\$ -	\$ -	\$ -
<b>Non-Federal Match</b>				\$ 1,226,400.00	\$ 327,750.00	\$ 189,000.00



<b>H. Indirect Charges</b>	\$	-
Unobligated Balance:	\$	-
Supplement:	\$	-

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

**Additional Detail**

How was the cost 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 appropriate base? Remember that those cost 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.

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.

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 \$25,00.

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.

<b>#1 Subrecipient or Consultant:</b>			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.
<b>Budget Category</b>	<b>Cost</b>	<b>Narrative Descriptions</b>	
Personnel			
Fringe Benefit			
Travel			
Equipment			
Supplies			
Subrecipient			
Services - Other			
Indirect Costs			
<b>Totals</b>	\$ -		
<b>Narrative Justification Subrecipient #1:</b>			

<b>#2 Subrecipient or Consultant:</b>			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.
<b>Budget Category</b>	<b>Cost</b>	<b>Narrative Descriptions</b>	
Personnel			
Fringe Benefit			
Travel			
Equipment			
Supplies			
Subrecipient			
Services - Other			
Indirect Costs			
<b>Totals</b>	\$ -		
<b>Narrative Justification Subrecipient #2:</b>			

<b>#3 Subrecipient or Consultant:</b>			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.
<b>Budget Category</b>	<b>Cost</b>	<b>Narrative Descriptions</b>	
Personnel			
Fringe Benefit			
Travel			
Equipment			
Supplies			
Subrecipient			
Services - Other			
Indirect Costs			
<b>Totals</b>	\$ -		
<b>Narrative Justification Subrecipient #3:</b>			

<b>#4 Subrecipient or Consultant:</b>			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.
<b>Budget Category</b>	<b>Cost</b>	<b>Narrative Descriptions</b>	
Personnel			
Fringe Benefit			
Travel			
Equipment			
Supplies			
Subrecipient			
Services - Other			
Indirect Costs			
<b>Totals</b>	\$ -		
<b>Narrative Justification Subrecipient #4:</b>			

<b>#5 Subrecipient or Consultant:</b>			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.
<b>Budget Category</b>	<b>Cost</b>	<b>Narrative Descriptions</b>	
Personnel			
Fringe Benefit			
Travel			
Equipment			
Supplies			
Subrecipient			
Services - Other			
Indirect Costs			
<b>Totals</b>	\$ -		
<b>Narrative Justification Subrecipient #5:</b>			

<b>#6 Subrecipient or Consultant:</b>			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.
<b>Budget Category</b>	<b>Cost</b>	<b>Narrative Descriptions</b>	
Personnel			
Fringe Benefit			
Travel			
Equipment			
Supplies			
Subrecipient			
Services - Other			
Indirect Costs			
<b>Totals</b>	\$ -		
<b>Narrative Justification Subrecipient #6:</b>			

<b>#7 Subrecipient or Consultant:</b>			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.
<b>Budget Category</b>	<b>Cost</b>	<b>Narrative Descriptions</b>	
Personnel			
Fringe Benefit			
Travel			
Equipment			
Supplies			
Subrecipient			
Services - Other			
Indirect Costs			
<b>Totals</b>	\$ -		
<b>Narrative Justification Subrecipient #7:</b>			

<b>#8 Subrecipient or Consultant:</b>			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.
<b>Budget Category</b>	<b>Cost</b>	<b>Narrative Descriptions</b>	
Personnel			
Fringe Benefit			
Travel			
Equipment			
Supplies			
Subrecipient			
Services - Other			
Indirect Costs			
<b>Totals</b>	\$ -		
<b>Narrative Justification Subrecipient #8:</b>			

<b>#9 Subrecipient or Consultant:</b>			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.
<b>Budget Category</b>	<b>Cost</b>	<b>Narrative Descriptions</b>	
Personnel			
Fringe Benefit			
Travel			
Equipment			
Supplies			
Subrecipient			
Services - Other			
Indirect Costs			
<b>Totals</b>	\$ -		
<b>Narrative Justification Subrecipient #9:</b>			

<b>#10 Subrecipient or Consultant:</b>			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.
<b>Budget Category</b>	<b>Cost</b>	<b>Narrative Descriptions</b>	
Personnel			
Fringe Benefit			
Travel			
Equipment			
Supplies			
Subrecipient			
Services - Other			
Indirect Costs			
<b>Totals</b>	\$ -		
<b>Narrative Justification Subrecipient #10:</b>			

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.

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 \$25,00.

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.

<b>#1 Subrecipient or Consultant:</b>			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.
<b>Budget Category</b>	<b>Cost</b>	<b>Narrative Descriptions</b>	
Personnel			
Fringe Benefit			
Travel			
Equipment			
Supplies			
Subrecipient			
Services - Other			
Indirect Costs			
<b>Totals</b>	\$ -		
<b>Narrative Justification Subrecipient #1:</b>			



<b>#2 Subrecipient or Consultant:</b>			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.
<b>Budget Category</b>	<b>Cost</b>	<b>Narrative Descriptions</b>	
Personnel			
Fringe Benefit			
Travel			
Equipment			
Supplies			
Subrecipient			
Services - Other			
Indirect Costs			
<b>Totals</b>	\$ -		
<b>Narrative Justification Subrecipient #2:</b>			

<b>#3 Subrecipient or Consultant:</b>			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.
<b>Budget Category</b>	<b>Cost</b>	<b>Narrative Descriptions</b>	
Personnel			
Fringe Benefit			
Travel			
Equipment			
Supplies			
Subrecipient			
Services - Other			
Indirect Costs			
<b>Totals</b>	\$ -		
<b>Narrative Justification Subrecipient #3:</b>			

<b>#4 Subrecipient or Consultant:</b>			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.
<b>Budget Category</b>	<b>Cost</b>	<b>Narrative Descriptions</b>	
Personnel			
Fringe Benefit			
Travel			
Equipment			
Supplies			
Subrecipient			
Services - Other			
Indirect Costs			
<b>Totals</b>	\$ -		
<b>Narrative Justification Subrecipient #4:</b>			

<b>#5 Subrecipient or Consultant:</b>			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.
<b>Budget Category</b>	<b>Cost</b>	<b>Narrative Descriptions</b>	
Personnel			
Fringe Benefit			
Travel			
Equipment			
Supplies			
Subrecipient			
Services - Other			
Indirect Costs			
<b>Totals</b>	\$ -		
<b>Narrative Justification Subrecipient #5:</b>			

<b>#6 Subrecipient or Consultant:</b>			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.
<b>Budget Category</b>	<b>Cost</b>	<b>Narrative Descriptions</b>	
Personnel			
Fringe Benefit			
Travel			
Equipment			
Supplies			
Subrecipient			
Services - Other			
Indirect Costs			
<b>Totals</b>	\$ -		
<b>Narrative Justification Subrecipient #6:</b>			

<b>#7 Subrecipient or Consultant:</b>			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.
<b>Budget Category</b>	<b>Cost</b>	<b>Narrative Descriptions</b>	
Personnel			
Fringe Benefit			
Travel			
Equipment			
Supplies			
Subrecipient			
Services - Other			
Indirect Costs			
<b>Totals</b>	\$ -		
<b>Narrative Justification Subrecipient #7:</b>			

<b>#8 Subrecipient or Consultant:</b>			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.
<b>Budget Category</b>	<b>Cost</b>	<b>Narrative Descriptions</b>	
Personnel			
Fringe Benefit			
Travel			
Equipment			
Supplies			
Subrecipient			
Services - Other			
Indirect Costs			
<b>Totals</b>	\$ -		
<b>Narrative Justification Subrecipient #8:</b>			

<b>#9 Subrecipient or Consultant:</b>			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.
<b>Budget Category</b>	<b>Cost</b>	<b>Narrative Descriptions</b>	
Personnel			
Fringe Benefit			
Travel			
Equipment			
Supplies			
Subrecipient			
Services - Other			
Indirect Costs			
<b>Totals</b>	\$ -		
<b>Narrative Justification Subrecipient #9:</b>			

<b>#10 Subrecipient or Consultant:</b>			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.
<b>Budget Category</b>	<b>Cost</b>	<b>Narrative Descriptions</b>	
Personnel			
Fringe Benefit			
Travel			
Equipment			
Supplies			
Subrecipient			
Services - Other			
Indirect Costs			
<b>Totals</b>	\$ -		
<b>Narrative Justification Subrecipient #10:</b>			