Budget Instructions

General

1.This budget workbook contains embedded formulas to calculate specific amounts. Cells containing formulas are shaded, please do not make entries into shaded cells unless otherwise specified in the instructions.

2. If you require more spaces on any page, please contact your contract manager to receive an extended version.

4. The total Cost Reimbursement amount cannot exceed 25% of the expected fee-for-service for the budget period.

5. Links - links noted in the body of the instructions can be found here as well as other links you may find useful while completing your Budget.

1. 2 CFR Part 200 **3. Uniform Grant Management Standards**
2. Controlled Assets **4. Texas Administrative Code**

Summary Page

The Summary Page automatically calculates the HHSC Contract Budget based on entries from each budget page.

Instructions:

1. Enter the contractor's legal name and the city in which your administrative office is located.
2. The total for the HHSC Contract Budget column must equal your contract award amount.
3. Once completed, email the entire workbook with a signed and dated Summary Page to your HHSC Contract Manager.

Fee For Service

The Fee For Service page captures the fee for service amounts for the program. The amount is based on your expected fee for service payments from HHSC for providing services paid for under the fee for service agreement during the contract year.

Instructions:

A. Number of Unique Clients Served	Enter the number of eligible unique clients to be seen under the program.
B. Budget	Enter the amount of fee for service to be collected for providing services for each program throughout the contract year.
C. Average Cost Per Client	This column will automatically calculate the average cost for each unique client based on the Number of Unique Clients Served and the Budget for each program
D. Justification for Cost Per Client	Enter a justification for the cost per client exceeding $285 per client for Family Planning. If the cost per client does not exceed the rates, this section is not applicable and does not have to be completed.

Personnel

The Salaries page captures the salaries cost for all fully or partially funded HHSC staff that support your HHSC Program. This page will summarize the cost budgeted to this HHSC contract. Only include HHSC contract expensed staff members; non-HHSC funded personnel should not be included.

Instructions:

A. Staff Position	Enter the staff position supporting the cost reimbursement portion of your HHSC program. **If there are multiple positions with the same title list them separately.**
B. Justification	Enter a brief description for each position and how it supports the cost reimbursement portion of your HHSC Program. Provide an explanation of how you determined the amount to budget to the HHSC Program and include calculations. Use the Supplemental Justification page if additional space is required.
C. Monthly Salary	Enter the monthly salary for each position, if hourly approximate the monthly total.
D. Number of Months	Enter the number of months, in whole numbers, that this position will be active during the contract period.
E. Annual Salary	The column will automatically calculate the Annual Salary of each line item based on the Monthly Salary times Number of Months.

F. Percent Applied to HHSC Contract	Enter the percent of time this position will work towards the cost reimbursement portion of the HHSC program.
G. Amount Budgeted to HHSC Contract	The column will automatically calculate amount budgeted to HHSC Contract.

Fringe Benefits - Employer Paid Portion

The Fringe Benefits page captures the employer contributions and/or expenses for all your fully or partially funded HHSC staff that support your HHSC Program. Once you have entered your fringe benefits amounts, this page will calculate the amount based on the percentages already captured on the Salaries page. FICA and Medicare will be automatically calculated at .0765 combined for each position.

Instructions:

1. Enter the cost for each type of fringe benefit in the top white row for each position, everything else will automatically calculate.

2. The formulas are embedded so that fringe benefits will be allocated by the same method as your salaries. If you do not wish to budget fringe benefit cost to your HHSC contract you can override the formula and enter zero in the blue shaded row for each position.

3. Justification - Fringe benefits are tied to salaries and the prorated fringe percentage should be equal to or less than the salary percentage. Use the Supplemental Justifications page if additional space is required.

A. Staff Position	This column automatically populates based on your entries in the Salaries page. (This column cannot auto adjust height because it is a merged cell but the full text can be read on the Salaries page.)
B. Computation	This column identifies the multiplier for two rows, the white row (gross/100%) and the blue row (% budget to HHSC Contract) for each position. The percentage for the blue row is populated from the Salaries page.
C. FICA/Medicare	This column will automatically populate the gross FICA/Medicare amount for each position based on the gross salary times 0.0765. The amount budgeted to this HHSC Contract will automatically calculate based on the gross FICA/Medicare amount times the multiplier in Column B.
D. Workers' Compensation (WC)	Enter the gross annual amount of Workers' Compensation Insurance you expect to pay for each position. The amount budgeted to this HHSC Contract will automatically calculate based on the gross WC amount times the multiplier.
E. State Unemployment Insurance (SUI)	Enter the gross annual amount of State Unemployment Insurance you expect to pay for each position. The amount budgeted to this HHSC Contract will automatically calculate based on the gross SUI amount times the multiplier. NOTE: SUI is the same as State Unemployment Tax Assessment (SUTA).
F. Health Insurance	Enter the gross annual amount of Health Insurance expenses you expect to pay for each position. The amount budgeted to this HHSC Contract will automatically calculate based on the gross Health Insurance amount times the multiplier.
G. Life Insurance	Enter the gross annual amount of Life Insurance expenses you expect to pay for each position. The amount budgeted to this HHSC Contract will automatically calculate based on the gross Life Insurance amount times the multiplier.
H. Dental Insurance	Enter the gross annual amount of Dental Insurance expenses you expect to pay for each position. The amount budgeted to this HHSC Contract will automatically calculate based on the gross Dental Insurance amount times the multiplier.
I. Retirement	Enter the gross annual amount of Retirement expenses you expect to pay for each position. The amount budgeted to this HHSC Contract will automatically calculate based on the gross Retirement amount times the multiplier.
J. Other	Enter the gross annual amount of Other Fringe expenses you expect to pay for each position. **Define Other Fringe in the Supplemental Justification page**. The amount budgeted to this HHSC Contract will automatically calculate based on the gross fringe amount times the multiplier.
K. Subtotals	This column will automatically calculate the subtotals for gross fringe (white) and the percent of fringe budgeted to your HHSC Contract (blue) for each position.

Travel

The Travel page is divided into two parts: Part 1 captures the conference and workshop expenses applicable to your HHSC Program and Part 2 captures the local mileage and other travel expenses applicable to your HHSC Program.

Part 1 - Conference/Workshop Travel Instructions:	
A. Travel Description	Enter a brief description of each anticipated conference and/or workshop that HHSC budgeted staff will attend.
B. Justification	Explain how each anticipated conference/workshop is applicable to your HHSC cost reimbursement program. Provide an explanation of how you determined the amount to budget to the HHSC program and include calculations. Use the Supplemental Justification page if you need additional space.
C. Location City/State	Enter the Location for each anticipated conference/workshop.
D. No. of Days/Employees	Enter the total number of days you will be attending and the total number of employees that will be present.
E. Cost	Enter the expenses for mileage, airfare, meals, lodging, registration, and other. "Other" cost must be defined in the justification. **Reference the Texas Comptroller of Public Account's website to obtain current Texas reimbursement rates. ($.58/mile as of Jan 1, 2019)**
F. Percent Applied to HHSC Contract	Enter 100% if this conference or workshop supports only one HHSC cost reimbursement program. If this conference or workshop supports multiple programs enter the percent to which it is applicable to your HHSC program.
G. Amount Budgeted to HHSC Contract	This column will automatically calculate the amount budgeted to the HHSC Contract.

Part 2 - Local Mileage/Other Travel Instructions:	
A. Local/Other Travel Description	Enter description of local mileage and other travel expenses.
B. Justification	Enter how you determined the amount to budget to the HHSC cost reimbursement program and include calculations. Calculations must include number of staff. Use the Supplemental Justification page if additional space is required.
C. No. of Miles	Enter the number of miles you expect to travel.
D. Mileage Rate	Enter the rate at which you will reimburse mileage. HHSC will reimburse up to the current State of Texas reimbursement rate. **Reference the Texas Comptroller of Public Account's website to obtain current Texas reimbursement rates. ($.58/mile as of Jan 1, 2019)**
E. Mileage Cost	This column will automatically calculate the Mileage cost based on the No. of Miles times the Mileage Rate.
F. Other Travel Cost	Enter other costs such as tolls, parking, etc. Other costs must be explained in the justification.
G. Cost	This column will automatically calculate the gross cost based on Mileage Cost plus Other Travel Cost.
H. Percent Applied to HHSC Contract	Enter 100% if this supports only one HHSC cost reimbursement program. If this travel supports multiple cost reimbursement programs enter the percent to which it is applicable to your HHSC program.
I. Amount Budgeted to HHSC Contract	This column will automatically calculate the amount budgeted to the HHSC Contract.

Contractual Services	
The Contracted Services page captures the costs for all contracted services that support your HHSC program.	
Instructions:	
A. Type of Service/Contract	Enter type of service or contract. Do not enter the name of the contractor. For example, do not enter "Dr. Martinez", but rather enter "Medical Services Provider".
B. Description	Enter the type of service(s) that each contractor will perform and a brief description. Identify if a vendor or subrecipient. A subrecipient is an individual or company that runs and performs the full HHSC program, including determining eligibility of clients. Vendors provide goods and services supplemental, but not central to the program, such as contracted doctors and laboratory tests.
C. Justification	Enter how the service supports your HHSC program. Provide an explanation of how you determined the amount to budget to the HHSC Contract. Include calculations and allocation percentages. Use the Supplemental Justification page if additional space is required.
D. No. of Units	Enter the number of units.

E. Rate of Payment	Enter the rate of payment per unit.
F. Cost	This column will automatically calculate the cost of each line item based on the No. of Units times Rate of Payment.
G. Percent Applied to HHSC Contract	Enter 100% if this line item supports only your HHSC program. If this line item supports multiple programs enter the percent to which it is applicable to your HHSC program.
H. Amount Budgeted to HHSC Contract	This column will automatically calculate amount of the contracting related expenses that you are requesting from HHSC. This amount cannot exceed column F.

Equipment - Lease/Purchase

The Equipment page captures the cost of leased items and equipment that support your HHSC program. Equipment means tangible personal property (including Information Technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by your organization for financial statement purposes, or $5,000.

Instructions:

A. Description	Enter a description of the equipment for each line item that supports your HHSC program. If there are multiple items with the same description list them separately.
B. Justification	Enter how the item supports your HHSC program. Provide an explanation of how you determined the amount to budget to the HHSC Contract. Include calculations and allocation percentages. Use the Supplemental Justification page if additional space is required.
C. Method Used (Lease or Purchase)	This column contains a drop down menu. Choose between Lease or Purchase.
D. Unit Cost	Enter the cost for each line item.
E. Percent Applied to HHSC Contract	Enter 100% if this line item supports only your HHSC program. If this line item supports multiple programs enter the percent to which it is applicable to your HHSC program.
F. Amount Budgeted to HHSC Contract	Enter the amount of the equipment expense that you are requesting from HHSC. This amount cannot exceed column D.

Supplies

The Supplies page captures the cost for all supplies used to support your HHSC program. Supplies means tangible personal property other than those described in the Equipment cost category. A computing device or software is a supply if the acquisition cost is less than the lesser of the capitalization level established by your organization for financial statement purposes or $5,000, regardless of the length of its useful life. Examples of consumable supplies may be: office supplies, medical supplies, pharmaceuticals, condoms, etc.

Instructions:

A. Description	Enter a description of the supply for each line item that supports your HHSC program.
B. Justification	Provide an explanation of how you determined the amount to budget to the HHSC Contract for each line item. Include calculations and allocation percentages. Use the Supplemental Justification page if additional space is required.
C. Cost	Enter the cost for each line item.
D. Percent Applied to HHSC Contract	Enter 100% if this line item supports only your HHSC program. If this line item supports multiple programs enter the percent to which it is applicable to your HHSC program.
E. Amount Budgeted to HHSC Contract	Enter the amount of the supply expense that you are requesting from HHSC. This amount can not exceed column C.

Other Expenses

The Other Expenses page captures all costs used to support your HHSC program not covered by the preceding cost categories. These typically include items such as printing/copying, postage, office rent, utilities, maintenance, communications, insurance, audit costs, etc.

Instructions:

A. Description	Enter a description of the expense for each item that supports your HHSC program.

B. Justification	Enter how the item supports your HHSC program. Provide an explanation of how you determined the amount to budget to the HHSC Contract. Include calculations and allocation percentages. Use the Supplemental Justification page if additional space is required.
C. Cost	Enter the cost for each item.
D. Percent Applied to HHSC Contract	Enter 100% if this item supports only your HHSC program. If this line item supports multiple programs enter the percent to which it is applicable to your HHSC program.
E. Amount Budgeted to HHSC Contract	Enter the amount of the expense that you are requesting from HHSC. This amount can not exceed column C.

Indirect Costs

Indirect Costs are costs incurred for a common or joint purpose benefiting more than one project or cost objective of your organization and not readily identified with a particular project or cost objective. Typical examples of Indirect Costs may include general administration and general expenses such as salaries and expenses of executive officers, personnel administration and accounting; depreciation or use allowances on buildings and equipment; and costs of operating and maintaining facilities.

Instructions:

A. Description	Enter the total amount of indirect costs allocable to your HHSC program.
B. Justification	Mark the statement that is applicable to your HHSC program. Indicate how your Indirect Cost rate and base were determined. Follow instructions on form and provide required documents.

Financial Support

The Financial Support page provides information on the non-HHSC funding used to support the HHSC Program.
Monies collected directly by the contractor for services provided under the contract award may include Client co-pay fees, donations, etc.

Cash Sources:

A. Cash Source	Enter the name of the cash funding source.
B. Identify Source	Identify source as, Client Co-payments, Donations, etc.
C. Total Amount	Enter total amount of cash funding source.
D. Amount Applied to	Enter the amount you expect to use in support of your HHSC program.

Supplemental Justification

The Supplemental Justification page provides extra space for justification of budgeted expenses.

Instructions:

1. Enter the appropriate Cost Category, Item #, and justification in the space provided.

Form C WOMEN'S HEALTH PROGRAMS - FAMILY PLANNING BUDGET SUMMARY PAGE

Legal Business Name:	
City:	
Contract Period:	

Cost Category	HHSC Contract Budget
Personnel	$ -
Fringe Benefits	$ -
Travel	$ -
Contractual	$ -
Equipment	$ -
Supplies	$ -
Other	$ -
Indirect Cost	$ -
Administrative Function	$ -
Fee For Service	$ -
TOTAL	**$ -**

Contractor Authorized Signature Authority

Signature

Date

Printed Name & Title of Signature Authority

HHSC Contract Manager Approval

Signature

Date

	Fo
	Legal Business Name:
	A
	Numbe of Unique Clients Served

rm C HHS0007346 Women's Health Programs Family Planning Fee For Service

0	
B	C
Budget	**Average Cost Per Client**
	#DIV/0!

D

Justification for Cost Per Client

Form C HHS0007346 Women's Health Programs Family Planning Personnel							
Legal Business Name:	0						
	A	B	C	D	E	F	G
	Staff Position	**Justification**	**Monthly Salary**	**No. of Months**	**Annual Salary**	**Percent applied to HHSC program**	**Amount budgeted to HHSC program**
1					$ -		$ -
2					$ -		$ -
3					$ -		$ -
4					$ -		$ -
5					$ -		$ -
6					$ -		$ -
7					$ -		$ -
8					$ -		$ -
9					$ -		$ -
10					$ -		$ -
11					$ -		$ -
12					$ -		$ -
13					$ -		$ -
14					$ -		$ -
15					$ -		$ -
16					$ -		$ -
17					$ -		$ -
18					$ -		$ -
19					$ -		$ -
20					$ -		$ -
21					$ -		$ -
22					$ -		$ -
23					$ -		$ -
24					$ -		$ -
25					$ -		$ -
				TOTAL:	**$ -**		**$ -**

Adminsitrative Function: Personnel							
Legal Business Name:	0						
	A	B	C	D	E	F	G
	Staff Position	**Justification**	**Monthly Salary**	**No. of Months**	**Annual Salary**	**Percent applied to HHSC program**	**Amount budgeted to HHSC program**

1					$ -		$ -
2					$ -		$ -
3					$ -		$ -
4					$ -		$ -
5					$ -		$ -
6					$ -		$ -
7					$ -		$ -
8					$ -		$ -
9					$ -		$ -
10					$ -		$ -
11					$ -		$ -
12					$ -		$ -
13					$ -		$ -
14					$ -		$ -
15					$ -		$ -
16					$ -		$ -
17					$ -		$ -
TOTAL ADMINISTRATIVE FUNCTION:					**$ -**		**$ -**

Form C HHS0007346 Women's Health Programs Family Planning Fringe Benefits - Employer Paid Portion

Legal Business Name: 0

	A	B	C	D	E	F	G	H	I	J	K
	Staff Position		**FICA & Medicare**	**Workers' Compensation**	**State Unemployment Insurance**	**Health Insurance**	**Life Insurance**	**Dental Insurance**	**Retirement**	**Other - See Supplemental Justification Page**	**Subtotals**
1	0	Gross	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		0.00%	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
2	0	Gross	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		0.00%	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3	0	Gross	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		0.00%	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4	0	Gross	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		0.00%	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5	0	Gross	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		0.00%	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6	0	Gross	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		0.00%	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7	0	Gross	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		0.00%	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8	0	Gross	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		0.00%	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9	0	Gross	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		0.00%	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10	0	Gross	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		0.00%	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11	0	Gross	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		0.00%	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

		Gross	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12	0	0.00%	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		Gross	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13	0	0.00%	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		Gross	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
14	0	0.00%	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		Gross	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
15	0	0.00%	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		Gross	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
16	0	0.00%	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		Gross	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
17	0	0.00%	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		Gross	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
18	0	0.00%	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		Gross	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
19	0	0.00%	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		Gross	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
20	0	0.00%	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		Gross	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
21	0	0.00%	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		Gross	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
22	0	0.00%	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		Gross	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
23	0	0.00%	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		Gross	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
24	0	0.00%	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		Gross	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
25	0	0.00%	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
											Total Fringe	**$ -**

Total Fringe Budgeted to Contract	$ -

Administrative Function: Fringe Benefits - Employer Paid Portion

Legal Business 0

	A	B	C	D	E	F	G	H	I	J	K
	Staff Position		**FICA & Medicare**	**Workers' Compensation**	**State Unemployment Insurance**	**Health Insurance**	**Life Insurance**	**Dental Insurance**	**Retirement**	**Other - See Supplemental Justification Page**	**Subtotals**
1	0	Gross	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		0.00%	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
2	0	Gross	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		0.00%	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3	0	Gross	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		0.00%	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4	0	Gross	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		0.00%	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5	0	Gross	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		0.00%	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6	0	Gross	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		0.00%	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7	0	Gross	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		0.00%	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8	0	Gross	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		0.00%	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9	0	Gross	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		0.00%	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10	0	Gross	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		0.00%	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
				$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -

		Gross	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11	0	0.00%	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		Gross	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12	0	0.00%	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		Gross	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13	0	0.00%	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		Gross	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
14	0	0.00%	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		Gross	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
15	0	0.00%	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		Gross	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
16	0	0.00%	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		Gross	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
17	0	0.00%	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		Gross	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
16	0	0.00%	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
		Gross	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
17	0	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total Administrative Function Fringe											**$ -**
Total Administrative Function Fringe Budgeted to Contract											**$ -**

Form C HHS0007346 Women's Health Programs Family Planning Travel

Legal Business Name: 0

Part 1 - Conference/Workshop Travel

	A	B	C	D	E		F	G
	Description of Travel	**Justification**	**Location City/State**	**No. of Days/ Employees**	**Cost**		**Percent Applied to HHSC Contract**	**Amount Budgeted to HHSC Contract**
1					Mileage	$ -		
					Airfare	$ -		
					Meals	$ -		
					Lodging	$ -		
					Registration	$ -		
					Other	$ -		
					Total #1	$ -	100.00%	$ -
2					Mileage	$ -		
					Airfare	$ -		
					Meals	$ -		
					Lodging	$ -		
					Registration	$ -		
					Other	$ -		
					Total #2	$ -	100.00%	$ -
3					Mileage	$ -		
					Airfare	$ -		
					Meals	$ -		
					Lodging	$ -		
					Registration	$ -		
					Other	$ -		
					Total #3	$ -	100.00%	$ -
4					Mileage	$ -		
					Airfare	$ -		
					Meals	$ -		
					Lodging	$ -		
					Registration	$ -		
					Other	$ -		
					Total #4	$ -	100.00%	$ -
	Conference/Workshop Travel Subtotal					**$ -**		**$ -**

Part 2 - Local/Other Travel

	A	B	D	E	F	G	H	I	J

	Local/Other Travel Description	Justification	No. of Miles	Mileage Rate	Mileage Cost	Other Travel Cost	Cost	Percent Applied to HHSC Contract	Amount Budgeted to HHSC Contract
1			0	$ -	$ -	$ -	$ -	100.00%	$ -
2			0	$ -	$ -	$ -	$ -	0.00%	$ -
3			0	$ -	$ -	$ -	$ -	0.00%	$ -
4			0	$ -	$ -	$ -	$ -	0.00%	$ -
5			0	$ -	$ -	$ -	$ -	0.00%	$ -
6			0	$ -	$ -	$ -	$ -	0.00%	$ -
7			0	$ -	$ -	$ -	$ -	0.00%	$ -
8			0	$ -	$ -	$ -	$ -	0.00%	$ -
9			0	$ -	$ -	$ -	$ -	0.00%	$ -
10			0	$ -	$ -	$ -	$ -	0.00%	$ -
11			0	$ -	$ -	$ -	$ -	0.00%	$ -
12			0	$ -	$ -	$ -	$ -	0.00%	$ -
13			0	$ -	$ -	$ -	$ -	0.00%	$ -
14			0	$ -	$ -	$ -	$ -	0.00%	$ -
15			0	$ -	$ -	$ -	$ -	0.00%	$ -
16			0	$ -	$ -	$ -	$ -	0.00%	$ -
17			0	$ -	$ -	$ -	$ -	0.00%	$ -
18			0	$ -	$ -	$ -	$ -	0.00%	$ -
19			0	$ -	$ -	$ -	$ -	0.00%	$ -
20			0	$ -	$ -	$ -	$ -	0.00%	$ -
21			0	$ -	$ -	$ -	$ -	0.00%	$ -
22			0	$ -	$ -	$ -	$ -	0.00%	$ -
23			0	$ -	$ -	$ -	$ -	0.00%	$ -
24			0	$ -	$ -	$ -	$ -	0.00%	$ -
25			0	$ -	$ -	$ -	$ -	0.00%	$ -
						Local/Other Travel Subtotal	**$0.00**		**$0.00**
						TOTAL:	**$0.00**		**$0.00**

Administrative Function: Travel

Legal Business Name: 0

Part 1 - Administrative Function: Conference/Workshop Travel

	A	B	C	D	E	F	G

	Description of Travel	Justification	Location City/State	No. of Days/ Employees	Cost		Percent Applied to HHSC Contract	Amount Budgeted to HHSC Contract
1					Mileage	$ -		
					Airfare	$ -		
					Meals	$ -		
					Lodging	$ -		
					Registration	$ -		
					Other	$ -		
					Total #1	$ -	100.00%	$ -
2					Mileage	$ -		
					Airfare	$ -		
					Meals	$ -		
					Lodging	$ -		
					Registration	$ -		
					Other	$ -		
					Total #2	$ -	100.00%	$ -
3					Mileage	$ -		
					Airfare	$ -		
					Meals	$ -		
					Lodging	$ -		
					Registration	$ -		
					Other	$ -		
					Total #3	$ -	100.00%	$ -
4					Mileage	$ -		
					Airfare	$ -		
					Meals	$ -		
					Lodging	$ -		
					Registration	$ -		
					Other	$ -		
					Total #4	$ -	100.00%	$ -
	Administrative Function Conference/Workshop Travel Subtotal					**$ -**		**$ -**

Part 2 - Administrative Function: Local/Other Travel

	A	B	D	E	F	G	H	I	J
	Local/Other Travel Description	Justification	No. of Miles	Mileage Rate	Mileage Cost	Other Travel Cost	Cost	Percent Applied to HHSC Contract	Amount Budgeted to HHSC Contract
1			0	$ -	$ -	$ -	$ -	100.00%	$ -

2			0	$ -	$ -	$ -	$ -	0.00%	$ -
3			0	$ -	$ -	$ -	$ -	0.00%	$ -
4			0	$ -	$ -	$ -	$ -	0.00%	$ -
5			0	$ -	$ -	$ -	$ -	0.00%	$ -
6			0	$ -	$ -	$ -	$ -	0.00%	$ -
7			0	$ -	$ -	$ -	$ -	0.00%	$ -
8			0	$ -	$ -	$ -	$ -	0.00%	$ -
9			0	$ -	$ -	$ -	$ -	0.00%	$ -
10			0	$ -	$ -	$ -	$ -	0.00%	$ -
11			0	$ -	$ -	$ -	$ -	0.00%	$ -
12			0	$ -	$ -	$ -	$ -	0.00%	$ -
13			0	$ -	$ -	$ -	$ -	0.00%	$ -
14			0	$ -	$ -	$ -	$ -	0.00%	$ -
15			0	$ -	$ -	$ -	$ -	0.00%	$ -
16			0	$ -	$ -	$ -	$ -	0.00%	$ -
17			0	$ -	$ -	$ -	$ -	0.00%	$ -
18			0	$ -	$ -	$ -	$ -	0.00%	$ -
19			0	$ -	$ -	$ -	$ -	0.00%	$ -
20			0	$ -	$ -	$ -	$ -	0.00%	$ -
21			0	$ -	$ -	$ -	$ -	0.00%	$ -
22			0	$ -	$ -	$ -	$ -	0.00%	$ -
23			0	$ -	$ -	$ -	$ -	0.00%	$ -
24			0	$ -	$ -	$ -	$ -	0.00%	$ -
25			0	$ -	$ -	$ -	$ -	0.00%	$ -
	Administrative Function Local/Other Travel Subtotal						**$0.00**		**$0.00**
	ADMINISTRATIVE FUNCTION TOTAL:						**$0.00**		**$0.00**

Form C HHS0007346 Women's Health Programs Family Planning Contractual								
Legal Business Name:	0							
	A	B	C	D	E	F	G	H
	Type of Service/Contract	**Description**	**Justification**	**No. of Units**	**Rate of Payment**	**Cost**	**Percent Applied to HHSC Contract**	**Amount Budgeted to HHSC Contract**
1				0	$ -	$ -	0.00%	$ -
2				0	$ -	$ -	0.00%	$ -
3				0	$ -	$ -	0.00%	$ -
4				0	$ -	$ -	0.00%	$ -
5				0	$ -	$ -	0.00%	$ -
6				0	$ -	$ -	0.00%	$ -
7				0	$ -	$ -	0.00%	$ -
8				0	$ -	$ -	0.00%	$ -
9				0	$ -	$ -	0.00%	$ -
10				0	$ -	$ -	0.00%	$ -
11				0	$ -	$ -	0.00%	$ -
12				0	$ -	$ -	0.00%	$ -
13				0	$ -	$ -	0.00%	$ -
14				0	$ -	$ -	0.00%	$ -
15				0	$ -	$ -	0.00%	$ -
16				0	$ -	$ -	0.00%	$ -
17				0	$ -	$ -	0.00%	$ -
18				0	$ -	$ -	0.00%	$ -
19				0	$ -	$ -	0.00%	$ -
20				0	$ -	$ -	0.00%	$ -
21				0	$ -	$ -	0.00%	$ -
22				0	$ -	$ -	0.00%	$ -
23				0	$ -	$ -	0.00%	$ -
24				0	$ -	$ -	0.00%	$ -
25				0	$ -	$ -	0.00%	$ -
					TOTAL:	**$ -**		$ -

Administrative Function: Contractual								
Legal Business Name:	0							
	A	B	C	D	E	F	G	H
	Type of Service/Contract	**Description**	**Justification**	**No. of Units**	**Rate of Payment**	**Cost**	**Percent Applied to HHSC Contract**	**Amount Budgeted to HHSC Contract**

1				0	$ -	$ -	0.00%	$ -
2				0	$ -	$ -	0.00%	$ -
3				0	$ -	$ -	0.00%	$ -
4				0	$ -	$ -	0.00%	$ -
5				0	$ -	$ -	0.00%	$ -
6				0	$ -	$ -	0.00%	$ -
7				0	$ -	$ -	0.00%	$ -
8				0	$ -	$ -	0.00%	$ -
9				0	$ -	$ -	0.00%	$ -
10				0	$ -	$ -	0.00%	$ -
11				0	$ -	$ -	0.00%	$ -
12				0	$ -	$ -	0.00%	$ -
13				0	$ -	$ -	0.00%	$ -
14				0	$ -	$ -	0.00%	$ -
15				0	$ -	$ -	0.00%	$ -
16				0	$ -	$ -	0.00%	$ -
					ADMINISTRATIVE FUNCTION TOTAL:	**$ -**		$ -

Equipment-Lease/Purchase						
	Legal Business Name:	0				
	A	B	C	D	E	F
	Description	**Justification**	**Method Used (Lease or Purchase)**	**Unit Cost**	**Percent Applied to HHSC Contract**	**Amount Budgeted to HHSC Contract**
1				$ -	0.00%	$ -
2				$ -	0.00%	$ -
3				$ -	0.00%	$ -
4				$ -	0.00%	$ -
5				$ -	0.00%	$ -
6				$ -	0.00%	$ -
7				$ -	0.00%	$ -
8				$ -	0.00%	$ -
9				$ -	0.00%	$ -
10				$ -	0.00%	$ -
11				$ -	0.00%	$ -
12				$ -	0.00%	$ -
13				$ -	0.00%	$ -
14				$ -	0.00%	$ -
15				$ -	0.00%	$ -
16				$ -	0.00%	$ -
17				$ -	0.00%	$ -
18				$ -	0.00%	$ -
19				$ -	0.00%	$ -
20				$ -	0.00%	$ -
21				$ -	0.00%	$ -
22				$ -	0.00%	$ -
23				$ -	0.00%	$ -
24				$ -	0.00%	$ -
25				$ -	0.00%	$ -
			TOTAL	**$ -**		**$ -**

Form C HHS0007346 Women's Health Programs Family Planning Administrative Function: Equipment-Lease/Purchase						
	Legal Business Name:	0				
	A	B	C	D	E	F
	Description	**Justification**	**Method Used (Lease or Purchase)**	**Unit Cost**	**Percent Applied to HHSC Contract**	**Amount Budgeted to HHSC Contract**

1				$ -	0.00%	$ -
2				$ -	0.00%	$ -
3				$ -	0.00%	$ -
4				$ -	0.00%	$ -
5				$ -	0.00%	$ -
6				$ -	0.00%	$ -
7				$ -	0.00%	$ -
8				$ -	0.00%	$ -
9				$ -	0.00%	$ -
10				$ -	0.00%	$ -
11				$ -	0.00%	$ -
12				$ -	0.00%	$ -
13				$ -	0.00%	$ -
14				$ -	0.00%	$ -
15				$ -	0.00%	$ -
	ADMINISTRATIVE FUNCTION TOTAL			**$ -**		**$ -**

Supplies					
	Legal Business Name:	0			
	A	B	C	D	E
	Description	**Justification**	**Cost**	**Percent Applied to HHSC Contract**	**Amount Budgeted to HHSC Contract**
1			$ -	100.00%	$ -
2			$ -	100.00%	$ -
3			$ -	100.00%	$ -
4			$ -	100.00%	$ -
5			$ -	0.00%	$ -
6			$ -	0.00%	$ -
7			$ -	0.00%	$ -
8			$ -	0.00%	$ -
9			$ -	0.00%	$ -
10			$ -	0.00%	$ -
11			$ -	0.00%	$ -
12			$ -	0.00%	$ -
13			$ -	0.00%	$ -
14			$ -	0.00%	$ -
15			$ -	0.00%	$ -
16			$ -	0.00%	$ -
17			$ -	0.00%	$ -
18			$ -	0.00%	$ -
19			$ -	0.00%	$ -
20			$ -	0.00%	$ -
21			$ -	0.00%	$ -
22			$ -	0.00%	$ -
23			$ -	0.00%	$ -
24			$ -	0.00%	$ -
25			$ -	0.00%	$ -
TOTAL			**$ -**		**$ -**

Form C HHS0007346 Women's Health Programs Family Planning Administrative Function: Supplies					
	A	B	C	D	E
	Description	**Justification**	**Cost**	**Percent Applied to HHSC Contract**	**Amount Budgeted to HHSC Contract**
1			$ -	100.00%	$ -

2			$ -	100.00%	$ -
3			$ -	100.00%	$ -
4			$ -	100.00%	$ -
5			$ -	0.00%	$ -
6			$ -	0.00%	$ -
7			$ -	0.00%	$ -
8			$ -	0.00%	$ -
9			$ -	0.00%	$ -
10			$ -	0.00%	$ -
11			$ -	0.00%	$ -
12			$ -	0.00%	$ -
13			$ -	0.00%	$ -
14			$ -	0.00%	$ -
15			$ -	0.00%	$ -
		ADMINISTRATIVE FUNCTION TOTAL	**$ -**		**$ -**

Form C HHS0007346 Women's Health Programs Family Planning Other Expenses					
	Legal Business Name:	0			
	A	B	C	D	E
	Description	**Justification**	**Cost**	**Percent Applied to HHSC Contract**	**Amount Budgeted to HHSC Contract**
1			$ -	100.00%	$ -
2			$ -	0.00%	$ -
3			$ -	100.00%	$ -
4			$ -	0.00%	$ -
5			$ -	0.00%	$ -
6			$ -	0.00%	$ -
7			$ -	0.00%	$ -
8			$ -	0.00%	$ -
9			$ -	0.00%	$ -
10			$ -	0.00%	$ -
11			$ -	0.00%	$ -
12			$ -	0.00%	$ -
13			$ -	0.00%	$ -
14			$ -	0.00%	$ -
15			$ -	0.00%	$ -
16			$ -	0.00%	$ -
17			$ -	0.00%	$ -
18			$ -	0.00%	$ -
19			$ -	0.00%	$ -
20			$ -	0.00%	$ -
21			$ -	0.00%	$ -
22			$ -	0.00%	$ -
23			$ -	0.00%	$ -
24			$ -	0.00%	$ -
25			$ -	0.00%	$ -
		TOTAL	**$ -**		**$ -**

Administrative Function: Other Expenses					
	Legal Business Name:	0			
	A	B	C	D	E
	Description	**Justification**	**Cost**	**Percent Applied to HHSC Contract**	**Amount Budgeted to HHSC Contract**

1			$ -	0.00%	$ -
2			$ -	0.00%	$ -
3			$ -	0.00%	$ -
4			$ -	0.00%	$ -
5			$ -	0.00%	$ -
6			$ -	0.00%	$ -
7			$ -	0.00%	$ -
8			$ -	0.00%	$ -
9			$ -	0.00%	$ -
10			$ -	0.00%	$ -
11			$ -	0.00%	$ -
		ADMINISTRATIVE FUNCTION TOTAL	**$ -**		**$ -**

Form C HHS0007346 Women's Health Programs Family Planning Indirect Costs

Legal Business Name:	0		
Total amount of indirect costs allocable to the project:		**Amount (non-Administrative Function):**	**$ -**
		Amount (Administrative Function)	**$ -**

Indirect costs are based on (mark the statement that is applicable):

The respondent's most recent indirect cost rate approved by a federal cognizant agency or state agency or elected to charge a de minimis rate of 10% of modified total direct costs. Expired rate agreements are not acceptable. Attach a copy of the rate agreement to this form or signed 10% de minimis certification.	**RATE:** **BASE:**	
Applies only to governmental entities . The respondent's current central service cost rate or indirect cost rate based on a rate proposal prepared in accordance with 2 CFR Part 200. Attach a copy of Certification of Cost Allocation Plan or Certification of Indirect Costs. Note: Governmental units with only a Central Service Cost Rate must also include the indirect cost of the governmental units department (i.e. HHSC). In this case indirect costs will be comprised of central service costs (determined by applying the rate) and the indirect costs of the governmental department.	**RATE:** **TYPE:** **BASE:**	

If using a central service or indirect cost rate, identify the types of costs that are included (being allocated) in the rate:

Organizations that do not use an indirect cost rate and governmental entities with only a central service rate must identify the types of costs that will be allocated as indirect costs and the methodology used to allocate these costs in the space provided below. The costs/methodology must also be disclosed in Part V-Indirect Cost Allocation of the Cost Allocation Plan that is submitted. **Identify the types of costs that are being allocated as indirect costs, the allocation methodology, and the allocation base:**

Form C HHS0007346 Women's Health Programs Family Planning Financial Support

	Legal Business Name:		
	PROJECTED CASH FUNDING SOURCES		
	A	**B**	**C**
	Part 1 - Cash Sources		
	Cash Sources	**Identify source as Client co-payment, Donation, other HHSC funding, etc.**	**Program (HTW or FPP)**
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
		SUBTOTAL:	

D	E
Total Amount	**Amount Applied to HHSC Program**
$ -	$ -
$ -	$ -
$ -	$ -
$ -	$ -
$ -	$ -
$ -	$ -
$ -	$ -
$ -	$ -
$ -	$ -
$ -	$ -
$ -	$ -
$ -	$ -
$ -	$ -
$ -	$ -
$ -	$ -
$ -	$ -
$ -	**-**

Form C HHS0007346 Women's Health Programs Family Planning Supplemental Justification			
Legal Business Name:			0
	Cost Category	Item #	Justification
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
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