Cecile Erwin Young, Executive Commissioner

Request for Applications (RFA)
for
2-1-1 Texas Information and Referral Network Operations
RFA No. HHS0009792

Exhibit H-1, Expenditure Proposal Template for Emergency Services and Escalation Centers

This expenditure proposal template is specific for Applicants wishing to apply for Emergency Services and Escalation Centers only.

ADMINISTRATIVE COSTS INSTRUCTIONS				
If your HHSC contract agreement requires a cap on administrative costs, each budget category will include a column for tracking the administrative costs. For each line item, include how much of the costs for that line item are "administrative" costs. This column will not auto-populate as other total columns do. NOTE: Only contracts requiring an administrative costs cap will include a column for tracking "Administrative Costs".				
Administrative costs typically include things such as administrative positions (CEO, CFO, administrative assistants); costs, such as utilities and rent which are allocated to these positions; and indirect costs; however, the definition of "administrative costs" may be unique to your program, so please contact your contract manager if you are unsure what should be included as administrative costs.				

2-1-1 Texas Information and Referral Network Operations

Budget Summary

Legal Name:	

Address 1:	
Address 2:	
City, State, Zip:	
Tax ID Number:	

TOTAL	
Cost Categories	**Total Budget Requested**
A. Personnel	$0
B. Fringe Benefits	$0
C. Travel	$0
D. Equipment	$0
E. Supplies	$0
F. Prof&Cont.	$0
G. Other	$0
H. Total Direct Costs:	$0
I. Indirect Costs	$0
J. Total (Sum of H and I)	**$0**

Personnel

Legal Name: 0

FRINGE BENEFITS **Describe the Fringe Benefits allocated to the program(s):**

Fringe Benefit Rate %	
Fringe Benefits Total (auto-populates)	$0

Total amounts auto-populate

PERSONNEL						**Total**
Staff Position	**Certification or License (Enter NA if not required)**	**Vacant V/F**	**Justification**	**Monthly Salary**	**No. of Months**	**Annual Salary**
						$0
						$0
						$0
						$0
						$0
						$0
						$0
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						$0
						$0
						$0
						$0
					Total Salary	$0

Revised: 7/6/2009

Travel

Legal Name: 0

ALL OUT OF STATE TRAVEL MUST HAVE HHSC PRIOR APPROVAL AT LEAST 30-DAYS IN ADVANCE OF TRAVEL. INCLUSION IN AN APPROVED BUDGET DOES NOT CONSTITUTE APPROVAL FOR OUT OF STATE TRAVEL.

Do you have a travel policy more restrictive than what is allowed by the contract? Yes/No

Total amounts auto-populate

Conference/Workshop Travel

Description of Conference/Workshop	Justification	Location City/State	Number of: Days/Employees	Total: Travel Costs		Total: Travel Total Costs
				Mileage	$0	
				Airfare	$0	
				Meals	$0	
				Lodging	$0	
				Other Costs	$0	$0
				Mileage	$0	
				Airfare	$0	
				Meals	$0	
				Lodging	$0	
				Other Costs	$0	$0
				Mileage	$0	
				Airfare	$0	
				Meals	$0	
				Lodging	$0	
				Other Costs	$0	$0
				Mileage	$0	
				Airfare	$0	
				Meals	$0	
				Lodging	$0	
				Other Costs	$0	$0
				Mileage	$0	
				Airfare	$0	
				Meals	$0	
				Lodging	$0	
				Other Costs	$0	$0
				Mileage	$0	
				Airfare	$0	
				Meals	$0	
				Lodging	$0	
				Other Costs	$0	$0
				Mileage	$0	
				Airfare	$0	
				Meals	$0	
				Lodging	$0	
				Other Costs	$0	$0
				Mileage	$0	
				Airfare	$0	
				Meals	$0	
				Lodging	$0	
				Other Costs	$0	$0
				Mileage	$0	
				Airfare	$0	
				Meals	$0	
				Lodging	$0	
				Other Costs	$0	$0
				Mileage	$0	
				Airfare	$0	
				Meals	$0	
				Lodging	$0	
				Other Costs	$0	$0
				Mileage	$0	
				Airfare	$0	
				Meals	$0	
				Lodging	$0	
				Other Costs	$0	$0
				Mileage	$0	
				Airfare	$0	
				Meals	$0	
				Lodging	$0	
				Other Costs	$0	$0
				Mileage	$0	
				Airfare	$0	
				Meals	$0	
				Lodging	$0	
				Other Costs	$0	$0
				Mileage	$0	
				Airfare	$0	
				Meals	$0	
				Lodging	$0	

				Other Costs	$0	$0
				Mileage	$0	
				Airfare	$0	
				Meals	$0	
				Lodging	$0	
				Other Costs	$0	$0
				Total		**$0**

Other / Local Travel Costs

Total amounts auto-populate

Justification	Number of Miles	Mileage Reimbursement Rate (cannot exceed maximum state rate)	Mileage Cost (a) (auto-populates)	Other Costs (b)	Total (a) + (b) (auto-populates)
			$0		$0
			$0		$0
			$0		$0
			$0		$0
			$0		$0
			$0		$0
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			$0		$0
			$0		$0
			$0		$0
			$0		$0
			$0		$0
			$0	Total for Other / Local Travel	$0

Other / Local Travel Costs:	$0	**Conference / Workshop Travel Costs:**	$0	**Total Travel Costs:**	**$0**

Equipment

Legal Name: **0**

ALL EQUIPMENT MUST HAVE HHSC PRIOR APPROVAL. INCLUSION IN AN APPROVED BUDGET DOES NOT CONSTITUTE APPROVAL.

Total amounts auto-populate

Description of Item	Purpose & Justification	Number of Units	Cost Per Unit	Total
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
				$0
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				$0
				$0
				$0
				$0
			Total Equipment:	**$0**

Supplies

Legal Name: 0

Total amounts auto-populate

Description of Item [If applicable, provide estimated quantity and cost (i.e. # of boxes & cost/box)]	**Purpose & Justification**	**Total Cost**
		$0
		$0
		$0
		$0
		$0
		$0
		$0
		$0
		$0
		$0
		$0
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		$0
		$0
		$0
		$0
		$0
		$0
		$0
		$0
	Total Supplies:	**$0**

Professional/Contract

Legal Name: 0

Total amounts auto-populate

Professional / Contract Name	Description of Services	Justification	Method of Payment (i.e., Monthly, Hourly, Unit, Lump Sum)	# of Months, Hours, Units, etc.	Rate of Payment (i.e., hourly rate, unit rate, lump sum amount)	TOTAL
						$0
						$0
						$0
						$0
						$0
						$0
						$0
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						$0
						$0
						$0
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						$0
						$0
					Total Professional/Contract:	**$0**

Other

Legal Name: **0**

***Total amounts auto-populate**

Description of Item [If applicable, include quantity and cost/quantity (i.e. # of units & cost per unit)]	**Purpose & Justification**	**Total Cost**
		$0
		$0
		$0
		$0
		$0
		$0
		$0
		$0
		$0
		$0
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		$0
		$0

Total Other:	**$0**

Indirect Costs

Legal Name: **0**

Enter the total amount of indirect costs, if any. If no indirect costs are requested, enter "none."

The Respondent may request indirect costs if it has a current indirect cost rate agreement. A Respondent without an Indirect Cost Rate Letter can use at a rate less than a 10% rate until such letter is provided to HHSCof the direct charges. **Submit a copy of the cost rate certificate with this budget.**

Approved Rate:	10.00%

Indirect Cost Method Used	Effective Date	Expiration Date	Modified Total Direct Cost or Other Cost Base	Maximum Indirect Cost Amount
				$0.00

Identify the types of costs that are being allocated as indirect costs, the allocation methodology, and