

Enclosure F

PEI STATEWIDE PROGRAM FUNDING REQUEST

Budget Form

COUNTY: \_\_\_\_\_

PEI Statewide Funds Program Name and #: \_\_\_\_\_

		Total
<b>PEI STATEWIDE PROGRAM</b>		
<b>A. EXPENDITURES</b>		
1.	Personnel	
2.	Operating Expenditures	
3.	Non-recurring Expenditures	
4.	Subcontracts/Professional Services	
5.	Evaluation	
6.	Other	
	<b>7. Total Proposed Expenditures</b>	<b>\$0</b>
<b>B. REVENUES</b>		
8.	Medi-Cal (FFP only)	
9.	State General Funds	
10.	Other Revenue	
	<b>11. Total Revenues</b>	<b>\$0</b>
<b>C. TOTAL MHSA PEI STATEWIDE PROGRAM FUNDING REQUESTED</b>		<b>\$0</b>

Prepared by : \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**PEI STATEWIDE PROGRAM FUNDING REQUEST INSTRUCTIONS**  
**Enclosure F - Budget Form**

**Expenditures**

1. Personnel Expenditures - Enter the projected personnel expenditures associated with the work plan. Include all anticipated salaries, wages and fringe benefits.
  
2. Operating Expenditures - Enter amounts projected to be incurred on all operating costs such as travel and transportation, general office expenditures, rent, and utilities.
  
3. Non-Recurring Expenditures - Enter non-recurring expenditures for the program. Examples of non-recurring expenditures could include the cost of equipping new employees with all technology necessary to perform MHSA duties (cellular telephones, computer hardware and software, etc.).
  
4. Subcontracts/Professional Services--Enter the amount budgeted for subcontracts and other professional services.
  
5. Evaluation--Enter the amount projected for evaluation of the program.
  
6. Other - Enter the amount projected to be incurred on other expenditures not listed above.
  
- 7. Total Proposed Expenditures are the sum of lines 1 through 6.**

**B. Revenues**

8. Medi-Cal (FFP Only) - Enter the projected Medi-Cal federal financial participation associated with the work plan.
  
9. State General Funds - Enter the projected state general funds associated with the workplan.
  
10. Other Revenue - Enter the amount of revenue from other sources projected to be received for this workplan. Do not include MHSA funds requested for PEI Statewide Program in this amount.
  
- 11. Total Revenues are the sum of lines 8 through 10.**

**C. Total MHSA PEI Statewide Program Funding Requested - Line 7 less line 11.**

**Enclosure F-1**

**PEI STATEWIDE PROGRAM FUNDING REQUEST**

**Budget Narrative**

**County:**\_\_\_\_\_

**PEI Statewide Funds Program Name and #:** \_\_\_\_\_

**Please provide a one or two sentence narrative description for each budget item below.**

**PEI STATEWIDE PROGRAM**

**A. EXPENDITURES**

1. Personnel
2. Operating Expenditures
3. Non-recurring Expenditures
4. Subcontracts/Professional Services
5. Evaluation
6. Other

**B. REVENUES**

8. Medi-Cal (FFP only)
9. State General Funds
10. Other Revenue

Prepared by : \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**PEI STATEWIDE PROGRAM FUNDING REQUEST INSTRUCTIONS**  
**Enclosure F.1 - Budget Narrative**

**General:** Narrative requests should be brief, i.e., generally a one or two sentence description.

**Expenditures**

1. Personnel Expenditures - Provide the number of budgeted positions in full-time equivalents.
2. Operating Expenditures - Provide a brief description of budgeted expenditures.
3. Non-Recurring Expenditures - Provide a brief description of the budgeted non-recurring expenditures. Examples of non-recurring expenditures could include the cost of equipping new employees with all technology necessary to perform MHSA duties (cellular telephones, computer hardware and software, etc.).
4. Subcontracts/Professional Services - List subcontracts/professional services by organization name (if known) and by purpose.
5. Evaluation - Provide a brief description of the types of budgeted evaluation expenditures.
6. Other - Provide a brief description of the other expenditures not listed above and provide a justification for the expenditures.

**B. Revenues**

8. Medi-Cal (FFP Only) - Provide a description of how the amount of FFP was calculated.
9. State General Funds - Provide a brief description of showing the basis for the amount of revenue projected.
10. Other Revenue - Provide the source of the revenue from other sources projected to be received for this workplan. (Do not include MHSA funds requested for PEI Statewide Program in this amount.)

**C. Total MHSA PEI Statewide Program Funding Requested** - This amount must be less than the available planning estimates.

Enclosure F-2

PEI STATEWIDE PROGRAM SUMMARY FUNDING REQUEST

County: \_\_\_\_\_

Date: \_\_\_\_\_

	PROGRAM NAME	MHSA Funding Request	Suicide Prevention			Stigma and Discrimination Reduction			Student Mental Health Initiative		
			Statewide	Replicable	Total	Statewide	Replicable	Total	Statewide	Replicable	Total
1.		\$0									
2.		\$0									
3.		\$0									
4.		\$0									
5.		\$0									
6.	<b>BUDGET SUMMARY</b>	\$0									
7.		\$0									
8.		\$0									
9.		\$0									
10.		\$0									
11.		\$0									
12.		\$0									
13.		\$0									
14.		\$0									
15.		\$0									
16.	Subtotal: Programs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
17.	Plus up to 15% County/JPA Administration										
18.	Plus up to 10% Operating Reserve										
19.	Total: PEI Statewide Program Funds	\$0									

Calculation of Proportionality	Sub-Total	% of Total
Suicide Prevention		
Stigma and Discrimination Reduction		
Student Mental Health Initiative		
Total: PEI Statewide Program Funds	\$0	100%

**PEI STATEWIDE PROGRAM SUMMARY FUNDING REQUEST INSTRUCTIONS**  
**Enclosure F.2 - BUDGET SUMMARY**

**General:** Round all expenditures to the nearest whole dollar

**Heading:** Enter the County name and the date the worksheet is completed.

**1-15. Program Name:** Enter the name of the program.

**MHSA Funding Request:** For each program, enter the total amount of MHSA PEI Statewide Program Funding requested

For each program, show the estimated total amount budgeted for each of the three statewide programs--suicide prevention, stigma and discrimination reduction and student mental health. (A single program may address more than one statewide program.) Also, show the estimated amount targeted towards programs that are statewide or other multi-county collaboratives that are replicable programs. Show totals for each column.

**16. Sub-Total:** Sum of MHSA Funding Requests for all programs

**17. Administration:** A maximum of 15% of the sub-total may be requested.

**18. Operating Reserve:** A maximum of 10% of the sub-total may be requested.

**19. Total:** Sum of sub-total, administration and operating reserve.

**Calculation of Proportionality:** Enter the Total amounts budgeted for Suicide Prevention, Stigma and Discrimination Reduction, and Student Mental Health. Show % of the total for each. Administration and operating reserves are not included in these