

PROGRAM BUDGET SUMMARY

NORTHCARE NETWORK

View at 100% or Larger

Use **WHOLE DOLLARS** Only

ATTACHMENT A

PROGRAM/SERVICE			DATE PREPARED	
PROVIDER			BUDGET PERIOD From: 10/1/26 To: 9/30/27	
MAILING ADDRESS (Number and Street)			BUDGET AGREEMENT <input type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT	AMENDMENT #
CITY	STATE	ZIP CODE	FEDERAL ID NUMBER	
EXPENDITURE CATEGORY			TOTAL BUDGET (Use Whole Dollars)	
1. SALARY & WAGES				
2. FRINGE BENEFITS				
3. TRAVEL				
4. SUPPLIES & MATERIALS				
5. CONTRACTUAL				
6. EQUIPMENT				
7. OTHER EXPENSES				
8. TOTAL DIRECT EXPENDITURES (Sum of Lines 1-7)				
Must choose one indirect cost rate. Indirect cost rate must be 15% or below. <i>Budgets with both indirect costs will be returned.</i>				
INDIRECT COSTS: 9. (Total Expenses; total in line 8)		Rate #1 %		
INDIRECT COSTS: (Salary & Fringes ONLY)		Rate #2 %		
10. TOTAL EXPENDITURES				
SOURCE OF FUNDS:				
11. FEES & COLLECTIONS				
12. STATE AGREEMENT				
13. LOCAL				
14. FEDERAL				
15. OTHER(S)				
16. TOTAL NORTHCARE FUNDING				

PROGRAM BUDGET - COST DETAIL SCHEDULE

ATTACHMENT A.2

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PROGRAM		BUDGET PERIOD		DATE PREPARED
		From:	To:	
GRANTEE NAME		BUDGET AGREEMENT		AMENDMENT #
		<input type="checkbox"/> ORIGINAL	<input type="checkbox"/> AMENDMENT	
1. SALARY & WAGES:				
POSITION DESCRIPTION	COMMENTS	POSITIONS REQUIRED	TOTAL SALARY	
1. TOTAL SALARY & WAGES:			0.000	\$ -
2. FRINGE BENEFITS: (Specify)				Composite Rate %
<input type="checkbox"/> FICA	<input type="checkbox"/> LIFE INS	<input type="checkbox"/> DENTAL INS	<input type="checkbox"/> Tuition Remission (list amount)	
<input type="checkbox"/> UNEMPLOY INS	<input type="checkbox"/> VISION INS	<input type="checkbox"/> WORK COMP		
<input type="checkbox"/> RETIREMENT	<input type="checkbox"/> HEARING INS			
<input type="checkbox"/> HOSPITAL INS	<input type="checkbox"/> OTHER:specify-			
2. TOTAL FRINGE BENEFITS:			\$	-
3. TRAVEL: (Specify if category exceeds 10% of Total Expenditures)				
3. TOTAL TRAVEL:			\$	-
4. SUPPLIES & MATERIALS: (Specify if category exceeds 10% of Total Expenditures)				
4. TOTAL SUPPLIES & MATERIALS:			\$	-
5. CONTRACTUAL: (Subcontracts/Subrecipients)				
<u>Name</u>	<u>Address</u>	<u>Amount</u>		
5. TOTAL CONTRACTUAL:			\$	-
6. EQUIPMENT: (Specify)				
6. TOTAL EQUIPMENT:			\$	-
7. OTHER EXPENSES: (Specify if category exceeds 10% of Total Expenditures)				
Communication:			Amount	
Space Cost:				
Others (explain):				
7. TOTAL OTHER EXPENSES:			\$	-
8. TOTAL DIRECT EXPENDITURES: (Sum of Totals 1-7)		8. TOTAL DIRECT EXPENDITURES		\$ -
9. INDIRECT COST CALCULATIONS: Must choose one indirect cost rate. Indirect cost rate must be 15% or below.				
<i>Budgets with both indirect costs will be returned.</i>				
Rate #1				
(Total Expenses; total in line 8)	x Rate	0.00%	=	\$ -
Rate #2				
(Salary & Fringes ONLY)	- x Rate	0.00%	=	\$ -

	9. TOTAL INDIRECT EXPENDITURES:	\$	-
10. TOTAL ALL EXPENDITURES: (Sum of lines 8-9)		\$	-

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Of

PROGRAM		BUDGET PERIOD		DATE PREPARED
		From:	To:	
GRANTEE NAME		BUDGET AGREEMENT		AMENDMENT #
		<input type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT		
1. SALARY & WAGES:				
POSITION DESCRIPTION	COMMENTS	POSITIONS REQUIRED	TOTAL SALARY	
1. TOTAL SALARY & WAGES:			0.000	\$ -
2. FRINGE BENEFITS: (Specify)		Composite Rate %		
<input type="checkbox"/> FICA	<input type="checkbox"/> LIFE INS	<input type="checkbox"/> DENTAL INS	<input type="checkbox"/> Tuition Remission (list amount)	
<input type="checkbox"/> UNEMPLOY INS	<input type="checkbox"/> VISION INS	<input type="checkbox"/> WORK COMP		
<input type="checkbox"/> RETIREMENT	<input type="checkbox"/> HEARING INS			
<input type="checkbox"/> HOSPITAL INS	<input type="checkbox"/> OTHER:specify-			
2. TOTAL FRINGE BENEFITS:			\$	-
3. TRAVEL: (Specify if category exceeds 10% of Total Expenditures)				
3. TOTAL TRAVEL:			\$	-
4. SUPPLIES & MATERIALS: (Specify if category exceeds 10% of Total Expenditures)				
4. TOTAL SUPPLIES & MATERIALS:			\$	-
5. CONTRACTUAL: (Subcontracts/Subrecipients)				
<u>Name</u>	<u>Address</u>	<u>Amount</u>		
5. TOTAL CONTRACTUAL:			\$	-
6. EQUIPMENT: (Specify)				
6. TOTAL EQUIPMENT:			\$	-
7. OTHER EXPENSES: (Specify if category exceeds 10% of Total Expenditures)				
Communication:				
Space Cost:				
Others (explain):				
7. TOTAL OTHER EXPENSES:			\$	-
8. TOTAL DIRECT EXPENDITURES: (Sum of Totals 1-7)		8. TOTAL DIRECT EXPENDITURES		
		\$ -		
9. INDIRECT COST CALCULATIONS: Must choose one indirect cost rate. Indirect cost rate must be 15% or below.				
<i>Budgets with both indirect costs will be returned.</i>				
Rate #1				
(Total Expenses; total in line 8)	x Rate	0.00%	=	\$ -
Rate #2				
(Salary & Fringes ONLY)	- x Rate	0.00%	=	\$ -

	9. TOTAL INDIRECT EXPENDITURES:	\$ -
10. TOTAL ALL EXPENDITURES: (Sum of lines 8-9)		\$ -

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Of

PROGRAM		BUDGET PERIOD		DATE PREPARED
		From:	To:	
GRANTEE NAME		BUDGET AGREEMENT <input type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT		AMENDMENT #
1. SALARY & WAGES:				
POSITION DESCRIPTION	COMMENTS	POSITIONS REQUIRED	TOTAL SALARY	
1. TOTAL SALARY & WAGES:			0.000	\$ -
2. FRINGE BENEFITS: (Specify)		Composite Rate %		
<input type="checkbox"/> FICA	<input type="checkbox"/> LIFE INS	<input type="checkbox"/> DENTAL INS	<input type="checkbox"/> Tuition Remission (list amount)	
<input type="checkbox"/> UNEMPLOY INS	<input type="checkbox"/> VISION INS	<input type="checkbox"/> WORK COMP		
<input type="checkbox"/> RETIREMENT	<input type="checkbox"/> HEARING INS			
<input type="checkbox"/> HOSPITAL INS	<input type="checkbox"/> OTHER:specify-			
2. TOTAL FRINGE BENEFITS:			\$ -	
3. TRAVEL: (Specify if category exceeds 10% of Total Expenditures)				
3. TOTAL TRAVEL:			\$ -	
4. SUPPLIES & MATERIALS: (Specify if category exceeds 10% of Total Expenditures)				
4. TOTAL SUPPLIES & MATERIALS:			\$ -	
5. CONTRACTUAL: (Subcontracts/Subrecipients)				
<u>Name</u>	<u>Address</u>	<u>Amount</u>		
5. TOTAL CONTRACTUAL:			\$ -	
6. EQUIPMENT: (Specify)				
6. TOTAL EQUIPMENT:			\$ -	
7. OTHER EXPENSES: (Specify if category exceeds 10% of Total Expenditures)				
Communication:		Amount		
Space Cost:				
Others (explain):				
7. TOTAL OTHER EXPENSES:			\$ -	
8. TOTAL DIRECT EXPENDITURES: (Sum of Totals 1-7)		8. TOTAL DIRECT EXPENDITURES		\$ -
9. INDIRECT COST CALCULATIONS: Must choose one indirect cost rate. Indirect cost rate must be 15% or below.				
<i>Budgets with both indirect costs will be returned.</i>				
Rate #1				
(Total Expenses; total in line 8)	x Rate	0.00%	=	\$ -
Rate #2				
(Salary & Fringes ONLY)	- x Rate	0.00%	=	\$ -
9. TOTAL INDIRECT EXPENDITURES:			\$ -	

10. TOTAL ALL EXPENDITURES: (Sum of lines 8-9)	\$ -
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PROGRAM		BUDGET PERIOD		DATE PREPARED
		From:	To:	
GRANTEE NAME		BUDGET AGREEMENT <input type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT		AMENDMENT #
1. SALARY & WAGES:				
POSITION DESCRIPTION	COMMENTS	POSITIONS REQUIRED	TOTAL SALARY	
1. TOTAL SALARY & WAGES:			0.000	\$ -
2. FRINGE BENEFITS: (Specify)		Composite Rate %		
<input type="checkbox"/> FICA	<input type="checkbox"/> LIFE INS	<input type="checkbox"/> DENTAL INS	<input type="checkbox"/> Tuition Remission (list amount)	
<input type="checkbox"/> UNEMPLOY INS	<input type="checkbox"/> VISION INS	<input type="checkbox"/> WORK COMP		
<input type="checkbox"/> RETIREMENT	<input type="checkbox"/> HEARING INS			
<input type="checkbox"/> HOSPITAL INS	<input type="checkbox"/> OTHER:specify-			
2. TOTAL FRINGE BENEFITS:			\$ -	
3. TRAVEL: (Specify if category exceeds 10% of Total Expenditures)				
3. TOTAL TRAVEL:			\$ -	
4. SUPPLIES & MATERIALS: (Specify if category exceeds 10% of Total Expenditures)				
4. TOTAL SUPPLIES & MATERIALS:			\$ -	
5. CONTRACTUAL: (Subcontracts/Subrecipients)				
<u>Name</u>	<u>Address</u>	<u>Amount</u>		
5. TOTAL CONTRACTUAL:			\$ -	
6. EQUIPMENT: (Specify)				
6. TOTAL EQUIPMENT:			\$ -	
7. OTHER EXPENSES: (Specify if category exceeds 10% of Total Expenditures)				
Communication:		Amount		
Space Cost:				
Others (explain):				
7. TOTAL OTHER EXPENSES:			\$ -	
8. TOTAL DIRECT EXPENDITURES: (Sum of Totals 1-7)		8. TOTAL DIRECT EXPENDITURES		\$ -
9. INDIRECT COST CALCULATIONS: Must choose one indirect cost rate. Indirect cost rate must be 15% or below.				
<i>Budgets with both indirect costs will be returned.</i>				
Rate #1				
(Total Expenses; total in line 8)	x Rate	=	\$	-
Rate #2				
(Salary & Fringes ONLY)	- x Rate	0.00%	=	\$ -

	9. TOTAL INDIRECT EXPENDITURES:	\$ -
10. TOTAL ALL EXPENDITURES: (Sum of lines 8-9)		\$ -

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		From:	To:	
GRANTEE NAME		BUDGET AGREEMENT <input type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT		AMENDMENT #
1. SALARY & WAGES:				
POSITION DESCRIPTION	COMMENTS	POSITIONS REQUIRED	TOTAL SALARY	
1. TOTAL SALARY & WAGES:			0.000	\$ -
2. FRINGE BENEFITS: (Specify)		Composite Rate %		
<input type="checkbox"/> FICA	<input type="checkbox"/> LIFE INS	<input type="checkbox"/> DENTAL INS	<input type="checkbox"/> Tuition Remission (list amount)	
<input type="checkbox"/> UNEMPLOY INS	<input type="checkbox"/> VISION INS	<input type="checkbox"/> WORK COMP		
<input type="checkbox"/> RETIREMENT	<input type="checkbox"/> HEARING INS			
<input type="checkbox"/> HOSPITAL INS	<input type="checkbox"/> OTHER:specify-			
2. TOTAL FRINGE BENEFITS:			\$	-
3. TRAVEL: (Specify if category exceeds 10% of Total Expenditures)				
3. TOTAL TRAVEL:			\$	-
4. SUPPLIES & MATERIALS: (Specify if category exceeds 10% of Total Expenditures)				
4. TOTAL SUPPLIES & MATERIALS:			\$	-
5. CONTRACTUAL: (Subcontracts/Subrecipients)				
<u>Name</u>	<u>Address</u>	<u>Amount</u>		
5. TOTAL CONTRACTUAL:			\$	-
6. EQUIPMENT: (Specify)				
6. TOTAL EQUIPMENT:			\$	-
7. OTHER EXPENSES: (Specify if category exceeds 10% of Total Expenditures)				
Communication:				
Space Cost:				
Others (explain):				
7. TOTAL OTHER EXPENSES:			\$	-
8. TOTAL DIRECT EXPENDITURES: (Sum of Totals 1-7)		8. TOTAL DIRECT EXPENDITURES		
		\$ -		
9. INDIRECT COST CALCULATIONS: Must choose one indirect cost rate. Indirect cost rate must be 15% or below.				
<i>Budgets with both indirect costs will be returned.</i>				
Rate #1 (Total Expenses; total in line 8)	x Rate	0.00%	=	\$ -
Rate #2 (Salary & Fringes ONLY)	- x Rate	0.00%	=	\$ -
9. TOTAL INDIRECT EXPENDITURES:			\$	-

10. TOTAL ALL EXPENDITURES: (Sum of lines 8-9)	\$ -
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PROGRAM		BUDGET PERIOD		DATE PREPARED
		From:	To:	
GRANTEE NAME		BUDGET AGREEMENT <input type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT		AMENDMENT #
1. SALARY & WAGES:				
POSITION DESCRIPTION	COMMENTS	POSITIONS REQUIRED	TOTAL SALARY	
1. TOTAL SALARY & WAGES:			0.000	\$ -
2. FRINGE BENEFITS: (Specify)		Composite Rate %		
<input type="checkbox"/> FICA	<input type="checkbox"/> LIFE INS	<input type="checkbox"/> DENTAL INS	<input type="checkbox"/> Tuition Remission (list amount)	
<input type="checkbox"/> UNEMPLOY INS	<input type="checkbox"/> VISION INS	<input type="checkbox"/> WORK COMP		
<input type="checkbox"/> RETIREMENT	<input type="checkbox"/> HEARING INS			
<input type="checkbox"/> HOSPITAL INS	<input type="checkbox"/> OTHER:specify-			
2. TOTAL FRINGE BENEFITS:			\$	-
3. TRAVEL: (Specify if category exceeds 10% of Total Expenditures)				
3. TOTAL TRAVEL:			\$	-
4. SUPPLIES & MATERIALS: (Specify if category exceeds 10% of Total Expenditures)				
4. TOTAL SUPPLIES & MATERIALS:			\$	-
5. CONTRACTUAL: (Subcontracts/Subrecipients)				
<u>Name</u>	<u>Address</u>	<u>Amount</u>		
5. TOTAL CONTRACTUAL:			\$	-
6. EQUIPMENT: (Specify)				
6. TOTAL EQUIPMENT:			\$	-
7. OTHER EXPENSES: (Specify if category exceeds 10% of Total Expenditures)				
Communication:				
Space Cost:				
Others (explain):				
7. TOTAL OTHER EXPENSES:			\$	-
8. TOTAL DIRECT EXPENDITURES: (Sum of Totals 1-7)		8. TOTAL DIRECT EXPENDITURES		
		\$ -		
9. INDIRECT COST CALCULATIONS: Must choose one indirect cost rate. Indirect cost rate must be 15% or below.				
Budgets with both indirect costs will be returned.				
Rate #1 (Total Expenses; total in line 8)		x Rate	0.00%	= \$ -
Rate #22 (Salary & Fringes ONLY)	-	x Rate	0.00%	= \$ -

	9. TOTAL INDIRECT EXPENDITURES:	\$	-
10. TOTAL ALL EXPENDITURES: (Sum of lines 8-9)		\$	-