

PROGRAM BUDGET SUMMARY

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

View at 100% or Larger

Use WHOLE DOLLARS Only

PROGRAM SPF/SIG Phase 1		DATE PREPARED		Page 1	Of 1
CONTRACTOR NAME		BUDGET PERIOD From To			
		BUDGET AGREEMENT <input checked="" type="checkbox"/> ORIGINAL <input type="checkbox"/> AMENDMENT		AMENDMENT #	
EXPENDITURE CATEGORY					TOTAL BUDGET (Use Whole Dollars)
1. SALARIES & WAGES					
2. FRINGE BENEFITS					
3. TRAVEL					
4. SUPPLIES & MATERIALS					
5. CONTRACTUAL (Subcontracts/Subrecipients)					
6. EQUIPMENT					
7. OTHER EXPENSES					
8. TOTAL DIRECT EXPENDITURES (Sum of Lines 1-7)		\$0	\$0	\$0	
9. INDIRECT COSTS: Rate #1 %					
INDIRECT COSTS: Rate #2 %					
10. TOTAL EXPENDITURES		\$0	\$0	\$0	

SOURCE OF FUNDS

11. FEES & COLLECTIONS					
12. STATE AGREEMENT (SPF/SIG)					
13. LOCAL					
14. FEDERAL					
15. OTHER(S)					
16. TOTAL FUNDING		\$0	\$0	\$0	
AUTHORITY: P.A. 368 of 1978		The Department of Community Health is an equal opportunity employer, services and programs provider.			
COMPLETION: Is Voluntary, but is required as a condition of funding					

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