

**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES  
INSTRUCTIONS FOR PREPARATION OF BUDGET FORMS (DCH-0385, DCH-0386)**

**HIGHLIGHTED AREAS NOT APPLICABLE**

**I. INTRODUCTION**

The budget should reflect all expenditures and funding sources associated with the program, including fees and collections and local, state and federal funding sources. When developing a budget it is important to note that total expenditures for a program must equal total funds.

The Program Budget Summary (DCH-0385) is utilized to provide a standard format for the presentation of the financial requirements (both expenditure and funding) for each applicable program. Detail information supporting the Program Budget Summary is contained in the Program Budget-Cost Detail Schedule (DCH-0386). General instruction for the completion of these forms follows in Sections II-III. Budgets must be submitted on Michigan Department of Health and Human Services approved forms.

**II. PROGRAM BUDGET SUMMARY (DCH-0385) FORM PREPARATION**

Use the **Program Budget Summary (DCH-0385)** supplied by the Michigan Department of Health and Human Services. An example of this form is attached (**see Attachment B.1**) for reference. **The DCH-0386 form should be completed prior to completing the DCH-0385 form.** (Please note: the excel workbook version of the DCH 0385-0386 automatically updates the Program Summary amounts as the user completes the DCH-0386).

- A. Program - Enter the title of the program.
- B. Date Prepared - Enter the date prepared.
- C. Page \_\_\_ of \_\_\_ - Enter the page number of this page and the total number of pages comprising the complete budget package.
- D. Grantee Name - Enter the name of the Grantee.
- E. Budget Period - Enter the inclusive dates of the budget period.
- F. Mailing Address - Enter the complete address of the Grantee.
- G. Budget Agreement: Original or Amended - Check whether this is an original budget or an amended budget. The budget attached to the agreement at the time it is signed is considered the original budget although it may have been revised in the negotiation process. If the budget pertains to an amendment, enter the amendment number to which the budget is attached.
- H. Federal Identification Number – Enter the Employer Identification Number (EIN), also known as a Federal Tax Identification Number.

PROGRAM BUDGET SUMMARY (DCH-0385) FORM PREPARATION (continued)

- I. Expenditure Category – All expenditure amounts for the DCH-0385 form should be obtained from the total amounts computed on the Program Budget - Cost Detail Schedule (DCH-0386). (See Section III for explanation of expenditure categories.)

**Expenditures:**

1. Salary and Wages
2. Fringe Benefits
3. Travel
4. Supplies and Materials
5. Contractual (Subcontracts/Subrecipients)
6. Equipment
7. Other Expenses
8. Total Direct Expenditures
9. **Indirect Costs**
10. Total Expenditures

- J. Source of Funds – Refers to the various funding sources that are used to support the program. Funds used to support the program should be recorded in this section according to the following categories:

11. Fees and Collections - Enter the total fees and collections estimated. The total fees and collections represent funds that the program earns through its operation and retains for operation purposes. This includes:
  - a. 1<sup>st</sup> party funds projected to be received from private payers, including patients, source users and any member of the general population receiving services,
  - b. 2<sup>nd</sup> Party funds projected to be received from organizations, private or public, who might reimburse services for a group or under a special plan.
  - c. 3<sup>rd</sup> Party funds projected to be received from private insurances, Medicaid, Medicare or other applicable titles of the Social Security Act directly related to the cost of providing patient care or other services, and
  - d. any other collections.

**PROGRAM BUDGET SUMMARY (DCH-0385) FORM PREPARATION**  
(continued)

- 12. State Agreement - Enter the amount of MDCH funding allocated for support of this program. This amount includes all state and federal funds received by the Department that are to be awarded to the Grantee through the agreement.
  - 13. Local - Enter the amount of Grantee funds utilized for support of this program. In-kind and donated services from other agencies/sources should not be included on this line.
  - 14. Federal - Enter the amount of any Federal grants received directly by the Grantee in support of this program and identify the type of grant received in the space provided.
  - 15. Other(s) - Enter and identify the amount of any other funding received. Other funding could consist of foundation grants, United Way grants, private donations, fund-raising, charitable contributions, etc. In-kind and donated services should not be included unless specifically requested by MDCH.
  - 16. Total Funding - The total funding amount is entered on line 16. This amount is determined by adding lines 11 through 15. The total funding amount must be equal to line 10 - Total Expenditures.
- K. Total Budget Column - The Program Budget Summary is designed for use in presenting a budget for a specific program agreement funded in part by or through the Department or some other non-local funding source. Total Budget column represents the program budget amount. **The “K” Total Budget column must be completed while the remaining columns are not required unless additional detail is required by the Department.**

**III. PROGRAM BUDGET-COST DETAIL SCHEDULE (DCH-0386) FORM PREPARATION**

Use the **Program Budget-Cost Detail Schedule (DCH-0386)** supplied by the Michigan Department of Health and Human Services. An example of this form is attached (**see Attachment B.2**) for reference. Use additional pages if needed.

- A. Page \_\_\_ of \_\_\_ - Enter the page number of this page and the total number of pages comprising the complete budget package.
- B. Program - Enter the title of the program.
- C. Budget Period - Enter the inclusive dates of the budget period.
- D. Date Prepared - Enter the date prepared.
- E. Grantee Name - Enter the name of the Grantee.

PROGRAM BUDGET-COST DETAIL SCHEDULE (DCH-0386) FORM PREPARATION (continued)

- F. Budget Agreement: Original or Amended - Check whether this is an original budget or an amended budget. If an amended budget, enter the amendment number to which the budget is attached.

**Expenditure Categories:**

- G. Salary and Wages - Position Description - List all position titles or job descriptions required to staff the program. This category includes compensation paid to all permanent and part-time employees on the payroll of the Grantee and assigned directly to the program. This category does not include contractual services, professional fees or personnel hired on a private contract basis. Consulting services, professional fees or personnel hired on a private contracting basis should be included in Other Expenses. Contracts with subrecipient organizations such as cooperating service delivery institutions or delegate agencies should be included in Contractual (Subcontracts/Subrecipients) Expenses.
- H. Comments - Enter information to clarify the position description or the calculation of the positions salary and wages or fringe benefits, (i.e., if the employee is limited term and/or does not receive fringe benefits).
- I. Positions Required - Enter the number of positions required for the program corresponding to the specific position title or description. This entry could be expressed as a decimal (e.g., Full-time equivalent – FTE) when necessary. If other than a full-time position is budgeted, it is necessary to have a basis in terms of a time study or time reports to support time charged to the program.
- J. Total Salary - Compute and enter the total salary cost by multiplying the number of positions required by the annual salary.
- K. Salary and Wages Total - Enter a total in the Positions Required column and the Total Salary and Wages column. The total salary and wages amount is transferred to the Program Budget Summary - Salary and Wages expenditure category. If more than one page is required, attach an additional DCH 0386.
- L. Fringe Benefits – Check applicable fringe benefits for employees assigned to this program. This category includes the employer's contributions for insurance, retirement, FICA, and other similar benefits for all permanent and part-time employees. Enter composite fringe benefit rate and total amount of fringe benefit. (The composite rate is calculated by dividing the fringe benefit amount by the Salary and Wages amount.) Tuition remissions should be listed separately for agencies using the 10% de minimis rate.
- M. Travel - Enter cost of employee travel (mileage, lodging, registration fees). **Use only for travel costs of permanent and part-time employees assigned to the program.** This includes cost for mileage, per diem, lodging, lease vehicles, registration fees and approved seminars or conferences and other approved travel costs incurred by the employees (as listed under the Salary and Wages category) for conducting the program. **Specific detail**

**should be stated in the space provided on the Cost Detail Schedule (DCH-0386) if the Travel category (line 3) exceeds 10% of the Total**

**PROGRAM BUDGET-COST DETAIL SCHEDULE (DCH-0386) FORM PREPARATION (continued)**

**Expenditures (line 10).** Travel of consultants is reported under Other Expenses - as part of the Consultant Services.

- N. **Supplies & Materials** - Enter cost of supplies & materials. This category is used for all consumable and short-term items and **equipment items costing less than five thousand dollars (\$5,000)**. This includes office supplies, computers, office furniture, printers, printing, janitorial, postage, educational supplies, medical supplies, contraceptives and vaccines, tape and gauze, education films, etc., according to the requirements of each applicable program. **Specific detail should be stated in the space provided on the Cost Detail Schedule (DCH-0386) if the Supplies and Materials category (line 4) exceeds 10% of the Total Expenditures (line 10).**

- O. **Contractual (Subcontracts/Subrecipients) – Specify the subcontractor(s) working on this program in the space provided under line 5.** Specific details **must** include:

- 1) subcontractor(s) and/or subrecipient(s) name and address,
- 2) amount for each subcontractor and/or subrecipient,
- 3) the total amount for all subcontractor(s) and/or subrecipient(s).

**Multiple small subcontracts can be grouped (e.g., various worksite subcontracts). Use this category for written contracts or agreements with subrecipient organizations such as affiliates, cooperating institutions or delegate Grantees when compliance with federal grant requirements is delegated (passed-through) to the subrecipient Grantee. Contractor payments such as stipends and allowances for trainees, fee-for-service or fixed-unit rate patient care, consulting fees, etc., are to be identified in the Other Expense category.**

- P. **Equipment** - Enter a description of the equipment being purchased, including number of units and the unit value, the total by type of equipment and total of all equipment. This category includes stationary and movable equipment to be used in carrying out the objectives of the program. The cost of a single unit or piece of equipment includes the necessary accessories, installation costs and any taxes. Equipment is defined to be an article of non-expendable tangible personal property having a useful life of more than one (1) year and an acquisition cost of \$5,000 or more per unit. **Equipment items costing less than five thousand dollars (\$5,000) each are to be included in the Supplies and Materials category. All equipment items summarized on this line must include: item description, quantity and budgeted amount and should be individually identified in the space provided (line 6). Upon completing equipment purchase, equipment must be tagged and listed on the Equipment Inventory Schedule (see Attachment B.3) and submitted to the agreement's contract manager.**

## ATTACHMENT B

- Q. Other Expenses - This category includes other allowable cost incurred for the benefit of the program. The most significant items should be specified. Minor items may be identified by general type of cost and summarized as a PROGRAM BUDGET-COST DETAIL SCHEDULE (DCH-0386) FORM PREPARATION (continued)

single item on the Cost Detail Schedule to arrive at a total Other Expenses category. Significant groups or subcategories of costs are described as follows and should be individually identified in the space provided (line 7). **Specific detail should be stated in the space provided on the Cost Detail Schedule (DCH-0386) if the Other Expenses category (line 7) exceeds 10% of the Total Expenditures (line 10).**

1. Communication Costs - Costs of telephone, telegraph, data lines, Internet access, websites, fax, email, etc., when related directly to the operation of the program.
  2. Space/Rental Costs - Costs of building space, rental and maintenance of equipment, instruments, etc., necessary for the operation of the program. If space is publicly owned, the cost may not exceed the rental of comparable space in privately owned facilities in the same general locality. Department funds may not be used to purchase a building or land.
  3. Participant Support Costs – Cost for items such as stipends or subsistence allowance, travel allowance, registration fees paid to or on behalf of participants or trainees (but not employees) in connection with conferences, or training projects.
  4. Scholarships and Fellowships – Cost for students allowable only when the purpose of the award is to provide training to selected participants and the charge is approved by the Department.
  5. Patient Care – Cost for services rendered by members of the health professions for the benefit of a patient.
  6. Consultant or Contractor Services - These are costs for consultation services, professional fees and personnel hired on a private contracting basis related to the planning and operations of the program, or for some special aspect of the project. Travel and other costs of these consultants are to be included in this category.
  7. Other - All other items purchased exclusively for the operation of the program and not previously included, such as patient care, fee for service, auto and building insurance, automobile and building maintenance, membership dues, fees, etc.
- R. Total Direct Expenditures – Enter the sum of items 1 – 7 on line 8.

PROGRAM BUDGET-COST DETAIL SCHEDULE (DCH-0386) FORM PREPARATION  
(continued)

**S. Indirect Costs Calculations - Enter the allowable indirect costs for the budget.** Enter the rate description, base amount, percentage and indirect costs. Indirect costs can be applied using one of the two methods detailed below:

- 1) If an approved indirect costs rate has been established or an actual rate has been approved by a State of Michigan department (i.e., Michigan Department of Education) or the applicable federal cognizant agency and is accepted by the Department or
- 2) If a non-Federal entity has never received a negotiated indirect cost rate, a 10% de minimis rate of modified total direct costs (MTDC) may be charged. Complete the Indirect Cost Rate: 10% De Minimis Calculation form and attach it to the budget

MTDC includes all direct salaries and wages, fringe benefits, supplies and materials, travel, services, and contractual expenses up to the first \$25,000 of each contract. MTDC excludes all equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs, and portions each subcontractual and/or subward expenses in excess of \$25,000 per contract.

Attach a current copy of the letter stating the applicable indirect costs rate or calculation information justifying the de minimis rate calculation. **Detail on how the indirect costs was calculated must be shown on the Cost Detail Schedule (DCH-0386).**

**GOVERNMENTAL GRANTEES:** *The following are additional guidance for Governmental Grantees in accordance with Title 2 CFR Part 200 Appendix V and Appendix VII:*

- a. Governmental Grantees receiving more than \$35 million in direct Federal awards are required to have an approved indirect cost rate from a Federal Cognizant Agency. If your agency has received an approved indirect rate from a Federal Cognizant agency, attach the Federal approval letter to your MI E-Grants Grantee Profile.
- b. Governmental Grantees receiving \$35 million or less in direct Federal awards are required to prepare indirect cost rate proposals in accordance with Title 2 CFR and maintain the documentation on file subject to review.
- c. Governmental Grantees that received approved indirect cost rates from another State of Michigan Department should attach their State approval letter to their MI E-Grants Grantee Profile.
- d. Governmental Grantees with cost allocation plans should reflect these allocations in the indirect budget category.
- e. As a Subrecipient of federal funds from MDHHS, a Governmental Grantees that has never received a negotiated indirect cost rate, may elect to charge a de minimis rate of 10% of modified total direct costs based on Title 2 CFR part 200 requirements. Complete the Indirect Cost Rate: De Minimis Calculation spreadsheet and attach it to the budget.

**T. Total Expenditures** – Enter the sum of items 8 and 9 on line 10.

## PROGRAM BUDGET SUMMARY

View at 100% or Larger  
Use **WHOLE DOLLARS** Only

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

PROGRAM (A) Budget and Contracts			DATE PREPARED (B) 7/01/xx		Page (C) 1	Of 2
GRANTEE NAME (D) Michigan Agency			BUDGET PERIOD (E) From: 10/01/xx To: 9/30/xx			
MAILING ADDRESS (Number and Street) (F) 123 ABC Drive			(G) BUDGET AGREEMENT ORIGINAL      AMENDMENT ►			AMENDMENT # 1
CITY Acme	STATE MI	ZIP CODE 44444	FEDERAL ID NUMBER (H) 38-1234567			
(I) EXPENDITURE CATEGORY					(K) TOTAL BUDGET (Use Whole Dollars)	
1. SALARY & WAGES		43,000			43,000	
2. FRINGE BENEFITS		11,180			11,180	
3. TRAVEL		1,400			1,400	
4. SUPPLIES & MATERIALS		37,000			37,000	
5. CONTRACTUAL (Subcontracts/Subrecipients)		3,500			3,500	
6. EQUIPMENT		5,000			5,000	
7. OTHER EXPENSES						
		8,000			8,000	
8. TOTAL DIRECT EXPENDITURES (Sum of Lines 1-7)		110,090			110,090	
9. INDIRECT COSTS: Rate #1      %						
INDIRECT COSTS: Rate #2      %						
10. TOTAL EXPENDITURES		110,090			110,090	

EXAMPLE

## (J) SOURCE OF FUNDS

11. FEES & COLLECTIONS		10,000			10,000	
12. STATE AGREEMENT		90,000			90,000	
13. LOCAL		9,090			9,090	
14. FEDERAL						
15. OTHER(S)						
16. TOTAL FUNDING		110,090			110,090	

AUTHORITY: P.A. 368 of 1978

COMPLETION: Is Voluntary, but is required as a condition of funding

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PROGRAM BUDGET – COST DETAIL SCHEDULE

View at 100% or Larger

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

Use **WHOLE DOLLARS ONLY**

(B) PROGRAM		(C) BUDGET PERIOD		(D) DATE PREPARED
		From:	To:	
Budget and Contracts		10/01/xx	9/30/xx	7/01/xx
(E) GRANTEE NAME		(F) BUDGET AGREEMENT		AMENDMENT #
Michigan Agency		ORIGINAL AMENDMENT		
(G) 1. SALARY & WAGES POSITION DESCRIPTION	(H) COMMENTS	(I) POSITIONS REQUIRED	(J) TOTAL SALARY	
Nurse	9 month position	1	25,000	
Project Director		.5	18,000	
<b>(K) 1. TOTAL SALARY &amp; WAGES:</b>		1.5	\$ 43,000	
(L) 2. FRINGE BENEFITS (Specify)				
FICA	LIFE INS.	DENTAL INS	COMPOSITE RATE	
UNEMPLOY INS.	VISION INS.	WORK COMP	AMOUNT 26%	
RETIREMENT	HEARING INS.			
HOSPITAL INS.	OTHER (specify) _____			
<b>2. TOTAL FRINGE BENEFITS:</b>				\$ 11,180
(M) 3. TRAVEL (Specify if category exceeds 10% of Total Expenditures)				
Conference registration	\$350			
Airfare	\$600			
Hotel accommodations and per diem for 4 days	\$450			
<b>TOTAL TRAVEL:</b>				\$ 1,400
(N) 4. SUPPLIES & MATERIALS (Specify if category exceeds 10% of Total Expenditures)				
Office Supplies	2,000			
Medical supplies	35,000			
<b>4. TOTAL SUPPLIES &amp; MATERIALS:</b>				\$ 37,000
(O) 5. CONTRACTUAL (Specify Subcontracts/Subrecipients)				
<u>Subcontractor Name</u>	<u>Address</u>	<u>Amount</u>		
ACME Evaluation Services	555 Walnut, Lansing, MI 48933	\$ 2,000		
<u>Subrecipient Name</u>				
Health Care Partners	333 Kalamazoo, Lansing, MI 48933	\$ 1,500		
<b>5. TOTAL CONTRACTUAL:</b>				\$ 3,500
(P) 6. EQUIPMENT (Specify items)				
Microscope	\$5,000			
<b>6. TOTAL EQUIPMENT:</b>				\$ 5,000
(Q) 7. OTHER EXPENSES (Specify if category exceeds 10% of Total Expenditures)				
Communication Costs	\$2,400			
Space Costs	\$3,600			
Consultant or Vendor: John Doe, Evaluator, 100 Main, E. Lansing	\$2,000			
<b>7. TOTAL OTHER:</b>				\$ 8,000
(R) 8. TOTAL DIRECT EXPENDITURES (Sum of Totals 1-7)		8. TOTAL DIRECT EXPENDITURES:		\$ 110,090
(S) 9. INDIRECT COSTS CALCULATIONS		Rate #1: Base \$0 X Rate 0.0000 % Total	\$ 0	
		Rate #2: Base \$0 X Rate 0.0000 % Total	\$ 0	
<b>9. TOTAL INDIRECT EXPENDITURES:</b>				\$ 0
(T) 10. TOTAL EXPENDITURES (Sum of lines 8-9)				\$ 110,090
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				
DCH-0386 FY2016 6/15(W) Previous Edition Obsolete Use Additional Sheets as Needed				