

PROGRAM BUDGET – COST DETAIL SCHEDULE

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH

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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	
			\$0	
			\$0	
			\$0	
			\$0	
			\$0	
			\$0	
1. TOTAL SALARIES & WAGES:		0	\$ 0	
2. FRINGE BENEFITS (Specify) <input type="checkbox"/> FICA <input type="checkbox"/> LIFE INS. <input type="checkbox"/> DENTAL INS. COMPOSITE RATE <input type="checkbox"/> UNEMPLOY INS. <input type="checkbox"/> VISION INS. <input type="checkbox"/> WORK COMP. AMOUNT 0.00% <input type="checkbox"/> RETIREMENT <input type="checkbox"/> HEARING INS. <input type="checkbox"/> HOSPITAL INS. <input type="checkbox"/> OTHER (specify) _____				2. TOTAL FRINGE BENEFITS: \$0
3. TRAVEL (Specify if category exceeds 10% of Total Expenditures)				3 TOTAL TRAVEL: \$0
4. SUPPLIES & MATERIALS (Specify if category exceeds 10% of Total Expenditures)				4. TOTAL SUPPLIES & MATERIALS: \$0
5. CONTRACTUAL (Specify Subcontracts/Subrecipients) Name Address Amount				5. TOTAL CONTRACTUAL: \$0
6. EQUIPMENT (Specify items)				6. TOTAL EQUIPMENT: \$0
7. OTHER EXPENSES (Specify if category exceeds 10% of Total Expenditures)				7. TOTAL OTHER: \$0
8. TOTAL DIRECT EXPENDITURES (Sum of Totals 1-7)		8. TOTAL DIRECT EXPENDITURES:		\$ 0
9. INDIRECT COST CALCULATIONS		Rate #1: Base \$0 X Rate 0.0000 % Total		\$ 0
		Rate #2: Base \$0 X Rate 0.0000 % Total		\$ 0
		9. TOTAL INDIRECT EXPENDITURES:		\$ 0
10. TOTAL EXPENDITURES (Sum of lines 8-9)				\$ 0
AUTHORITY: P.A. 368 of 1978 COMPLETION: Is Voluntary, but is required as a condition of funding		The Department of Community Health is an equal opportunity employer, services and programs provider.		
DCH-0386(E) (W) Previous Edition Obsolete. Use Additional Sheets as Needed				