

Agency Sample

MGT. LEVEL CODE	ESTIMATED EXPENDITURES	FUND PROGRAM DEPARTMENT
-----------------------	-------------------------------	-------------------------------

			DESCRIPTION	Yr. Actual	Yr. 7/01/17 6/30/19 Budget	Yr. Estimated	Yr. Estimated
BA SUB	ELE.	OBJ.					
568	00	00	Developmental Disabilities				
568	19	68	Agency Administration				
		10	Salaries & Wages				
		20	Personnel Benefits				
		31	Office & Operating Supplies				
		41	Professional Services				
		42	Communications				
		43	Travel				
		45	Operating/Leases				
		46	Insurance				
		47	Public Utilities				
		48	Repairs & Maintenance				
		49	Miscellaneous				
		64	Machinery And Equipment				
			Total Agency Administration				

Agency Sample

MGT. LEVEL CODE	ESTIMATED EXPENDITURES	FUND PROGRAM DEPARTMENT
-----------------------	-------------------------------	-------------------------------

			DESCRIPTION	Yr.	Yr. 7/01/09 6/30/11	Yr.	Yr.
BA SUB	ELE.	OBJ.		Actual	Budget	Estimated	Estimated
568	00	00	Developmental Disabilities				
568	61	68	Child Development Services				
		10	Salaries & Wages				
		20	Personnel Benefits				
		31	Office & Operating Supplies				
		41	Professional Services				
		42	Communications				
		43	Travel				
		45	Operating/Leases				
		46	Insurance				
		47	Public Utilities				
		48	Repairs & Maintenance				
		49	Miscellaneous				
		64	Machinery And Equipment				
			Total Child Development Center				
			Total Admin & Child Development Services				

Agency Sample

MGT. LEVEL CODE	ESTIMATED REVENUE	FUND PROGRAM DEPARTMENT
-----------------------	--------------------------	-------------------------------

			DESCRIPTION	Yr.	Yr. 07/01/17 06/30/18	Yr.	Yr.
BA SUB	ELE.	OBJ.		Actual	Budget	Estimated	Estimated
330	0.0	0.0	INTERGOVERNMENTAL REVENUE				
331	0.0	0.0	FEDERAL GRANTS - DIRECT				
			XXX		XXXXX.XX		
333	0.0	0.0	FEDERAL GRANTS - INDIRECT				
			XXX		XXXXX.XX		
334	0.0	0.0	STATE GRANTS				
			Developmental Disabilities		XXXXX.XX		
			Vendor Rate Increase		XXXXX.XX		
330	0.0	0.0	TOTAL INTERGOVERNMENTAL REVENUE				
346	0.0	0.0	MENTAL AND PHYSICAL HEALTH		XXXXX.XX		
360	0.0	0.0	Miscellaneous Revenues				
361	0.0	0.0	Interest		XXXXX.XX		
367	0.0	0.0	Contributions & Donations		XXXXX.XX		
369	0.0	0.0	Miscellaneous Revenue		XXXXX.XX		
			TOTAL REVENUE				

MGT. LEVEL CODE	ESTIMATED EXPENDITURES	FUND PROGRAM DEPARTMENT	CITY/COUNTY YR. 07/01/17 - 6/30/19
ACCT. NO.	NARRATIVE SAMPLE		
568.00.10	This figure represents various personnel costs in the funded program area for the period 7/1/17 - 6/30/19.		
568.00.20	Fringe Benefits and applicable rates FICA STATE INDUSTRIAL MEDICAL AND BENEFITS INSURANCE STATE UNEMPLOYMENT INSURANCE		
568.00.30	OFFICE AND OPERATING SUPPLIES includes all non-capital expendable items such as paper, office stationary, pens, pencils and program activity expenses.		
568.00.41	PROFESSIONAL SERVICES include Accounting and Legal Services, Audit costs and Professional Services Contracts for expertise required in administering funded program area		
568.00.42	COMMUNICATION expense includes telephone and postage costs.		
568.00.43	TRAVEL includes per diem, lodging, tuition, and mileage for staff training. this line item also includes staff mileage at the budgeted rate per miles an and/or other reimbursement for travel time.		
568.00.44	ADVERTISING includes advertisements in the telephone directory and newspapers for the funded program area ie; employment activities and hiring or new personnel.		
568.00.45	OPERATING RENTALS AND LEASES for the funded program area space rental at applicable rate per sq. foot, films and equipment.		
568.00.46	INSURANCE includes liability, fire and theft.		
568.00.48	REPAIR AND MAINTENACE includes repair and maintenance of Capital Equip.		
568.00.49	MISCELLANEOUS include Dues, Subscriptions, Memberships, Registration Printing & Binding.		
568.00.64	MACHINERY AND EQUIPMENT includes purchases representing values of \$500 and over should be specified..		

		ESTIMATED REVENUE NARRATIVE	FUND PROGRAM DEPARTMENT	CITY/COUNTY YR. 07/01/17- 6/30/19
MGT.				
LEVEL				
CODE				
Account Code				
		Narrative Sample	Include Description of Grant Revenues	
331	0.0 0.0	FEDERAL GRANTS - DIRECT		
331	0.0 0.0	FEDERAL GRANTS - INDIRECT		
334	.04 .68	STATE GRANT IN AID - DEVELOPMENTAL DISABILITIES Provide Child Development Services to XXX children with developmental disabilities.		
346	0.0 0.0	MENTAL AND PHYSICAL HEALTH Estimated reimbursement from Private Insurance, insurance copays and Medicaid reimbursables. Transportation reimbursement from Medicaid for qualifng children riding van/bus service.		
360	0.0 0.0	MISCELLANEOUS REVENUE Interest Income from Checking/Savings/CD's		
367	0.0 0.0	CONTRIBUTIONS AND DONATIONS Grants (Private & Government) revenues received from foundations, corporations and/or local sources.		
369	0.0 0.0	MISCELLANEOUS REVENUES Revenues coming from unidentified sources		

DETAILED SALARIES AND WAGES

DETAIL FOR _____ COUNTY _____ AGENCY _____

POSITION TITLE	FTE	FY 17	FY 18
ADMINISTRATION			
Director		XXXXX	XXXXX
Administrative Assistant		XXXXX	XXXXX
Bookkeeper		XXXXX	XXXXX
Billing Clerk		XXXXX	XXXXX
Secretary		XXXXX	XXXXX
Custodian		XXXXX	XXXXX
Bus Driver		XXXXX	XXXXX
CHILD DEVELOPMENT SERVICES			
Program Manager			
Physical Therapist			
Occupational Therapist			
Speech Therapist			
Therapy Aide			
Class Room Teacher			
Bus Driver			
TOTAL		\$ -	\$ -