**MH.IDD Budget Form Instructions**

The MH.IDD Budget Form has been revised in an Excel format. The five (5) tabs or sheets – Budget Form, Expenditures, Direct Program, Administrative, and Miscellaneous – are linked therefore all five tabs require input. The instructions below are designed as a walk-through to assist in completion of these tabs. Begin with the staffing pages as those totals will carry over to the Expenditures sheet. *Please note yellow highlighted areas or cells include formulas which calculate or pull info over from another tab/sheet.*

Direct Program, Administrative, and Miscellaneous Staffing Pages

* Provide agency name
* Provide staff name (last name only), position title, weekly hours (for Cumberland-Perry program only), hourly pay rate, and total salary
* Total on bottom of sheet – DO NOT type in this area. *Automatically calculated. Total Salary for Program carries over to page 1 of Expenditures sheet under Personnel Expenses.*

Expenditures – *Please note formulas calculate the totals in this tab/sheet.*

* Personnel Expenses – indicate breakdown of employee benefits. *Please note that staff wages/salaries are carried over from the staffing pages.*
* Operating Expenses – indicate breakdown of operating expenses for direct program and administrative staff.
* Communication Expenses – indicate breakdown of communication expenses for direct program and administrative staff.
* Supplies – indicate breakdown of supplies.
* Transportation – indicate breakdown of transportation expenses.
* Purchased Treatment Services – indicate breakdown of treatment service expenses.
* Miscellaneous Expenses – indicate any miscellaneous expenses in this area.
* Fixed Assets – indicate fixed assets, equipment purchases and any repairs or improvements.
* Depreciation Expenses – indicate any depreciation expenses.
* Total Projected Program Expenses – *automatically calculated*
* Total Unallowable Costs – indicate any unallowable costs here (negative dollar amount). This line should be used if your Net Amount of Funding Requested from MH.IDD Program is higher than allowed or allocated.
* Total Gross Program Expenses Less Unallowed
* Revenue/Anticipated Income Summary – indicate any other revenues or anticipated income (APA/HealthChoices, United Way, other MH.IDDs)
* Total Anticipated Income from “Non-Consumer” Sources – *total automatically calculated*
* Total Net Program Expenses for computing per unit rate should be used for residential rate
* Consumer Fee Revenue Summary – indicate fee revenue as shown; this is where consumer room & board should be listed
* Total Fee Revenue – *automatically calculated*
* Net Amount of Funding Requested from MH.IDD Program – *automatically calculated and carried over to Budget Form*
* Show Unit cost computation here – total net program expenses from line 195 divided by units

Budget Signature Sheet

* Provide agency name/address, service/program and contract period (fiscal year)
* Select a fund type
* Select unit definition
* Fiscal Year 2025-2026 - indicate number of clients to be served and estimated units (*amount requested will carryover from last page of Expenditures sheet*)
* Fiscal Year 2024-2025 – indicate amount of funding, clients served, and units for current/prior fiscal year
* Provide name of person preparing budget, date, and official signature.

*Direct any questions or problems with the form to Lori Dunn at (717) 240-6320*