Cost Reimbursement Budget Instructions

Revised 04.2024

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Overview

Providers who have received a Letter of Award from Behavioral Health System Baltimore, Inc. (BHSB) must submit budget application for funding through the Contract Management System (CMS). BHSB budgets must be submitted at the level of funding stated in your Letter of Award.

The budget forms are designed to capture the total program budget, including all sources of funding that support the same program/service funded by BHSB grant, and to ensure that the grant funds are the payer of last resort for services where more than one funding source is available. The Maryland Department of Health (MDH) human services funding system generally does not cover the full cost of the system and it operates under the condition that MDH monies are spent last and recovered first. For that reason, Providers whose Letter of Award identify the funder as Behavioral Health Administration (BHA), must identify in their budget application other income supporting the services funded in this application and use the income to offset BHA funded expenditures.

If your agency's program/services are supported by fee collections such as **third party income, Medicare, Medicaid, client fees etc.,** expenditures for the BHSB budget should include costs supported by these fee collections and subsequenty include estimated fee collections in the "**Fee Collections**" line item which will offset total costs to arrive at the BHSB funded award.   Do not include fee collections in the Other / Matching $ section of the budget.

If your agency receives **non-BHSB grant funding** for the same program/services as funded by this application, such as other state, federal awards or other grants and awards or if this grant requires matching dollars, you must separately identify these costs that these grant funding is supporting by completing **Other / Matching $** section.

Please disclose all the sources of funds supporting your agency's program/services by completing the "Source of Funding" page provided in Excel separately as an addendum to the budget.   Once completed, submit it together with the completed budget by uploading it to CMS under Supporting Documentation tab as an attachment to the budget.

Add New Line Item	Add Supporting Documentation	Print Budget	Print Notes
Personnel Fringe Benefits Consultants Equipment Operations Indirect Fee Collections Supporting Documentation			
BHS Baltimore Personnel Total: $0.00		Other / Matching Personnel Total: $0.00	
Items		Personnel Category Notes	

A sample budget is provided for your reference at the end of this document.

Getting started in CMS

To start the budget entry go to "Financial Info" TAB and click on "Budget" button.
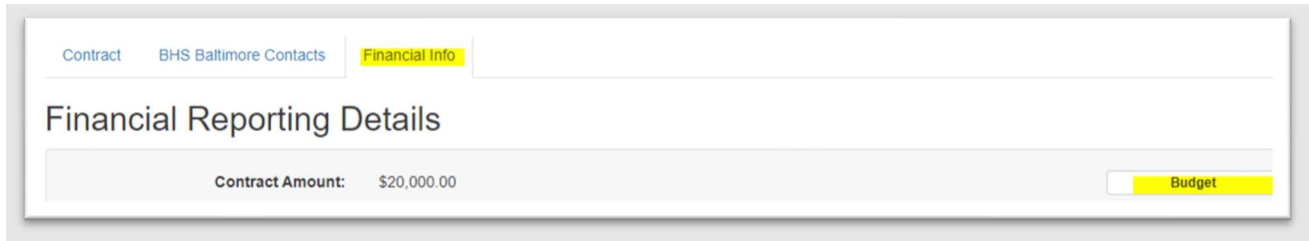
The budget is grouped by the following budget categories as identified by the TABs listed below i.e. **Personnel, Fringe Benefits, Consultants, Equipment, Operations, Indirect and Fee Collections.** For each category you will enter detail in accordance with instructions provided. For all items entered on the budget that pertain to BHSB contract, it will be required to also complete **Category Notes** to provide a detailed budget narrative. Incomplete or insufficent information will delay approval of the budget which will need to be returned for corrections.
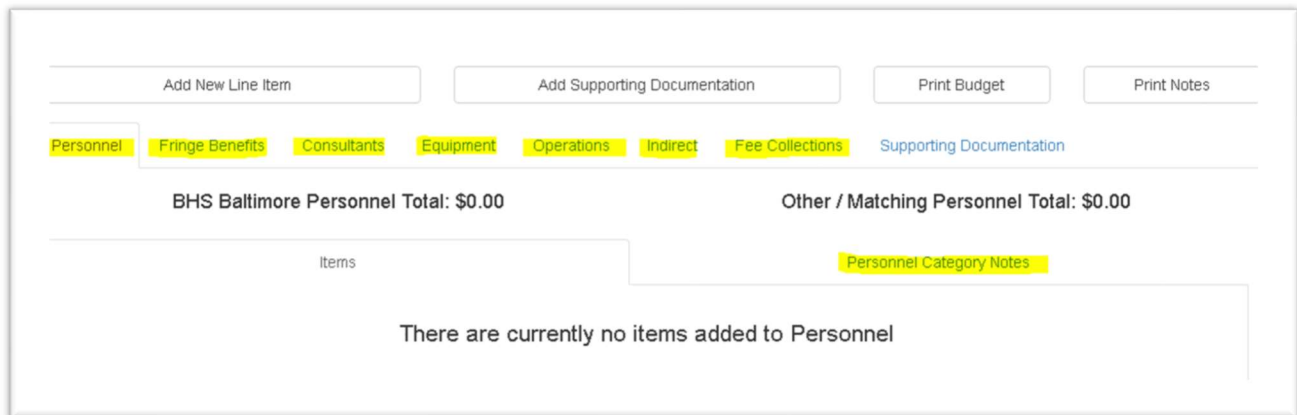
To start with the budget entry go to "Add New Line Item". The screen will expand above the budget category TABs to show additional fields below:
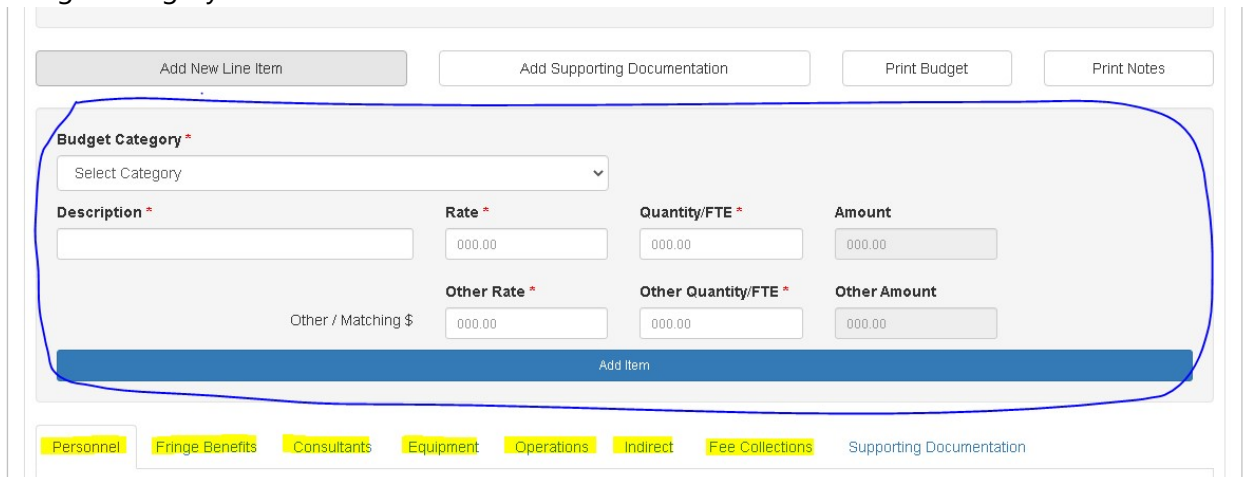
Go to "Budget Category" field and select one of the listed budget categories you are ready to start filling out from the drop down menu.

Go to "Descripton", "Rate", "Quantity" and "Amount" sections next and fill out the information for each Budget Category as specified under the **Specific Budget Category Instructions** section starting on page 5.

After entering each entry per the instruction, click on the blue button "Add Item".   This will save the information you entered.   To continue adding items go back to "Add New Line Item", then "Budget Category" field, select the same budget category if you were not finished or any other category if you want to move on, and continue filling in "Description", "Rate", "Quantity" and "Amount".   If you do not have any other/matching funding, make sure you still enter zero amount under Other / Matching $ fields.   The page will not update without filling in the "Other Rate" and "Other Quantity" fields.

If any of the entered items under Rate and Quantity need correcting, go to these items, make corrections and click on Update Items button.   If you entered incorrect description or you no longer want the item to be listed, you will need to delete these item with the "Delete" button.

Don't forget to complete the Budget Category Notes to provide additional information as required.

To view the information for each category as it is being entered, go to each Budget Category TAB or click on "Print Budget" button for a view of the entire budget... To view the budget notes, click on "Print Notes".

Specific Budget Category Instructions
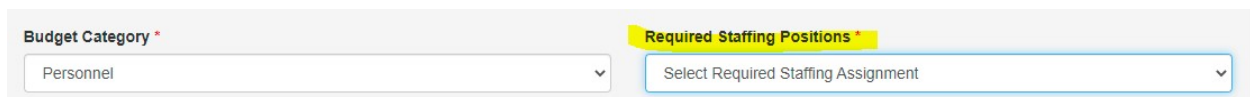
Personnel

1. Description - In this field include the following:
   a. Position Name – required, see below for more information
   b. Position Number – required, see below for more information
   c. Employee Name – required, see below for more information.
   d. Licensure/Credentials – required, see below for more information.

   For example:

   Mental Health Counselor 010 - John Joe - LCSW-C

   a. Position Name –
   Required Staffing – positions which are required by the scope of work (Attachment A) for this grant will be available to be selected from the drop down menu under "Required Staffing Positions" TAB which is available once "Personnel" Budget Category is selected.   If the TAB is not available it only means that there are no required positions that need to be included in this application in which case enter the name of the position as reflected in your Organizational Chart.   Otherwise proceed as follows:

   Just select the required position name. Do not enter the name in the description field. The name will populate automatically.   These positions' names may not necessarily match the name on your organization chart, but should reflect the role requirement for this funding and ensure that the required positions are easily identified. Please make sure all required positions are selected and listed in the budget.

   Other Staffing – for additional positions which are not required by the scope of work (Attachment A) for this grant you need to select "Other" from the drop down menu under "Required Staffing Positions" TAB which is available once "Personnel" Budget Category is selected.   Then enter the name of the position as reflected in your Organizational Chart.

   b. Position Number – enter a unique number for each positions. Each position must list a "position number". This number indicates the position,

not the individual hired for that position. Thus, each position has a unique assigned number, and this number should not change from year to year. If a position is eliminated the number should not be used again. If a new position is created, then a new unique number should be assigned.   If your organization does not assign position numbers, please assign them for the purpose of tracking the positions in the budget and keep them consistent from year to year.

c. Employee name – names must match names listed on the Organizational Chart. List the name of employee filling the position. If the position is currently not filled, enter "TBD" which stands for "to be determined".

d. Certification/Licensure – updated certification/licensure must be entered for each position where certification/licensure is required. If not required, leave blank.

2. Rate – state annual, or annualized for part time employees, salary. Annualized salary is the salary that your agency would pay annually if this position were full time and is a basis for calculation of the total funded salaries under this grant. If the funding is requested for a period that is less than twelve months prorate the annualized salary for the period, the position is to be funded.

For example:

Employee with an annual salary of $76,000 budgeted at 50% FTE for the full 12 months:

Description *	Rate *	Quantity/FTE *	Amount
Mental Health Counselor 010 - John Joe - LCSW - C	76000	0.50	38000
	Other Rate *	Other Quantity/FTE *	Other Amount
Other / Matching $	0	0	0

Employee with an annual salary of $76,000 budgeted at 50% effective 10/1 (9months): (Please provide additional explanation and calculation in the Category Notes section i.e. MH Counselor will start October 1. Annual salary of $76,000 x 9/12-year x 50%FTE = $57,000 x 50% = $28,500.)

Description *		Rate *		Quantity/FTE *		Amount
Mental Health Counselor 010 - John Joe - LCSW - C		57000		0.50		28500
		Other Rate *		Other Quantity/FTE *		Other Amount
	Other / Matching $	0		0		0

Part time employee earning $12.50 an hour will be working 10 hours a week for 12 months: (Please provide additional explanation and calculation in the Category Notes i.e. Administrative Assistant is a part time position @$12.50/hour x 2080 hours (annualized) = $26,000 x 25.00% FTE = $6,500.)

Description *		Rate *		Quantity/FTE *		Amount
Administrative Assistant - 005 Jane Smith		26000		0.25		6500
		Other Rate *		Other Quantity/FTE *		Other Amount
	Other / Matching $	0		0		0

3. Quantity – enter the Full Time Equivalency in this format: 1 for 100%, 0.50 for 50% etc.

4. Amount - total amount will generate automatically.

5. Other/Matching $ - if your agency receives **non-BHSB** funding for the same program/services as funded by this application, such as other state, federal, other grants and awards or if this grant requires matching dollars, enter costs associated with the program services to be delivered under this application that are supported by these non-BHSB sources. Do NOT include other BHSB grants here.

6. Personnel Category Notes – provide additional information that would support the cost requested on the line item.   For positions that are funded for less than 12 months, provide an annual salary, number of months out of the year and percentage FTEs to be funded as well as estimated date of hire if the position is vacant at the time of the application and listed as TBD.   Identify any part time positions.

Fringe Benefits

1. Description – enter "Fringe Costs" as a description. The Fringe Costs here represent the total for the budget.   Do NOT list the breakdown of the fringe costs here. Instead use the Fringe Benefits Category notes to provide a detailed breakdown of fringe costs such as FICA @ 7.65% = $25,000, SUTA etc.

2. Rate – enter salaries amount as totaled in the Personnel section.

3. Quantity – enter the fringe rate as a total percentage of salaries from the Personnel section in this format 0.3000 for 30% etc.

4. Amount - total amount will generate automatically.

5. Other / Matching $ - if your agency receives non-BHSB funding for the same program/services as funded by this application, such as other state, federal, other grants and awards or if this grant requires matching dollars, enter costs associated with the program services to be delivered under this application that are supported by these non-BHSB sources. Do <u>NOT</u> include other BHSB grants here.

6. Fringe Benefits Category Notes – provide a detailed breakdown of fringe costs such as FICA @ 7.65% = $25,000, SUTA, Health Insurance, etc.   Make sure the total of percentages and amounts matches the amount entered under Fringe Benefits.

Consultants

The consultant-contractor relationship is defined as individual, personal delivery of service where the format has a high degree of autonomy over use of time, selection of process, and utilization of resources.

Legal, accounting or audit services should not be entered on this schedule but should be identified on the specific line items available in the Operations category section of the budget.

Nursing agency costs can be listed under either "Purchase of Services" or "Consultant". The appropriate category used should be based on your consistent treatment of the costs in your accounting records.

1. Description – list the individual's name. If payment will be made to a business, list the firm's name. List only the highest applicable degree held.   If the consultant has not been hired yet, state the name as "TBD" which stands for "to be determined".

2. Rate – enter hourly rate for each consultant listed.

3. Quantity – enter total number of hours.

4. Amount - total amount will generate automatically.

5. Other/Matching $ - if your agency receives non-BHSB funding for the same program/services as funded by this application, such as other state, federal, other grants and awards or if this grant requires matching dollars, enter costs associated with the program services to be delivered under this application that are supported by these non-BHSB sources. Do NOT include other BHSB grants here.

6. Consultant Category Notes – state each consultant's professional area and work to be performed as well as anticipated date of hire or start dates for all the TBDs listed on the budget.

Equipment

This section is to be used to identify each piece of equipment and the source of funding used to purchase equipment.   Equipment per the MDH Human Services Agreement Manual is defined as any single item having a cost of $500 or greater and a useful life of at least three years. Assets costing less than $500 or having a useful life of less than three years need not be itemized and may be reported as "small equipment". An example could be office furniture items each costing under $500. Please include a description, purpose and whether new or replacement of small equipment items in the budget narrative.

1. Description – list each type of equipment item separately.

    For example:
    - Lenovo ThinkPad 14" Laptop

2. Rate – enter unit price of the item.

3. Quantity – state total number of items to be purchased.

4. Amount – total amount will generate automatically.

5. Other/Matching $ - if your agency receives non-BHSB funding for the same program/services as funded by this application, such as other state, federal, other grants and awards or if this grant requires matching dollars, enter costs associated with the

program services to be delivered under this application that are supported by these non-BHSB sources. Do NOT include other BHSB grants here.

6. Equipment Category notes - describe the need for each item to be purchased and its proposed usage. Indicate if this is an Equipment Replacement or Additional Equipment.

Operations

1. Description - select each line-item as applicable from the drop-down menu in the Description field. For items that do not fall under individual items listed, use "Other" and provide a description in the field "Specify Other".

For each item selected:

2. Rate - enter total costs requested.

3. Quantity – enter 1 as the unit in the Quantity field.

4. Amount - total amount will generate automatically.

5. Other / Matching $ - If your agency receives non-BHSB funding for the same program/services as funded by this application, such as other state, federal, other grants and awards or if this grant requires matching dollars, enter costs associated with the program services to be delivered under this application that are supported by these non-BHSB sources. Do NOT include other BHSB grants here.

6. Operations Category Notes

For each item supported by BHSB funds provide a detailed cost breakdown i.e., description, quantity, unit cost, etc., purpose and justification in the Category Notes section. The justification should reflect the basis for the amount requested to be funded i.e., what methodology was used to allocate the cost to this funding if based on a percentage. The detail should show the full calculation for the amount requested.

In addition, the following line items also require:

- Rent/Mortgage – list facility address
- Transportation and Travel - mileage reimbursement rate must be within State or Federal rates in effect
- Insurance – list vendor, type of insurance and cost for each
- Legal – list vendor, hourly rate, and total hours to be worked
- Accounting – list the person or vendor, hourly rate & total hours to be worked.
- Audit – list vendor, hourly rate & total hours to be worked
- Medicine/Drugs – list medications, unit costs and number to be purchased. For Methadone specify cost per pint, vendor, powder, or liquid form
- Food – list type of food, purpose
- Staff Training – list type of training, who will be attending and cost for each.
- Lab/Urinalysis – list and itemize lab costs

Indirect Costs

Indirect costs (IDC) are limited to 10% of the "modified total direct costs" or MTDC of the services provided. If providers have an approved federal indirect cost rate they would apply that rate.

Indirect costs are costs which have been incurred for multiple or common objectives or shared costs which are not readily identifiable as direct costs without effort disproportionate to the results achieved. For many nonprofits organizations these costs may include the costs of operating and maintaining facilities, and general and administrative and general expenses, such as the salaries and expenses of executive officers, and personnel administration.

Indirect costs are not administrative or overhead costs per se. Such costs should be identified as direct costs unless they meet the forgoing criteria. All costs must be reasonable and necessary.

Modified total direct costs (MTDC) means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and subawards and subcontracts up to the first $25,000 of each subaward or subcontract (regardless of the period of performance of the subawards and subcontracts under award)

MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward and subcontract in excess of $25,000.

1. Description – enter "Indirect Costs."

2. Rate – enter the basis used to calculate the costs i.e., amount calculated as MTDC.

3. Quantity – enter the percentage on which the IDC are calculated i.e., 0.1000 for 10%.

4. Amount - total amount will generate automatically.

5. Other/Matching $ - if your agency receives non-BHSB funding for the same program/services as funded by this application, such as other state, federal, other grants and awards or if this grant requires matching dollars, enter costs associated with the program services to be delivered under this application that are supported by these non-BHSB sources. Do NOT include other BHSB grants here.

6. Indirect Costs Category Notes – include the basis used for calculating the indirect costs. Include a calculation. A description of the expenditure items included under indirect costs must be stated here.

Fee Collections

1.   Description – enter "Fee Collections"

2.   Rate - enter total costs requested.

3.   Quantity – enter 1 as the unit in the Quantity field.

4.   Amount - total amount will generate automatically.

5.   Other/Matching $ - enter the amount of fee collections reflected in other grants if applicable. If not applicable, enter zero.

6.   Fee Collections Category Notes – the budget justification must include a detailed breakdown of type of fees collected i.e., third party income, Medicare, Medicaid, client fees etc. and show the calculation for the estimated fee collections.

Specific funding or services budget preparation instructions

Temporary Cash Assistance (TCA) (Addictions Program Specialists in local DSS Offices)

> DHR/FIA will only reimburse BHA/BHSB up to the amount stated in the initial allocation letter. If the cost to support the position(s) exceeds the budget request ceiling amount, include only the percentage of the position(s) that can be provided for within the TCA grant. The remaining percentage of the position(s) to be funded should be included in another BHA/BHSB funded grant and clearly identified as the TCA assessor position.
>
> **The only line items permitted for funding and reimbursement by DHR/FIA are Salary, Fringe, Urinalysis and Indirect Costs.**
>
> **Any expenditure in line items other than those listed will not be permitted and will be the responsibility of the grantee.**

Senate Bill 512 – Children In Need of Assistance (Assessor positions in Prince George's, Washington, and Worcester Counties and Baltimore City Only)

> **The only allowable budget line items are: Salary, Fringe, Communications/ Telephones, Office Supplies, Staff Travel, Client Travel, Staff Training and Indirect Costs.**

House Bill 7 – Integration of Child Welfare and Substance Abuse Treatment Service (Assessor Positions) (Baltimore City and Prince George's County Only)

> **The only allowable budget line items are: Salary, Fringe, Training, Travel, Telephone, Office Supplies and Indirect Costs.**

Drug Court Support Services (DCT)

Funds may only be used to provide or purchase the following:
- Non-reimbursable services delivered in ambulatory treatment settings to individuals actively being served in drug treatment court.
- Time spent in court on behalf of the client. This can be status hearings, pre-court meetings, and case consultation meetings with drug court personnel.
- Non-reimbursable clinical case management associated with Substance Use treatment services.
- Correspondence with court officials on behalf of a client.
- Transportation costs for clients to attend court hearings.
- A written request must be submitted to BHSB/BHA to provide or purchase services other than what is listed above

BUDGET SAMPLE:

Category			BHS Baltimore			Other Matching	Project $
Personnel	Rate	Quantity	BHSB Amount	Other Rate	Other Quantity	Other / Matching $	Project $
SUD Couselor - 1001 - Mary Jane - CAC-AD	$60,000.00	1.0000	$60,000.00	0.00	0.0000	$0.00	$60,000.00
SUD Couselor - 1002 - John Joe - CAC-AD	$50,000.00	1.0000	$50,000.00	0.00	0.0000	$0.00	$50,000.00
SUD Couselor - 1003 - Vacant - CAC-AD	$36,000.00	1.0000	$36,000.00	0.00	0.0000	$0.00	$36,000.00
Clinical Supervisor - 1010- Jacob Smith -CAC-AD	$70,000.00	1.0000	$70,000.00	0.00	0.0000	$0.00	$70,000.00
Other - Administrative Assistant - 1050 - Erica Ford	$33,280.00	0.2500	$8,320.00	0.00	0.0000	$0.00	$8,320.00
Personnel Total			**$224,320.00**			**$0.00**	**$224,320.00**
Fringe Benefits	Rate	Quantity	BHSB Amount	Other Rate	Other Quantity	Other / Matching $	Project $
Fringe Costs	$224,320.00	0.3000	$67,296.00	0.00	0.0000	$0.00	$67,296.00
Fringe Benefits Total			**$67,296.00**			**$0.00**	**$67,296.00**
Consultants	Rate	Quantity	BHSB Amount	Other Rate	Other Quantity	Other / Matching $	Project $
Samuel David, MD	$150.00	260.0000	$39,000.00	0.00	0.0000	$0.00	$39,000.00
Consultants Total			**$39,000.00**			**$0.00**	**$39,000.00**
Equipment	Rate	Quantity	BHSB Amount	Other Rate	Other Quantity	Other / Matching $	Project $
Lenovo ThinkPad 14" Laptop	$1,299.00	1.0000	$1,299.00	0.00	0.0000	$0.00	$1,299.00
Small Equipment	$791.00	1.0000	$791.00	0.00	0.0000	$0.00	$791.00
Brother MFC-L3710CW Wireless All-In-One Printer	$500.00	1.0000	$500.00	0.00	0.0000	$0.00	$500.00
Equipment Total			**$2,590.00**			**$0.00**	**$2,590.00**
Operations	Rate	Quantity	BHSB Amount	Other Rate	Other Quantity	Other / Matching $	Project $
Rent/Mortgage (Adm/Office)	$7,650.00	1.0000	$7,650.00	0.00	0.0000	$0.00	$7,650.00
Communications	$225.00	1.0000	$225.00	0.00	0.0000	$0.00	$225.00
Transportation/Travel (Staff)	$401.90	1.0000	$401.90	0.00	0.0000	$0.00	$401.90
Insurance	$1,250.00	1.0000	$1,250.00	0.00	0.0000	$0.00	$1,250.00
Accounting	$221.28	1.0000	$221.28	0.00	0.0000	$0.00	$221.28
Audit	$2,000.00	1.0000	$2,000.00	0.00	0.0000	$0.00	$2,000.00
Office Supplies	$2,615.82	1.0000	$2,615.82	0.00	0.0000	$0.00	$2,615.82
Printing	$300.00	1.0000	$300.00	0.00	0.0000	$0.00	$300.00
Staff Development/Training	$820.00	1.0000	$820.00	0.00	0.0000	$0.00	$820.00
Promotional/Personnel Advertising	$750.00	1.0000	$750.00	0.00	0.0000	$0.00	$750.00
Operations Total			**$16,234.00**			**$0.00**	**$16,234.00**
Indirect	Rate	Quantity	BHSB Amount	Other Rate	Other Quantity	Other / Matching $	Project $
Indirect Costs	$339,200.00	0.1000	$33,920.00	0.00	0.0000	$0.00	$33,920.00
Indirect Total			**$33,920.00**			**$0.00**	**$33,920.00**
Fee Collections	Rate	Quantity	BHSB Amount	Other Rate	Other Quantity	Other / Matching $	Project $
Fee Collections Total			**$0.00**			**$0.00**	**$0.00**
Total			**$383,360.00**			**$0.00**	**$383,360.00**

BUDGET NARRATIVE SAMPLE:

Category	BHS Baltimore	Other Matching	Project $
Personnel	**$224,320.00**	**$0.00**	**$270,677.41**

SUD Counselor - Position #1003 - currently vacant. Anticipated date of Hire is 10/1/2024. Annual Salary of $48,000 / 12 months x 9 months =$36,000
$36,000 x 1 FTE = $36,000

Administrative Position i- Position #1050 is a part time position working 10 hours per week @ $16.00 per hour. $16.00 x 2080 hours (annulized) = $33,280
$33,280 x 0.25 FTE = $8,320

Category	BHS Baltimore	Other Matching	Project $
Fringe Benefits	**$67,296.00**	**$0.00**	**$59,549.03**

Fringe costs are calculated at 30% of total salary costs:
FICA = 7.65% x $224,320 = $17,160.48
SUI = 1.85% x $224,320 = $4,149.92
Health Insurance = 12.20% x $224,320 = $27,367.04
Workmen's Compensation = $1.25% x $224,320 = $2,804
403 (b) = 6% x $224,320 = $13,459.20
Other: Life Insurance & Disabiilty = 1.05% x $224,320 = $2,355.36
Total = 30% x $224,320 = $67,296

Category	BHS Baltimore	Other Matching	Project $
Consultants	**$39,000.00**	**$0.00**	**$0.00**

Dr. David - Medical Director, will provide medical oversight 5 hours a week

Category	BHS Baltimore	Other Matching	Project $
Equipment	**$2,590.00**	**$0.00**	**$2,041.00**

Laptop - new purchase for a new position #1003
Printer (color) - replacement of existing printer used by the Administrative Assistant
Small Equipment - replacement of 10 waiting area chairs for clients and a small table

Category	BHS Baltimore	Other Matching	Project $
Operations	**$16,234.00**	**$0.00**	**$8,616.92**

Rent - office space at 2513 Smith Avenue, Suite 250. Annual rent of $36,000/20 total FTEs x 4.25 FTEs budgeted on this grant = **$7,650.00**

Communications - Cell phones for 3 SUD Counselors @ $75.00/month - **$225.00**

Staff Transportation/Travel - 2 SUD Counselors to attend AATOD Conference in Baltimore, MD from October 30-November 2. 2 staff x 70 miles x 0.585/mile = $81.90**. Parking at $32/day x 5 days x 2 staff = $320.00. Total = $81.90 + $320.00 = $401.90**
Insurance - The Harford - professional insurance and general liability insurance. Total cost of $5,000 x 25% (this grant as a percentage of total funding) = **$1,250.00**

Accounting - ADP, Inc. Payroll preparation $40.05 per pay x 26 pays = $1,041.30 x 21.25% (4.25 FTEs / 20 FTEs total) = **$221.28.**

Audit - preparation of audited financial statements in accordance with Government Auditing Standards (Single Audit) - Benjamin & Associates, CPAs. Total audit = $8,000 **x** 25% (this grant as a percentage of total funding) **= $2,000.00**
Office Supplies - paper, ink cartridges, pens, folders, computer supplies etc. @ $615.49 per FTE based on prior year average x 4.25 FTEs = $2,615.83 (rounded down to **$2,615.82**)

Printing - printing of program brochures to be dissiminated to consumers, program materials and reports @ $25/month x 12 months = **$300.00**

Staff Training - Tuerk Conference at $155 each for four staff. $155 x 4 = $620.00. ATODD Conference registration @ $100 x 2 staff = $200. Total = $620.00+$200.00= **$820.00**

Promotional/Personnel Advtg - advertising and recruitment of new staff - **$750.00**

Category	BHS Baltimore	Other Matching	Project $
Indirect	**$33,920.00**	**$0.00**	**$33,022.64**

Indirect is calculated at 10% of Modified Total Direct Costs. Total Direct Costs = $349,440 less Equipment ($2,590.00), and Rent ($7,650) = $339,200 x 10% = $33,920.00. Includes costs for Accounts Payable, Procurement/Purchasing, Human Resources, Payroll, Administrative Oversight, and Management Information Systems.

Category	BHS Baltimore	Other Matching	Project $
Fee Collections	**$0.00**	**$0.00**	**$0.00**