

Primary Care Clinic Grant Program								
SFY2010: July 1, 2009 - June 30, 2010 Attach Additional Sheet(s) if Necessary		APPLICATION BUDGET - - PLAN FOR EXPENDITURES						
2 Clinic:								
Contact Name:								
Contact Phone Number:				Contact Email:				
EXPENDITURE CLASSIFICATION	Total Salary for Period	Percentage Worked in		Local Applicant Share of Expenses		State Grant Request		Total Expense
		General Primary Care	Prescription Asst. Program	Actual Expense	Non-Cash Donation: In-Kind Contribution	General Primary Care	Prescription Assistance Program	
3 Personnel (List each position by type with number of FTEs)								
Clinical								
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
								0.00
Clerical								
								0.00
								0.00
								0.00
								0.00
Administrative								
								0.00
								0.00
								0.00
Benefits								
FICA (7.65%)								0.00
Retirement								0.00
Other (List):								0.00
4 Contract Personnel (list each health professional position)								
								0.00
								0.00
								0.00
PERSONNEL CATEGORIES TOTAL				0.00	0.00	0.00	0.00	0.00

EXPENDITURE CLASSIFICATION	Local Applicant Share of Expenses		State Grant Request		Total Expense
	Actual Expense	Non-Cash Donation: In-Kind Contribution	General Primary Care	Prescription Assistance Program	
5 Health Services					
					0.00
					0.00
					0.00
HEALTH SERVICES CATEGORY TOTAL	0.00	0.00	0.00		0.00
6 Travel					
					0.00
					0.00
					0.00
TRAVEL CATEGORY TOTAL	0.00	0.00	0.00		0.00
7 Supplies					
Pharmaceuticals					0.00
Laboratory Materials					0.00
Other Medical Supplies					0.00
Office/Clerical Supplies					0.00
SUPPLY CATEGORY TOTAL	0.00	0.00	0.00	0.00	0.00
8 Capital Equipment					
					0.00
					0.00
CAPITAL EQUIPMENT CATEGORY TOTAL	0.00	0.00			0.00
9 Other Direct expenses (ITEMIZE)					
Indirect costs					0.00
340B discounts: Number of Scripts <input type="text"/>					0.00
DIRECT EXPENSE CATEGORY TOTAL	0.00	0.00		0.00	0.00
10 TOTAL EXPENDITURES BUDGET					
	Local Applicant Share of Expenses		State Grant Request		Total Expenditure Budget
	Actual Expense	Non-Cash Donation: In-Kind Contribution	Primary Care Clinic Program	Prescription Assistance Program	
	0.00	0.00	0.00	0.00	0.00
Comments:			Mail to: Kevin Shaughnessy, Accountant 0.00 KDHE Internal Management/Accounting Services 1000 SW Jackson, Ste. 570 Email: kshaughnessy@kdheks.gov Topeka, KS 66612-1368 Phone: (785) 296-1507		
KDHE USE ONLY: Audited by: _____					

1. SPECIFIC BUDGET INFORMATION

- a. Application Budget (Form #4) Guidance
 - (1) Applicants must show at least a one-to-one match in the local applicant share of expenses for requested funds.
 - (2) Non-cash contributions such as personnel time, space, commodities, or services should be stated at an amount agreed upon as the market value and documented in the applicant's accounting records.
 - (3) Costs associated with inpatient care are not allowable.
 - (4) This form is for clinics to use in submitting their application budgets. After grant awards have been made, clinics will need to submit a final budget reflecting the actual award amount.
- a. Provide the clinic name, the name of an individual who can answer questions about the application budget, a phone number, and email address.
- b. Personnel
 - (1) List personnel by job type (family practice doctor, pediatrician, ARNP, PA, RN, LPN, dentist, dental hygienist, dental assistant, receptionist/front office, billing, etc). Also identify the number of individuals for each job type by FTE, as well as any new FTEs anticipated during the grant period. Include expenses related to personnel including payroll taxes and employer-paid benefits in the appropriate area.
 - (2) Volunteer personnel time may be included as a non-cash donation/in-kind contribution in this category.
 - (3) Unless other state funding is being applied for using KDHE's aid to local funding process, the total of these two columns should equal 100 percent. Each percentage should be in line with the amount indicated in the respective funding areas.
 - (4) The application budget must contain any potential benefits to be paid out of state funding. If state funding will be used for benefits other than FICA or Retirement, these benefits must be listed either in the Benefits section or on a separate sheet. If benefits are not listed in the application budget, state funding may not be used for this purpose.
- c. Contract Personnel: Contracted professionals who provide services for your clinic and are not directly employed by your clinic. Individuals providing services on a volunteer basis should be included in the personnel budget section (Section 3).
- d. Health Services: Contracted professional health services, such as prenatal, optometric, dental, etc. Health services provided at no or reduced cost may be included in this section.
- e. Travel: Limited to in-state travel to primary care training and continuing education. Only include the actual costs of travel: mileage, hotels, etc. Do not include salary expense for staff member time spent in training or traveling to training. Clinics may not use state funding for out-of-state travel.
- f. Supplies:
 - (1) Pharmaceuticals: All clinics may use "general primary care" funding to purchase prescription medications to dispense to patients. This category may include vaccines not available through the vaccines for children program. FQHCs may purchase pharmaceuticals for a 340B program using "prescription assistance" funding. Clinics may include the value of donated sample or prescription assistance program medications as a non-cash donation/in-kind contribution in this section.
 - (2) Laboratory Materials: Includes expendable laboratory supplies for use in providing patient services. The cost of laboratory equipment should not be included in this category.
 - (3) Other Medical Supplies: Includes expendable patient education materials and clinical supplies for use in providing patient services. Medical equipment should not be included in this category.
 - (4) Other Clerical Supplies: Operational supplies.
- g. Capital Equipment: Capital equipment may not be purchased with state funding. Capital equipment costs can be listed in this section to serve as a portion of the local applicant's share of expenses (match). Foundation support for capital expenditures may be included as a portion of

the local applicant's share of expenses. State Capital Improvement grant funding may not serve as a portion of the local applicant's share of expenses for purposes of the one-to-one match.

h. Other Direct Expenses:

(1) Indirect costs: Indirect costs may not be paid with state funding. Indirect costs may be listed in this section to serve as a portion of the local applicant's share of expenses. Specific categories and costs that make up indirect costs should be submitted along with the applicant budget. An applicant indicating indirect cost expenses must submit an annual indirect cost proposal that meets KDHE requirements.

(2) 340B Discounts: FQHCs may use "prescription assistance" funding to provide discounts on dispensing and/or administrative fees in their 340B pharmaceutical program. Applicants may request up to \$4.00 per prescription. Include the estimated number of prescriptions to qualifying patients and the total cost of the discounts.

i. Total: The budget form will automatically total all budget categories in the appropriate columns on the summary sheet.

2. REPORTING REQUIREMENTS

Instructions and forms are available at: www.kdheks.gov/doc_lib/index.html

3. PROGRAM CONTACT

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