

Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies): _____ Fiscal Year: 2005-06
 Program Work Plan # _____ Date: _____
 Program Work Plan Name _____ Page ____ of ____
 Type of Funding 1. Full Service Partnership Months of Operation 12
 Proposed Total Client Capacity of Program/Service: _____ New Program/Service or Expansion New
 Existing Client Capacity of Program/Service: _____ Prepared by: _____
 Client Capacity of Program/Service Expanded through MHSA: 0 Telephone Number: _____

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
1. Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits				\$0
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known				
6. Total Proposed Program Budget				
	\$0	\$0	\$0	\$0
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
3. Total Revenues				
	\$0	\$0	\$0	\$0
C. One-Time CSS Funding Expenditures				
				\$0
D. Total Funding Requirements				
	\$0	\$0	\$0	\$0
E. Percent of Total Funding Requirements for Full Service Partnersh				