

**Direct Care Budget Narrative Format (Complete separate table for each service category)**

Service Category Name: _____		TOTAL CATEGORY REQUESTED AMOUNT	
Direct costs <b>must not exceed 5%</b> of the total award. The purchase of tablets and computers for positions solely funded by medical and non-medical case management may be charged to the relevant service category. Please reference Addendum 1 of this RFP for more information on allowable direct costs.		DIRECT COSTS (up to 5% of total award)	
Direct Care (Create table for each service category requested.)			
Please detail how direct cost funding will be utilized in the box provided.			
Service Category Name/Description or service:			
Number of clients to be served:			
Units of service provided:			
Rate per unit if applicable:			
Explanation (Include service information specific to provider, purchase orders or direct service):			
Service Delivery Process (Include information such as authorization protocol, service limitations and caps, exceptions):			
Additional Information (Other related policies or guidelines):			
If direct care positions are being funded complete the chart below. Add new rows for additional positions.			
Number of employees in FTEs		#	
Position Title:		FTE %:	
Job Responsibilities as related to the funded work:			
New or existing position:			
Justification for the position:			
Total annual salary:			
List All funding sources for the position:			
Part B:	%	\$	
General Revenue:	%	\$	
Other:	%	\$	
Other:	%	\$	
Total	0%	\$	
***COPY AND PASTE ADDITIONAL POSITIONS ON THIS LINE***			
Fringe for all positions funded by service category.	<u>Total fringe benefits for direct care positions</u>		
	<u>FICA:</u>		\$
	<u>Life/Disability:</u>		\$
	<u>Retirement:</u>		\$
	<u>Other:</u>		\$
	Service Category Totals		
Total direct personnel charges:		\$	
Total direct services charges:		\$	

TOTAL REQUESTED AMOUNT

\$