

Department of Health Services
Division of Public Health

Summary Line Item Budget: Part 1
Exhibit 2

STATE OF WISCONSIN

	A	B	C	D
1				
2	Contract Title:	Overdose Data to Action - Overdose Fatality Reviews		
3	Name of Organization:	Sauk County Health Department		
4	Contract Period:	September 1, 2022 - August 31, 2023		
5				
6	General Instructions: Your budget document must be filled out and submitted in Excel. Do not submit a “PDF” Adobe Acrobat copy of your budget document. Part 1 (found below) is a summary line item budget that will auto populate from Part 2 and Part 2 is a series of detailed budget tables and explanatory text boxes that document how individual budget line items are derived. <u>Note:</u> Each item requested in the budget can only appear under one Annual Line Item Budget category.			
7				
8	Annual Line Item Budget	Dollar Amt.		
9	A - SALARY/PERSONNEL COSTS	\$19,042.11	Salary and Fringe Total	
10	B - FRINGE BENEFIT COSTS	\$7,056.92	\$26,099.04	
11	C - EQUIPMENT COSTS	\$0.00		
12	D - OPERATING EXPENSES	\$599.88	Supplies and Operating Expenses Total	
13	E - SUPPLIES	\$272.00	\$871.88	
14	F - IN STATE TRAVEL	\$1,252.12	Travel Total	
15	G - OUT-OF-STATE TRAVEL	\$2,909.86	\$4,161.98	
16	H - CONSULTANT/CONTRACTUAL COSTS	\$8,700.00		
17	I - TRAINING AND MEETINGS	\$5,000.00	Other Expense Total	
18	J - ADVERTISING & PUBLIC INFORMATION	\$0.00		
19	K - OTHER	\$0.00	\$5,000.00	
20	L - SUBTOTAL - DIRECT COSTS (SUM of A-L)	\$44,832.90		
21	M - INDIRECT COSTS	\$0.00		
22	N - TOTAL COSTS (L + M), Rounded to the nearest dollar.	\$44,833.00		

	A	B	C	D	E	F	G
1							
2							
3	Contract Title:	Overdose Data to Action - Overdose Fatality Reviews					
4	Name of Organization:	Sauk County Health Department					
5	Contract Period:	September 1, 2022 - August 31, 2023					
6							
7	A: SALARY DETAIL SUB-BUDGET						
8	Instructions: Use salary detail columns to calculate costs. <i>Column B:</i> Enter title of each position funded by the grant. <i>Column C:</i> Enter either hourly (hourly employees) OR monthly rate of pay (monthly salaried employees) for grant-funded employees. <i>Column D & E:</i> Enter number of hours per week AND # of weeks for hourly employees, OR # of months, and % FTE per monthly salaried employees. <i>Column F:</i> Totals in this column are locked to calculate the total cost automatically. The following equations are used to calculate salary cost for each line: For hourly positions ("Hourly rate" * "Hours per week" * "# of weeks"); for monthly positions ("Monthly rate" * "% FTE" * "# of months"). Include only costs covered by this grant proposal or application. Do not include salary costs covered by other funding sources. Pay rates should be reasonable when considering the position titles. Total cost for each position should be calculated based on the length of the contract (e.g., 12-month vs. short-term or late-start contract). If you need additional lines for additional positions, request the number of additional lines needed from your Contract Administrator and an updated budget will be provided. Enter the information for the additional positions following the instructions above. For every entry in the table, there must be a matching concise entry in the justification box below.						
9		Position Title (Be Specific)	Hourly Pay Rate	Hours paid per Week	# of weeks paid in contract period	Total Cost	
10	Hourly Employee Salary Item 1	Community Health Strategist	\$41.44	2.50	52.00	\$5,387.20	REDUCE
11	Hourly Employee Salary Item 2	Health Educator	\$33.13	6.00	52.00	\$10,336.56	REDUCE
12	Hourly Employee Salary Item 3	Health Educator- primary prevention focus	\$37.61	0.25	52.00	\$488.93	REDUCE
13	Hourly Employee Salary Item 4	Health Screener	\$21.22	2.00	52.00	\$2,206.88	
14	Hourly Employee Salary Item 5	Nurse Manager	\$43.80	0.20	52.00	\$455.52	
15	Hourly Employee Salary Item 6	Quality Improvement Coordinator	\$32.12	0.10	52.00	\$167.02	REDUCE
16		Position Title (Be Specific)	1 FTE Monthly Pay Rate	% FTE	# of months paid in contract period		
17	Monthly Salaried Employee Item 10		\$0.00	0.00%	0.00	\$0.00	
18	Monthly Salaried Employee Item 11		\$0.00	0.00%	0.00	\$0.00	
19	Monthly Salaried Employee Item 12		\$0.00	0.00%	0.00	\$0.00	
20	Monthly Salaried Employee Item 13		\$0.00	0.00%	0.00	\$0.00	
21	Monthly Salaried Employee Item 14		\$0.00	0.00%	0.00	\$0.00	
22	Monthly Salaried Employee Item 15		\$0.00	0.00%	0.00	\$0.00	
23	Total Cost (Section A)					\$19,042.11	
24	JUSTIFICATION (Provide a thorough description of the role and responsibilities of <u>each</u> position listed above.)						

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4	Name of Organization:	Sauk County Health Department					
25	The project is directed by the Community Health Strategist Sara Jesse and facilitated by the Health Educator Hannah Erdman. Jointly, they are responsible for: preparing for and facilitating OFR meetings; maintaining partnerships with existing and potential OFR agencies; tracking (and, where needed, implementating) team recommendations; gathering data; conducting next of kin interviews; and writing project reports. The Health Educator- primary prevention focus (Kate Stough) will attend meetings and help implement team recommendations in primary prevention. The Community Health Strategist supervises both Health Educators. The Health Screener Laura Tourdot provides logistical support at OFR meetings and collects case data and recommendations and enters these into REDCap. The Nurse Manager attends OFR meetings as a public health nurse representative and assists in the implementation of recommendations as needed. The Quality Improvement Coordinator assists with the collection and reporting of demographic data to provide context for case reviews. NEXT OF KIN INTERVIEWS: Training, planning and conducting interviews - .2 hours/wk added to Community Health Strategist, 2.2 hours/week added to Health Educator (Hannah).						

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3	Contract Title:	Overdose Data to Action - Overdose Fatality Reviews					
4	Name of Organization:	Sauk County Health Department					
26							
27	B: FRINGE BENEFIT DETAIL SUB-BUDGET						
28	Instructions: Use the fringe benefits detail table to calculate costs. <i>Column B & C:</i> Enter employee titles (Column B in section A) and salaries (column F in Section A). <i>Column D:</i> Enter total fringe benefit rate for each position. <i>Column E:</i> The following equation is used to calculate cost for each line (Salary * Fringe Rate). Provide a description of the components of the fringe rates in the justification box. If the aggregate fringe rate is above 45%, a breakdown of the individual components and additional justification will be required. Fringe benefit components may include items such as Federal Insurance Contributions Act (FICA) and Unemployment Insurance, Retirement, Life Insurance, Workers Compensation and Health Insurance. Only include costs covered by this proposal or application. Contact your Contract Administrator with request for additional lines if needed. For every entry in the table, there must be a matching concise entry in the justification box below.						
29		Position Title (Be Specific)	Salary	Fringe Rate	Total Cost		
30	Fringe Benefit Item 1	Community Health Strategist	\$5,387.20	41.57%	\$2,239.46	REDUCE	
31	Fringe Benefit Item 2	Health Educator	\$10,336.56	26.760%	\$2,766.06	REDUCE	
32	Fringe Benefit Item 3	Health Educator- primary prevention focus	\$488.93	48.080%	\$235.08	REDUCE	
33	Fringe Benefit Item 4	Health Screener	\$2,206.88	70.450%	\$1,554.75		
34	Fringe Benefit Item 5	Nurse Manager	\$455.52	40.190%	\$183.07		
35	Fringe Benefit Item 6	Quality Improvement Coordinator	\$167.02	47.000%	\$78.50	REDUCE	
36	Fringe Benefit Item 7		\$0.00	0.000%	\$0.00		
37	Fringe Benefit Item 8		\$0.00	0.000%	\$0.00		
38	Fringe Benefit Item 9		\$0.00	0.000%	\$0.00		
39	Fringe Benefit Item 10		\$0.00	0.000%	\$0.00		
40	Fringe Benefit Item 11		\$0.00	0.000%	\$0.00		
41	Fringe Benefit Item 12		\$0.00	0.000%	\$0.00		
42	Total Cost (Section B)				\$7,056.92		
43							
44	JUSTIFICATION (Describe the various components of the fringe rate as well as the formula used in the calculation. If the fringe rate is above 45%, then additional justification for the percentage as well as a breakdown of the cost of each component, determined either from an annual agency-wide percentage based on a cost study, or from position-specific fringe rates must be included.)						
45	Sauk County's agency-wide fringe benefits include: FICA, Retirement, Health Insurance, Life Insurance and Workers Compensation. Each employee can choose vision and dental that is 100% employee paid. Fringe rates per employee vary depending on such factors as benefit selection and longevity. Health Screener L. Tourdot is a part-time employee that receives full-time benefits. The detailed breakdown of her annual fringe benefits: FICA \$2,743, Retirement \$2,421, Health Insurance \$18,559, W/C \$25.						

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4	Name of Organization:		Sauk County Health Department				
46	C: EQUIPMENT PURCHASE DETAIL SUB-BUDGET (Only for items of \$5,000 or more) NOTE: Equipment purchases are typically not allowable and will need prior approval from your DHS Contract Administrator.						
47	Instructions: Enter data ONLY if you are purchasing a piece of equipment valued <u>individually</u> at \$5,000 or more with grant funds. Use the detail table to calculate total costs. <u>Column B</u> : Enter brief description of each equipment item. <u>Column C</u> : Enter number of units of each item to be purchased. <u>Column D</u> : Enter dollar cost for each item. <u>Column E</u> : The following equation is used to calculate costs for each line (# of units * cost per unit). Equipment is defined as an individual non-expendable tangible personal property item with a value of \$5,000 or more and a useful life of more than one year. Applicants must follow the <i>Allowable Cost Policy</i> regarding depreciation of equipment. If items collectively cost more than \$5,000 but individually cost less (e.g., three workstations at \$2,000 apiece), then the items should be reported under "Supplies," not "Equipment." Contact your Contract Administrator with request for additional lines if needed. For every entry in the table, there must be a matching concise entry in the justification box below.						
48	Description		# of Units	Cost per Unit	Total Cost		
49	Equipment Line Item 1		0.00	\$0.00	\$0.00		
50	Equipment Line Item 2		0.00	\$0.00	\$0.00		
51	Equipment Line Item 3		0.00	\$0.00	\$0.00		
52	Total Cost (Section C)				\$0.00		
53							
54	JUSTIFICATION (Describe the purpose for each equipment purchase listed above and how the purchase relates to the work plan.)						
55	[Enter justification text here]						
56							
57	D: OPERATING COSTS						
58	Instructions: Operating expenses are NON-SUPPLY costs directly related to proposed services and includes (but is not limited to) items such as rent, maintenance, printing and reproduction, land telephone and cellular phone services, utilities, IT support specific to the project, and Internet access. Operating costs can be determined either as <i>direct costs</i> or as <i>an allocation of direct costs</i> . If operating costs are determined by an allocation of direct costs, then the same allocation method should be used to estimate operating costs for <u>all</u> programs supported by the agency. Use the detail table to calculate total costs. Contact your Contract Administrator with request for additional lines if needed. For every entry in the table, there must be a matching concise entry in the justification box below.						
59	Description		# of Units	Cost per Unit	Total Cost		
60	Operating Cost Line Item 1	Cell phone for Health Educator	12.00	\$45.00	\$540.00		
61	Operating Cost Line Item 2	IT Costs	12.00	\$4.99	\$59.88		
62	Operating Cost Line Item 3		0.00	\$0.00	\$0.00		
63	Total Cost (Section D)				\$599.88		
64							
65	JUSTIFICATION (Provide a detailed description of the method used to estimate the operating costs figures, along with a description and the purposes of all items comprising the total operating costs.)						

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66	The Health Educator requires a cell phone to perform work duties for this project. The data plan is \$45/month. IT costs are based on past expenditures at \$5/month.						

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67	E: SUPPLIES PURCHASE DETAIL SUB-BUDGET						
68	Instructions: Use the detail table below to calculate costs. <u>Column B</u> : Enter brief description of each supply item or category (such as “laptop computer” or “office paper”). <u>Column C</u> : Enter number of units of each item to be purchased. If using an annual estimate of costs, the # of Units should equal 12 (months). <u>Column D</u> : Enter dollar cost for each item. If estimating an annual cost, enter the monthly cost in Column D and 12 (months) in Column C. <u>Column E</u> : The following equation is used to calculate total cost for each line (# of units * cost per unit). Supplies include consumable office supplies (e.g., postage, paper, pens, desk phones) and any item priced less than \$5,000 (e.g., laptops, printers, cell phones) that will be used for purposes under the proposal or application. Items in this category may also include start-up supplies such as office desks, chairs and file cabinets. Contact your Contract Administrator with request for additional lines if needed. For every entry in the table, there must be a matching concise entry in the justification box below.						
69							
70	Supply Item 1	general office supplies	12.00	\$6.00	\$72.00		
71	Supply Item 2	Harm reduction supplies	200.00	\$1.00	\$200.00		
72	Supply Item 3				\$0.00		
73	Supply Item 4				\$0.00		
74	Supply Item 5		0.00	\$0.00	\$0.00		
75	Total Cost (Section E)				\$272.00		
76							
77	JUSTIFICATION (Please describe the purpose for each supply purchase listed above, and how each item will be used for this program.)						
78	General office supplies include copies, folders, and other basics; estimate is based on past expenditures at \$6/month. IMPLEMENTATION: Harm reduction supplies include fentanyl test strips (FTS, a limited supply is needed prior to launch of DHS FTS Direct program), measuring spoons for FTS, printing of health literate instruction card for FTS, and bags for FTS supplies for end users)						

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79							
80	F: IN-STATE TRAVEL DETAIL SUB-BUDGET						
81	Instructions: Use the detail table below to calculate costs. Mileage: Enter mileage rate, enter estimated number of miles. Meals: Enter daily meal rate cost and number of days. Lodging: Enter nightly lodging cost & number of nights of lodging. Other: Enter description and total of any other in-state travel costs. Applicant must use the state-approved rates, unless the applicant's board approves use of a higher rate and that rate applies to all agency programs. Rates for mileage cannot exceed current federal General Services Administration privately-owned vehicle rate (See http://www.gsa.gov/portal/content/100715 for updates on federal rate), or exceed allowed federal per diem and lodging rates (See http://www.gsa.gov/portal/category/100000). Reimbursement must be related to grant-funded activities for staff, volunteers or clients, such as site visits or training. For every entry in the table, there must be a matching concise entry in the justification box below.						
82	<u>Mileage Rate</u>		<u># of Miles</u>	<u>Total Cost</u>			
83	Mileage Reimbursement	\$0.620	626	\$388.12		REDUCE	
84	<u>Daily Rate</u>		<u># of Days</u>				
85	Meal Reimbursement	\$52.00	6	\$312.00			
86	<u>Nightly Lodging rate</u>		<u># of Nights</u>				
87	Lodging Reimbursement	\$92.00	6	\$552.00			
88	<u>Describe Cost:</u>						
89	Other In-State Travel Costs	[Enter description here]		\$0.00			
90	Total Cost (Section F)			\$1,252.12			
91							
92	JUSTIFICATION (Please provide a detailed description of how you arrived at each of the amounts provided above. List the number of trips, the purpose of the travel and destinations, and describe which staff positions will be traveling.)						
93	Mileage for visiting with local partners as needed for operations and travel to conferences/meetings out of county, estimated at 926 miles. Travel expenses are also for 1 person to attend these or other conferences in state: WI OFR Summit (June 2023 – Portage County) (1 day); Opioid, Stimulant & Trauma Summit (2 ½ days) (3-night stay); Harm Reduction Conference (2 days in Milwaukee) (2-night stay).						

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94	G: OUT-OF-STATE TRAVEL DETAIL SUB-BUDGET						
95	Instructions: Use the detail table below to calculate costs. See instructions in Section F above for IN-STATE TRAVEL. Applicant must use the state-approved rates, unless the applicant board approves a higher rate and that rate applies to all agency programs. Rates for mileage cannot exceed current federal General Services Administration privately-owned vehicle rate, or exceed federally-allowable meal, lodging and airfare rates. (See http://www.gsa.gov/portal/content/100715 for updates on federal travel rate. See also http://www.gsa.gov/portal/content/104877 for other federally-allowed rates, and http://oser.state.wi.us/bulletins/bulletin_get.asp?bid=604 for list of 'high cost cities' for lodging). Reimbursement must be related to grant-funded activities for staff, volunteers or clients such as site visits or training. For every entry in the table, there must be a matching concise entry in the justification box below.						
96		<u>Rate</u>		<u># of People</u>		<u>Total Cost</u>	
97	Airfare	\$500.00		2		\$1,000.00	
98		<u>Rate/Roundtrip</u>		<u># of People</u>			
99	Checked baggage	\$60.00		2		\$120.00	
100		<u>Rate</u>		<u># of People</u>			
101	Conference/Meeting Registration	\$0.00				\$0.00	
102		<u>Rate/Ride</u>		<u># of Rides</u>			
103	Transportation (taxi/shuttle)	\$39.98		4		\$159.92	
104		<u>Daily Rate</u>		<u># of People</u>	<u># of Days</u>		
105	Meals	\$52.00		2	3	\$312.00	
106		<u>Nightly Rate</u>		<u># of People</u>	<u># of Nights</u>		
107	Lodging	\$179.00		2	3	\$1,074.00	
108		<u>Mileage Rate</u>		<u># of People</u>	<u># of Miles Roundtrip</u>		
109	Mileage	\$0.62		2	100	\$124.00	
110		<u>Daily Rate</u>		<u># of Cars</u>	<u># of Days</u>		
111	Parking	\$19.99		2	3	\$119.94	
112		<u>Describe Cost</u>			<u>Cost</u>		
113	Other Out-of-State Travel Costs	[Enter description here]				\$0.00	
114	Total Cost (Section G)					\$2,909.86	ADD - 2 PEOPLE
115							
116	JUSTIFICATION (Please provide a detailed description of how you arrived at each of the amounts provided above. List the number of trips, type of travel, rate per trip, the purpose of the travel and destinations, and describe which staff positions will be traveling.)						

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117	Estimated cost for National OFR Summit in Washington DC for 2 persons: For 3 nights: flight with baggage - \$560, parking - \$60, ground transportation - \$40; Hotel (\$179/night), Meals per day - \$52/day						

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118							
119	H: CONSULTANT & CONTRACTUAL DETAIL SUB-BUDGET						
120	Instructions: Use the detail table below to list total costs. List in the upper portion the total budget cost for contractors/consultants who are individuals or self-employed. List in the lower portion the total budget cost for agency or organization sub-contracts. Complete The justification with enough detail so that the reasonableness or appropriateness of the expense can be determined. For example, if the total cost for a contract listed in Section H includes multiple line items i.e. salary, fringe, travel, and supplies going to another agency or individual, then the justification should include a description and cost for each of these expenses. Contact your Contract Administrator with request for additional lines if needed. For every entry in the table, there must be a matching concise entry in the justification box below.						
121	Name of Individual Consultant/Contractor				Description of Service	Cost	
122	Individual Consultant/Contractor #1	WisHope		hours of peer support for Response Teams	\$8,700.00	REDUCE	
123	Individual Consultant/Contractor #2				\$0.00		
124	Individual Consultant/Contractor #3				\$0.00		
125	Name of Agency / Organization Contractor				Description of Service		
126	Agency Contractor #1						
127	Agency Contractor #2				\$0.00		
128	Agency Contractor #3				\$0.00		
129	Total Cost (Section H)				\$8,700.00		
130							
131	JUSTIFICATION (Please provide a detailed description of how you arrived at each of the amounts listed above. Also describe the method used to calculate the amount needed. [Examples may include unit cost and anticipated time or units, hourly rate, or daily rate.] Note also the programming, services or products each contractor/consultant will provide.)						
132	IMPLEMENTATION: WisHope to provide additional evening and weekend hours of peer support for Response Teams during peak overdose times, 145 hours X \$60 per hour.						

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133							

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4	Name of Organization:	Sauk County Health Department					
134	I - TRAININGS AND MEETINGS SUB-BUDGET						
135	Instructions: Describe total training or meeting costs for proposed funded staff, volunteers associated with the proposal or application. This category may include training costs for staff funded by this grant, volunteers associated with the proposal, and clients of the program. (Note: Training costs covered under Sections F, G, or H cannot also be covered under Section I.) Costs may also include registration fees, speaker fees and costs, meeting rooms, training materials and other supplies, and attendance at program-related conferences. Expenses for meetings can be included if they pertain to operational needs for the project or serve an educational purpose. Contact your Contract Administrator with request for additional lines if needed. For every entry in the table, there must be a matching concise entry in the justification box below.						
136		Describe Training Event and/or Trainers	Purpose of Training	Cost			
137	Training Cost Line Item 1	Crisis Intervention Team Training	Improve law enforcement	\$2,000.00	REDUCE		
138	Training Cost Line Item 2	Treatment Provider Training	Improve efficacy and quality	\$3,000.00	REDUCE		
139	Training Cost Line Item 3			\$0.00			
140	Total Cost (Section I)			\$5,000.00			
141							
142	JUSTIFICATION (Describe how you arrived at each of the training cost figures above with a description and purpose for all planned training expenditures including the number of persons to receive training. Training costs must align with the program work plan.)						
143	IMPLEMENTATION: To improve interactions between people with SUD and law enforcement, we will offer a local training Crisis Intervention Team training or provide scholarships to out of county trainings for 4 officers X \$1000 each. To improve efficacy and quality of treatment for SUD, we will provide scholarships for local treatment providers to attend conferences and trainings (such as brainspotting, improving cultural competence, ASAM, MRT, motivational interviewing, etc.) as well as related workbooks: 3 people X \$1,000 each.						
144							
145	J - ADVERTISING & PUBLIC INFORMATION SUB-BUDGET						
146	Instructions: Describe total costs for advertising and public information expenses associated with the proposed services. Costs may include materials for community outreach (e.g., design and reproduction costs for pamphlets, newsletters and posters), website hosting, and media campaigns related to the proposed program or service (e.g., print for <u>external</u> purposes, television and radio messaging, billboards). Contact your Contract Administrator with request for additional lines if needed. For every entry in the table, there must be a matching concise entry in the justification box below.						
147		Advertisement or Public Info. Item	Purpose	Cost			
148	Ad/Public Info. Line Item No. 1					REMOVE PRINTING	
149	Ad/Public Info. Line Item No. 2						
150	Ad/Public Info. Line Item No. 3			\$0.00			
151	Total Cost (Section J)			\$0.00			
152							
153	JUSTIFICATION (Provide a description of how you arrived at each of the advertising and public information figures above with a description and purpose for all planned expenses.)						

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154							
155							
156							

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4	Name of Organization:		Sauk County Health Department				
157	K - OTHER COSTS SUB-BUDGET						
158	Instructions: List the total of all other costs allocated to the proposed services that cannot be characterized under any other budget category. Include in the text box below a narrative describing any costs included in this category. Contact your Contract Administrator with request for additional lines if needed. For every entry in the table, there must be a matching concise entry in the justification box below.						
159	Describe Item		Purpose	Cost			
160	Other Costs Line Item No. 1			\$0.00			
161	Other Costs Line Item No. 2			\$0.00			
162	Other Costs Line Item No. 3			\$0.00			
163	Other Costs Line Item No. 4						
164	Other Costs Line Item No. 5						
165							
166	Total Cost (Section K)			\$0.00			
167							
168	JUSTIFICATION (Provide a description of how you arrived at each of the "Other" costs listed above with a description and purpose for all planned expenses.)						
169	[Enter justification text here]						
170							

	A	B	C	D	E	F	G
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4	Name of Organization:		Sauk County Health Department				
171	L - SUBTOTAL DIRECT COST						
172	Total Direct Cost is comprised of the sum of total costs from Section A-M. Total Direct Cost figure is listed on the Part 1 line item budget.						
173							
174	M - INDIRECT COST DETAIL						
175	<p>Instructions: "Indirect costs" are defined as costs incurred by an agency that are not readily chargeable to a particular program or function, but benefit all agency programs and functions. Costs may relate to overall directing of the organization, record keeping, business management, budgeting and related activities. In determining indirect costs, applicant agencies may follow their federally-approved indirect cost rate. If they do not have such an approved rate, applicants may use an indirect cost rate of up to 10%, as specified under state and federal Allowable Cost Policy. Note: The indirect rate referenced below cannot exceed the agency's federally-approved rate. <u>Also note that the federally approved rate may limit direct costs as they pertain to the indirect cost calculation to those of salary and fringe.</u> Use the detailed table below to calculate indirect cost total. <u>Column A:</u> Type in the direct "base cost" amount (often this is the sum of total salary and fringe benefit costs). Note: direct base cost amount may <u>never</u> exceed total direct costs as listed on Tab 1. <u>Column B:</u> Insert indirect cost rate. <u>Column C:</u> Calculates indirect cost amount (Base Cost Amt * Indirect Cost Rate). Applicant agencies using a federally-approved indirect cost rate must attach their indirect cost rate agreement letter with this budget.</p>						
176							
177	<u>Direct "Base Cost" Amount</u>	<u>Indirect Cost Rate</u>	<u>Indirect Cost Amount</u>				
178	\$0.00	0.000%	\$0.00				
179							
180	JUSTIFICATION (Provide a description of how you arrived at the Indirect Cost.)						
181	[Enter justification text here]						