**Attachment C**

* **Summary Budget Request**
  + **If applying for Part A and MAI complete a separate form for each**
  + **Provide detail about all funding sources**
  + **Provide detailed description of how you will track billing to other sources for services funded by Part A to prevent double billing**
* **Line Item Budget**
* **Budget and Justification Narrative (including Formula for Cost per Unit of Service)**
  + **Items included in cost per unit cannot be charged separately to administration**

**Summary Budget Request Part A  or MAI**

|  |  |  |  |
| --- | --- | --- | --- |
| **Core Medical Services** | **Requested Amount** | **All Other Funding Sources for this Service and Amount(s)** | **Total Funding for this Service from all Your Sources** |
| Outpatient/Ambulatory Health Services |  |  |  |
| AIDS Pharmaceutical Assistance Local |  |  |  |
| Oral Health Care |  |  |  |
| Early Intervention Services (EIS) |  |  |  |
| Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals |  |  |  |
| Mental Health Services |  |  |  |
| Medical Nutrition Therapy |  |  |  |
| Medical Case Management, including Treatment Adherence Services |  |  |  |
| Substance Abuse Outpatient Care |  |  |  |
| **Support Services** |  |  |  |
| Non-Medical Case Management Services |  |  |  |
| Emergency Financial Assistance - Food |  |  |  |
| Emergency Financial Assistance - Utilities |  |  |  |
| Emergency Financial Assistance - Pharmacy |  |  |  |
| Emergency Financial Assistance - Housing |  |  |  |
| Food Bank/Home Delivered Meals |  |  |  |
| Health Education/Risk Reduction |  |  |  |
| Other Professional Services (Legal Services) |  |  |  |
| Linguistic Services |  |  |  |
| Medical Transportation |  |  |  |
| Outreach Services |  |  |  |
| Psychosocial Support Services |  |  |  |
| Substance Abuse Services (Residential) |  |  |  |
| **Total Amount Requested** |  |  |  |

**If you have staff positions that are funded fully or partially by Part B or other sources, and you are seeking Part A funding for these services, please explain how you will manage this to prevent double billing for those services.**

**Line Item Budget Request Part A  or MAI**

|  |  |  |  |
| --- | --- | --- | --- |
| **Service Category** | **Part A or MAI Funding Request** | **Number of Units Provided** | **Anticipated Number of Clients to be Served** |
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|  |  |  |  |
| **Total Service Funds Requested** |  |  |  |
| **Administration** |  |  |  |
| **Total Amount Requested** |  |  |  |

**Please insert a sheet directly behind this form which includes:**

* Detailed narrative justification of Line Item Budget Request (including the components used to determine the amount requested for administration. If items are charged to administration they cannot also be calculated into cost per unit of service).
* Detailed formula for costs used to determine the requested cost per unit of service.

Items that are included in the cost per unit cannot be charged to administration.