



**Appendix B  
Budget Form**

**Appendix B (Budget Form)**

	<b>Start-Up Year Budget</b>	<b>Operational Year Budget</b>
<b>Staffing (Itemize below):</b>		
<b>Fringe Benefits:</b>		
<b>OTPS (include contingency):</b>		
<b>Property:</b>		
<b>Furniture /Equipment:</b>		
<b>A &amp; OH:</b>		
<b>Total Expenses:</b>		
<b>Client Contribution:</b>		
<b>OMH Funding:</b>		
<b>Total Funding/Contribution:</b>		

**Itemized Staffing (Start-Up Year Budget):**

<b>Staffing Position:</b>	<b>FTE:</b>	<b>Salary by Title:</b>	<b>Total Salary:</b>
		<b>Total:</b>	

**Itemized Staffing (Operational Year Budget):**

<b>Staffing Position:</b>	<b>FTE:</b>	<b>Salary by Title:</b>	<b>Total Salary:</b>
		<b>Total:</b>	



**Office of  
Mental Health**