PROGRAM BUDGET SUMMARY

Michigan Department of Health and Human Services

Use WHOLE DOLLARS Only

PROGRAM			DATE PREPARED		
Livingston County EMS			5/25/2023		
GRANTEE NAME			BUDGET PERIOD		
Livingston County			From: 8/16/2023 To: 9/30/2024		
MAILING ADDRESS (Number and Street)			BUDGET AGREEME	NT	AMENDMENT#
1911 Tooley Rd			✓ ORIGINAL	AMENDMENT	
CITY	STATE	ZIP CODE	FEDERAL ID NUMBE	:R	
Howell	Michigan	48855	38-6005819		
EXPENDITURE CATEGORY					TOTAL BUDGET (Use Whole Dollars)
1. SALARY & WAGES					(GGG TTHOIG BOHALO)
2. FRINGE BENEFITS					
3. EMPLOYEE TRAVEL AND TRAINING					
4. SUPPLIES & M					
5. SUBAWARDS					
6. CONTRACTUAL					
7. COMMUNICATIONS					
8. GRANTEE RENT COSTS					
9. SPACE COSTS					
10. CAPITAL EXPENDITURES - EQUIPMENT					
11. CLIENT ASSISTANCE - RENT					
12. CLIENT ASSISTANCE - OTHER					
13 OTHER EXPENSES		60 @ \$5,800			\$348,000
44 TOTAL DIDEO	T EVDENDITUDES				
14 TOTAL DIRECT EXPENDITURES (Sum of Lines 1-7)					
15 INDIRECT COSTS: Rate #1 %					
INDIRECT COSTS: Rate #2 %					
16 TOTAL EXPENDITURES					\$348,000
SOURCE OF FUNDS:					
17. FEES & COLLE					
18. STATE AGREEMENT					
19. LOCAL					
20. FEDERAL					
21. OTHER(S)					
OO TOTAL FUND	210				6040 000
22. TOTAL FUNDI	NG				\$348,000

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