



State of Utah

GARY R. HERBERT  
Governor

SPENCER J. COX  
Lieutenant Governor

DEPARTMENT OF HUMAN SERVICES

ANN SILVERBERG WILLIAMSON  
Executive Director

OFFICE OF FISCAL OPERATIONS  
JENNIFER C. EVANS  
Director

BUREAU OF CONTRACT MANAGEMENT  
STEPHANIE M. CASTRO  
Director

Vendor No.: 18704G  
Commodity Code No.: 95262

Log No.: 31515  
Procurement Type used for Contract:  
Governmental Entity

Contract No.: 140934

Subject: FRF  
(For Division Use Only)

**AMENDMENT #2**

TO BE ATTACHED TO AND MADE A PART OF the above numbered Contract between the Utah Department of Human Services, which includes the Division of Substance Abuse and Mental Health (referred to in this Amendment as "DHS" or "DHS/DSAMH");

AND

Name: Tooele County Corporation  
Address: 47 S Main Street  
Tooele, Utah 84074-2194

A Governmental Entity (referred to as the "Contractor").

**PURPOSE OF AMENDMENT:** 1) To extend the end date of the contract; 2) add \$10,808.00 in funding for FY2016, \$10,808.00 in funding for FY2017, and \$10,808.00 in funding for FY2018; 3) replace the rate table and update Parts I and II; and 4) add the FY2016, FY2017 and FY2018 Budget forms.

The parties agree to amend the Contract as follows:

1. **Part I, Section A, #2, a. "CONTRACT PERIOD AND RENEWAL PROVISIONS":** Change to read:

"This Contract is effective as of **July 1, 2013** and terminates on **June 30, 2018**, unless..."

2. **Part I, Section A, #6, paragraph titled "Actual Services/Approved Budget":**  
Replace with the following:

"DHS/DSAMH" shall pay the Contractor not more than **\$8,808.00** for the period of **July 1, 2013 – June 30, 2014**, **\$8,808.00** for the period of **July 1, 2014 – June 30, 2015**, **\$10,808.00** for the period of **July 1, 2015 – June 30, 2016**, **\$10,808.00** for the period of **July 1, 2016 – June 30, 2017**, **\$10,808.00** for the period of **July 1, 2017 – June 30, 2018** for providing the services required pursuant to this Contract. Payments for each period of funding ("funding period")

identified above shall be based on the Contractor's approved budget for that funding period and its documented costs incurred during that same period. Funding does not carry over from one funding period to the next. Any funds not expended by the end of the funding period for which they were allocated shall lapse and the Contractor shall have no further claim to the same.

3. **Part II, Section J, "INVOICES/ REIMBURSEMENT"**: Replace with the following:

1. The Contractor shall submit monthly invoices electronically to the DHS/DSAMH email account to DSAMHinvoice@utah.gov for services in accordance with Part IV. of this Contract. The invoices shall include:
  - a. A detailed description of the service required of the contractor within the scope of work of this contract that was rendered by the Contractor;
  - b. Date(s) services rendered;
  - c. Contract number;
  - d. Invoice number;
  - e. Contractor name;
  - f. Contractor's address for payment;
  - g. Contractor's phone number;
  - h. Contractor's signature; and
  - i. Expenses incurred by the Contractor as indicated by the line items in the attached Budget.
2. Invoices submitted by the Contractor to DHS/DSAMH without the required information will not be paid and shall be returned to the Contractor for completion.
3. Payments under this Contract shall be made to the Contractor through the State of Utah, Department of Administrative Services, Division of Finance (State Finance) Electronic Funds Transfer (EFT) system.
4. Prior to the submission of invoices, the Contractor shall ensure that it is enrolled in the EFT system. A Contractor not already enrolled in EFT shall obtain the form FI 16V from State Finance by sending a request to fvend@utah.gov.

5. Failure to enroll in the EFT system shall result in a delay of all payments under this Contract.

4. **Part IV, #2, a. "PAYMENT RATES":** Replace rate table with the following:

| Service Title / Tracking Code      | Amend. # | Funding Period | Funding Source / CFDA | Amendment Funding Amount |
|------------------------------------|----------|----------------|-----------------------|--------------------------|
| Family Resource Facilitation / FRF | n/a      | 7/1/13-6/30/14 | MHBG / 93.958         | \$8,808.00               |
|                                    | 1        | 7/1/14-6/30/15 | MHBG / 93.958         | \$8,808.00               |
|                                    | 2        | 7/1/15-6/30/16 | MHBG / 93.958         | \$10,808.00              |
|                                    |          | 7/1/16-6/30/17 |                       | \$10,808.00              |
|                                    |          | 7/1/17-6/30/18 |                       | \$10,808.00              |

5. **Part VI, Section B "BUDGET FORMS":** Add attached FY2016, FY2017 and FY2018 budget forms.

All other terms and conditions in the original contract remain the same.

**AUTHORITY OF PERSON SIGNING FOR THE CONTRACTOR:** The Contractor represents that the person who has signed this Amendment on behalf of the Contractor has full legal authority to bind the Contractor and to execute this Amendment.

**CONTRACTOR HAS NOT ALTERED THIS AMENDMENT:** By signing this Amendment, the Contractor represents that it has not in any way altered the language or provisions in the Amendment, and that this Amendment contains exactly the same provisions that appeared in this document and its exhibits when DHS originally sent it to the Contractor.

IN WITNESS WHEREOF, the parties sign and cause this amendment to be effective **July 1, 2015.**

CONTRACTOR

By: Wade B Bitner  
 Type or print name: WADE B BITNER  
 Title/Position: CHAIRMAN - COMMISSION  
 Tooele County Corporation  
 Date: 15 JULY 2015

DHS/DSAMH

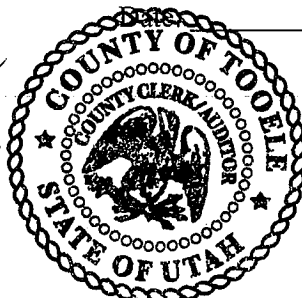
By: Doug Thomas  
 Doug Thomas, Director  
 Division of Substance Abuse and Mental Health  
 Date: 7/29/15

RECEIVED AND PROCESSED

CONTRACT RECEIVED AND PROCESSED BY  
 By: Sheri Witucki  
 Sheri Witucki, Contract Analyst  
 State Division of Finance  
 JUL 30 2015

ATTEST:

Marilyn K Gillette  
 MARILYN K GILLETTE  
 TOOELE COUNTY CLERK/AUDITOR



DHS BUDGET STATEMENT FORM

BCM Log#: 31515

WARNING: Worksheet is protected. If you remove the protection, you are responsible for the correctness of the formulas.

FRF Tooele

FY16

(Projected Revenue Current Year)

Name of Contractor: Tooele County

Name of Individual Preparing Budget: Hal Beckstrand

DHS Contract Specialist: Ray Winger

| REVENUE SOURCES                                       | TOTAL REVENUES | FUNCTIONAL REVENUE CENTERS                          |   |   |   |   |   |   | PRIOR YEAR REVENUES |
|---|----------------|---|---|---|---|---|---|---|---------------------|
|   |                | Allocation of Total Revenues Into Separate Programs |   |   |   |   |   |   |                     |
|   |                |   |   |   |   |   |   |   |                     |
| 1 This Contract (Division/Office of _____)            | 10808          |   |   |   |   |   |   |   |                     |
| 2 Other Contracts this same DHS Division/Office _____ |                |   |   |   |   |   |   |   |                     |
| 3 Contracts with other DHS Divisions (specify) _____  |                |   |   |   |   |   |   |   |                     |
| 4 Other State of Utah Departments _____               |                |   |   |   |   |   |   |   |                     |
| Local Units of Government: _____                      |                |   |   |   |   |   |   |   |                     |
| 5 City (specify) _____                                |                |   |   |   |   |   |   |   |                     |
| 6 County (specify) _____                              |                |   |   |   |   |   |   |   |                     |
| 7 Associations of Governments (specify) _____         |                |   |   |   |   |   |   |   |                     |
| 8 Federal Block Grants (specify) _____                |                |   |   |   |   |   |   |   |                     |
| 9 Other Federal Programs (specify) _____              |                |   |   |   |   |   |   |   |                     |
| 10 Collections and Fees from clients _____            |                |   |   |   |   |   |   |   |                     |
| 11 United Way Funding _____                           |                |   |   |   |   |   |   |   |                     |
| 12 Other contributions (specify) _____                |                |   |   |   |   |   |   |   |                     |
| 13 Other Organizations (specify) _____                |                |   |   |   |   |   |   |   |                     |
| 14 Special Fund Raising _____                         |                |   |   |   |   |   |   |   |                     |
| 15 Prior Years Excess Funds (Estimate) _____          |                |   |   |   |   |   |   |   |                     |
| 16 Miscellaneous (specify) _____                      |                |   |   |   |   |   |   |   |                     |
| 17 TOTAL REVENUE                                      | 10808          | 0   | 0 | 0 | 0 | 0 | 0 | 0 | 0                   |
| A   | B              | C   | D | E | F | G | H | I |                     |

DHS BUDGET STATEMENT FORM

WARNING: Worksheet is protected. If you remove the protection, you are responsible for the correctness of the formulas.

Name of Contractor: Tooele County

BCM Log#: 31515

| CATEGORY I<br>ADMINISTRATION EXPENSES  | TOTAL<br>EXPENSES | FUNCTIONAL EXPENSE CENTERS                          |          |          |          |          |          |          | THIS<br>CONTRACT<br>EXPENSES | PRIOR YEAR<br>CONTRACT<br>EXPENSES |
|--|-------------------|---|----------|----------|----------|----------|----------|----------|------------------------------|------------------------------------|
|  |                   | Allocation of Total Expenses Into Separate Programs |          |          |          |          |          |          |                              |                                    |
| 1 Salaries *(from salary schedule, page 7)   | -                 |   |          |          |          |          |          |          |                              |                                    |
| 2 Fringe Benefits (employer taxes, health insurance, etc)  |                   |   |          |          |          |          |          |          |                              |                                    |
| 3 Travel/Transportation (vehicle mileage, etc)   |                   |   |          |          |          |          |          |          |                              |                                    |
| 4 Space Costs (rent, mortgage, lease)  |                   |   |          |          |          |          |          |          |                              |                                    |
| 5 Utilities (heat, electricity, water, garbage/sewage)   |                   |   |          |          |          |          |          |          |                              |                                    |
| 6 Communications (telephones, postage, etc.)   |                   |   |          |          |          |          |          |          |                              |                                    |
| 7 Equipment/Furniture (under \$5,000 per item-computer, desk, table, chair, cabinet, etc.)   |                   |   |          |          |          |          |          |          |                              |                                    |
| 8 Supplies/Maintenance (Office items, shipping, postage)   |                   |   |          |          |          |          |          |          |                              |                                    |
| 9 Miscellaneous  |                   |   |          |          |          |          |          |          |                              |                                    |
| 10 Conferences/Workshops   |                   |   |          |          |          |          |          |          |                              |                                    |
| 11 Insurance (property/casualty, auto, professional, etc)  |                   |   |          |          |          |          |          |          |                              |                                    |
| 12 Professional Fees/Contract Services   |                   |   |          |          |          |          |          |          |                              |                                    |
| 13 CATEGORY I TOTAL ADMINISTRATION EXPENSES  | 0                 | 0   | 0        | 0        | 0        | 0        | 0        | 0        | 0                            | 0                                  |
| <b>CATEGORY II<br/>CAPITAL EXPENDITURES</b><br>(Equipment costing \$5,000 or more or as determined for financial reporting purposes) |                   |   |          |          |          |          |          |          |                              |                                    |
| 14 For example: vehicles, buildings, lease improvements  |                   |   |          |          |          |          |          |          |                              |                                    |
| 15 CATEGORY II TOTAL CAPITAL EXPENDITURES  | 0                 | 0   | 0        | 0        | 0        | 0        | 0        | 0        | 0                            | 0                                  |
| <b>A</b>   | <b>B</b>          | <b>C</b>  | <b>D</b> | <b>E</b> | <b>F</b> | <b>G</b> | <b>H</b> | <b>I</b> | <b>J</b>                     |                                    |

| CATEGORY: III<br>PROGRAM EXPENSES                          | TOTAL<br>EXPENSES | FUNCTIONAL EXPENSE CENTERS                          |   |   |   |   |   | PRIOR YEAR<br>CONTRACT<br>EXPENSES |   |
|--|-------------------|---|---|---|---|---|---|------------------------------------|---|
|  |                   | Allocation of Total Expenses Into Separate Programs |   |   |   |   |   |                                    |   |
|  |                   |   |   |   |   |   |   |                                    |   |
| 1. Salaries *(from salary schedule, page 7)                | 10808             |   |   |   |   |   |   | 10808                              |   |
| 2. Fringe Benefits (employer taxes, insurance, retirement) |                   |   |   |   |   |   |   |                                    |   |
| 3. Travel/Transportation                                   |                   |   |   |   |   |   |   |                                    |   |
| Mileage  |                   |   |   |   |   |   |   |                                    |   |
| Vehicle Lease  |                   |   |   |   |   |   |   |                                    |   |
| Vehicle Depreciation                                       |                   |   |   |   |   |   |   |                                    |   |
| Vehicle Repairs/Supplies                                   |                   |   |   |   |   |   |   |                                    |   |
| Other (specify)  |                   |   |   |   |   |   |   |                                    |   |
| 4. Space Costs   |                   |   |   |   |   |   |   |                                    |   |
| Rent/Lease   |                   |   |   |   |   |   |   |                                    |   |
| Depreciation   |                   |   |   |   |   |   |   |                                    |   |
| Property Taxes   |                   |   |   |   |   |   |   |                                    |   |
| Other (specify)  |                   |   |   |   |   |   |   |                                    |   |
| 5. Utilities   |                   |   |   |   |   |   |   |                                    |   |
| Power  |                   |   |   |   |   |   |   |                                    |   |
| Heat   |                   |   |   |   |   |   |   |                                    |   |
| Water/Sewer  |                   |   |   |   |   |   |   |                                    |   |
| Other (specify)  |                   |   |   |   |   |   |   |                                    |   |
| 6. Communications  |                   |   |   |   |   |   |   |                                    |   |
| Telephone  |                   |   |   |   |   |   |   |                                    |   |
| Postage/shipping   |                   |   |   |   |   |   |   |                                    |   |
| Other (specify)  |                   |   |   |   |   |   |   |                                    |   |
| 7. Equipment/Furniture (Under \$5,000)                     |                   |   |   |   |   |   |   |                                    |   |
| Rent/Lease   |                   |   |   |   |   |   |   |                                    |   |
| Repair/Maintenance   |                   |   |   |   |   |   |   |                                    |   |
| Depreciation   |                   |   |   |   |   |   |   |                                    |   |
| Other (specify)  |                   |   |   |   |   |   |   |                                    |   |
| 8. SUB TOTAL PAGE 3  | 10808             | 0   | 0 | 0 | 0 | 0 | 0 | 10808                              | 0 |
| A  |                   | B   | C | D | E | F | G | H                                  | I |
|  |                   |   |   |   |   |   |   |                                    | J |

| CATEGORY III<br>PROGRAM EXPENSES  | TOTAL<br>EXPENSES | FUNCTIONAL EXPENSE CENTERS                          |   |   |   | PRIOR YEAR<br>CONTRACT<br>EXPENSES |
|---|-------------------|---|---|---|---|------------------------------------|
|   |                   | Allocation of Total Expenses Into Separate Programs |   |   |   |                                    |
|   |                   |   |   |   |   |                                    |
| 9. Supplies/Maintenance<br>Program Services<br>Food<br>Maintenance<br>Office expenses<br>Other (specify)            |                   |   |   |   |   |                                    |
| 10. Miscellaneous<br>Printing/Copying<br>Books/Subscriptions<br>Licenses/Permits<br>Taxes<br>Other (specify)        |                   |   |   |   |   |                                    |
| 11. Conferences/Workshops<br>Out of Town Travel, room, meals, etc.<br>Transportation<br>Per Diem<br>Other (specify) |                   |   |   |   |   |                                    |
| 12. Insurance   |                   |   |   |   |   |                                    |
| 13. Professional Fees/Contractual Services<br>Sub-Contracts<br>Other (specify)                                      |                   |   |   |   |   |                                    |
| 14. Client Cost<br>Direct payments to Clients<br>Payments made in behalf of clients<br>Other (specify)              |                   |   |   |   |   |                                    |
| 15. SUB TOTAL PAGE 4  | 0                 | 0   | 0 | 0 | 0 | 0                                  |
| 16. CATEGORY III TOTAL (PROGRAM EXPENSES)   | 10808             | 0   | 0 | 0 | 0 | 10808                              |
| 17. TOTAL EXPENSES (CATEGORIES I, II, III)  | 10808             | 0   | 0 | 0 | 0 | 10808                              |
| A   | B                 | C   | D | E | F | G                                  |
|   | H                 | I   | J |   |   |                                    |

DHS BUDGET JUSTIFICATION FORM

Name of Contractor: Tooele County

Provide back-up justification of the total shown for the following Budget categories. Include individual sub-categories if different back-up data (rate basis of estimate costs, etc.) apply. If this contract is for more than one service and costs are allocated between cost centers, explain cost allocation basis. Attach additional pages if necessary

| EXPENSE CATEGORY  | JUSTIFICATION BASIS - ALLOCATION PLAN (Explain how the expenses were determined) |
|---|--|
| <p><b>Category I - Administration Expenses</b><br/>                     Total administration expenses may not exceed 25% of total program expenses (Category III)</p> <ol style="list-style-type: none"> <li>1. Salaries</li> <li>2. Fringe Benefits</li> <li>3. Travel/Transportation</li> <li>4. Space Cost</li> <li>5. Utilities</li> <li>6. Communications</li> <li>7. Equipment/Furniture (not capitalized or depreciated)</li> <li>8. Supplies/Maintenance</li> <li>9. Miscellaneous</li> <li>10. Conferences/Workshops</li> <li>11. Insurance (property/casualty, auto, professional, etc)</li> <li>12. Professional Fees/Contract Services</li> </ol> |  |
| <p><b>Category II--Capital Expenditures</b></p>   |  |

BCM Log#: 31515



**EXPENSE CATEGORY** **JUSTIFICATION BASIS -- ALLOCATION PLAN (Explain how the expenses were determined)**

**Category III Program Expenses**

|   |   |
|---|---|
| <ol style="list-style-type: none"> <li>1. Salaries</li> <li>2. Fringe Benefits</li> <li>3. Travel/Transportation</li> <li>4. Space Cost</li> <li>5. Utilities</li> <li>6. Communications</li> <li>7. Equipment/Furniture (not capitalized or depreciated)</li> <li>Page 4</li> <li>9. Supplies/Maintenance</li> <li>10. Miscellaneous</li> <li>11. Conferences/Workshops</li> <li>12. Insurance</li> <li>13. Professional Fees/Contract Services</li> <li>14. Client/Costs</li> </ol> | <p>9 hrs a week for Family Resource Facilitator</p> |
|---|---|

DHS SALARY SCHEDULE FORM

Name of Contractor: Tooele County

WARNING: Worksheet is protected. If you remove the protection, you are responsible for the correctness of the formulas.

BCM Log#: 31515

| NAME            | TITLE                               | TOTAL SALARY                        | TOTAL ADMIN. SALARY                 | %                                   | This Contract ADMIN SALARY          | %                                   | TOTAL PROGRAM SALARY                 | %                                    | This Contract PROGRAM SALARY         | %          |
|-----------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|------------|
| Teresa Galloway | FRF                                 | 10808                               |                                     | 0                                   |                                     |                                     | 10808                                | 100                                  | 10808                                | 100        |
|                 |                                     |                                     |                                     | -                                   |                                     |                                     |                                      | -                                    |                                      | -          |
|                 |                                     |                                     |                                     | -                                   |                                     |                                     |                                      | -                                    |                                      | -          |
|                 |                                     |                                     |                                     | -                                   |                                     |                                     |                                      | -                                    |                                      | -          |
|                 |                                     |                                     |                                     | -                                   |                                     |                                     |                                      | -                                    |                                      | -          |
|                 |                                     |                                     |                                     | -                                   |                                     |                                     |                                      | -                                    |                                      | -          |
|                 |                                     |                                     |                                     | -                                   |                                     |                                     |                                      | -                                    |                                      | -          |
|                 |                                     |                                     |                                     | -                                   |                                     |                                     |                                      | -                                    |                                      | -          |
|                 |                                     |                                     |                                     | -                                   |                                     |                                     |                                      | -                                    |                                      | -          |
|                 |                                     |                                     |                                     | -                                   |                                     |                                     |                                      | -                                    |                                      | -          |
|                 |                                     |                                     |                                     | -                                   |                                     |                                     |                                      | -                                    |                                      | -          |
|                 |                                     |                                     |                                     | -                                   |                                     |                                     |                                      | -                                    |                                      | -          |
|                 |                                     |                                     |                                     | -                                   |                                     |                                     |                                      | -                                    |                                      | -          |
|                 |                                     |                                     |                                     | -                                   |                                     |                                     |                                      | -                                    |                                      | -          |
|                 |                                     |                                     |                                     | -                                   |                                     |                                     |                                      | -                                    |                                      | -          |
|                 |                                     |                                     |                                     | -                                   |                                     |                                     |                                      | -                                    |                                      | -          |
|                 |                                     |                                     |                                     | -                                   |                                     |                                     |                                      | -                                    |                                      | -          |
|                 |                                     |                                     |                                     | -                                   |                                     |                                     |                                      | -                                    |                                      | -          |
|                 |                                     |                                     |                                     | -                                   |                                     |                                     |                                      | -                                    |                                      | -          |
|                 |                                     |                                     |                                     | -                                   |                                     |                                     |                                      | -                                    |                                      | -          |
|                 |                                     |                                     |                                     | -                                   |                                     |                                     |                                      | -                                    |                                      | -          |
| <b>TOTALS</b>   | <b>↔</b>                            | <b>10808</b>                        | <b>-</b>                            | <b>-</b>                            | <b>-</b>                            | <b>-</b>                            | <b>10808</b>                         | <b>100</b>                           | <b>10808</b>                         | <b>100</b> |
| <b>A</b>        | <b>B</b>                            | <b>C</b>                            | <b>D</b>                            |                                     | <b>E</b>                            |                                     | <b>F</b>                             |                                      | <b>G</b>                             |            |
|                 | Total to page 2<br>Line 1, column B | Total to page 2<br>Line 1, column B | Total to page 2<br>Line 1, column B | Total to page 2<br>Line 1, column I | Total to page 2<br>Line 1, column I | Total to page 2<br>Line 1, column I | Total to page 3,<br>Line 1, column B | Total to page 3,<br>Line 1, column I | Total to page 3,<br>Line 1, column I |            |

\*Indicate Part Time Employees

DHS BUDGET STATEMENT FORM

BCM Log#: 31515

WARNING: Worksheet is protected. If you remove the protection, you are responsible for the correctness of the formulas.

FRF Tooele  
FY17

(Projected Revenue  
Current Year)

Name of Contractor: Tooele County

Name of Individual Preparing Budget: Hal Beckstrand

DHS Contract Specialist: Ray Winger

| REVENUE SOURCES                                       | TOTAL REVENUES | FUNCTIONAL REVENUE CENTERS                          |   |   |   |   |   |   |   |   |   | PRIOR YEAR REVENUES |
|---|----------------|---|---|---|---|---|---|---|---|---|---|---------------------|
|   |                | Allocation of Total Revenues into Separate Programs |   |   |   |   |   |   |   |   |   |                     |
|   |                |   |   |   |   |   |   |   |   |   |   |                     |
| 1 This Contract (Division/Office of _____)            | 10808          |   |   |   |   |   |   |   |   |   |   |                     |
| 2 Other Contracts this same DHS Division/Office _____ |                |   |   |   |   |   |   |   |   |   |   |                     |
| 3 Contracts with other DHS Divisions (specify) _____  |                |   |   |   |   |   |   |   |   |   |   |                     |
| 4 Other State of Utah Departments _____               |                |   |   |   |   |   |   |   |   |   |   |                     |
| Local Units of Government:                            |                |   |   |   |   |   |   |   |   |   |   |                     |
| 5 City (specify) _____                                |                |   |   |   |   |   |   |   |   |   |   |                     |
| 6 County (specify) _____                              |                |   |   |   |   |   |   |   |   |   |   |                     |
| 7 Associations of Governments (specify) _____         |                |   |   |   |   |   |   |   |   |   |   |                     |
| 8 Federal Block Grants (specify) _____                |                |   |   |   |   |   |   |   |   |   |   |                     |
| 9 Other Federal Programs (specify) _____              |                |   |   |   |   |   |   |   |   |   |   |                     |
| 10 Collections and Fees from clients _____            |                |   |   |   |   |   |   |   |   |   |   |                     |
| 11 United Way Funding _____                           |                |   |   |   |   |   |   |   |   |   |   |                     |
| 12 Other contributions (specify) _____                |                |   |   |   |   |   |   |   |   |   |   |                     |
| 13 Other Organizations (specify) _____                |                |   |   |   |   |   |   |   |   |   |   |                     |
| 14 Special Fund Raising _____                         |                |   |   |   |   |   |   |   |   |   |   |                     |
| 15 Prior Years Excess Funds (Estimate) _____          |                |   |   |   |   |   |   |   |   |   |   |                     |
| 16 Miscellaneous (specify) _____                      |                |   |   |   |   |   |   |   |   |   |   |                     |
| 17 TOTAL REVENUE                                      | 10808          | 0   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0                   |
| A   | B              | C   | D | E | F | G | H | I |   |   |   |                     |

DHS BUDGET STATEMENT FORM

WARNING: Worksheet is protected. If you remove the protection, you are responsible for the correctness of the formulas.

Name of Contractor: Tooele County

BCM Log#: 31515

| CATEGORY I<br>ADMINISTRATION EXPENSES   | TOTAL<br>EXPENSES | FUNCTIONAL EXPENSE CENTERS                          |          |          |          |          |          | THIS<br>CONTRACT<br>EXPENSES | PRIOR YEAR<br>CONTRACT<br>EXPENSES |
|---|-------------------|---|----------|----------|----------|----------|----------|------------------------------|------------------------------------|
|   |                   | Allocation of Total Expenses Into Separate Programs |          |          |          |          |          |                              |                                    |
| 1 Salaries *(from salary schedule, page 7)  | -                 |   |          |          |          |          |          |                              |                                    |
| 2 Fringe Benefits (employer taxes, health insurance, etc)   |                   |   |          |          |          |          |          |                              |                                    |
| 3 Travel/Transportation (vehicle mileage, etc)  |                   |   |          |          |          |          |          |                              |                                    |
| 4 Space Costs (rent, mortgage, lease)   |                   |   |          |          |          |          |          |                              |                                    |
| 5 Utilities (heat, electricity, water, garbage/sewage)  |                   |   |          |          |          |          |          |                              |                                    |
| 6 Communications (telephones, postage, etc.)  |                   |   |          |          |          |          |          |                              |                                    |
| 7 Equipment/Furniture (under \$5,000 per item-computer, desk, table, chair, cabinet, etc.)  |                   |   |          |          |          |          |          |                              |                                    |
| 8 Supplies/Maintenance (Office items, shipping, postage)  |                   |   |          |          |          |          |          |                              |                                    |
| 9 Miscellaneous   |                   |   |          |          |          |          |          |                              |                                    |
| 10 Conferences/Workshops  |                   |   |          |          |          |          |          |                              |                                    |
| 11 Insurance (property/casualty, auto, professional, etc)   |                   |   |          |          |          |          |          |                              |                                    |
| 12 Professional Fees/Contract Services  |                   |   |          |          |          |          |          |                              |                                    |
| 13 CATEGORY I TOTAL ADMINISTRATION EXPENSES   | 0                 | 0   | 0        | 0        | 0        | 0        | 0        | 0                            | 0                                  |
| <b>CATEGORY II<br/>CAPITAL EXPENDITURES</b><br><small>(Equipment costing \$5,000 or more or as determined for financial reporting purposes)</small> |                   |   |          |          |          |          |          |                              |                                    |
| 14 For example: vehicles, buildings, lease improvements   |                   |   |          |          |          |          |          |                              |                                    |
| 15 CATEGORY II TOTAL CAPITAL EXPENDITURES   | 0                 | 0   | 0        | 0        | 0        | 0        | 0        | 0                            | 0                                  |
| <b>A</b>  | <b>B</b>          | <b>C</b>  | <b>D</b> | <b>E</b> | <b>F</b> | <b>G</b> | <b>H</b> | <b>I</b>                     | <b>J</b>                           |

DHS BUDGET STATEMENT FORM  
 BCM Log#: 31515

Name of Contractor: Tooele County

| CATEGORY III<br>PROGRAM EXPENSES                           | TOTAL<br>EXPENSES | FUNCTIONAL EXPENSE CENTERS                          |   |   |   |   |   |   | THIS<br>CONTRACT<br>EXPENSES | PRIOR YEAR<br>CONTRACT<br>EXPENSES |
|--|-------------------|---|---|---|---|---|---|---|------------------------------|------------------------------------|
|  |                   | Allocation of Total Expenses Into Separate Programs |   |   |   |   |   |   |                              |                                    |
|  |                   |   |   |   |   |   |   |   |                              |                                    |
| 1. Salaries *(from salary schedule, page 7)                | 10808             |   |   |   |   |   |   |   | 10808                        |                                    |
| 2. Fringe Benefits (employer taxes, insurance, retirement) |                   |   |   |   |   |   |   |   |                              |                                    |
| 3. Travel/Transportation                                   |                   |   |   |   |   |   |   |   |                              |                                    |
| Mileage  |                   |   |   |   |   |   |   |   |                              |                                    |
| Vehicle Lease  |                   |   |   |   |   |   |   |   |                              |                                    |
| Vehicle Depreciation                                       |                   |   |   |   |   |   |   |   |                              |                                    |
| Vehicle Repairs/Supplies                                   |                   |   |   |   |   |   |   |   |                              |                                    |
| Other (specify)  |                   |   |   |   |   |   |   |   |                              |                                    |
| 4. Space Costs   |                   |   |   |   |   |   |   |   |                              |                                    |
| Rent/Lease   |                   |   |   |   |   |   |   |   |                              |                                    |
| Depreciation   |                   |   |   |   |   |   |   |   |                              |                                    |
| Property Taxes   |                   |   |   |   |   |   |   |   |                              |                                    |
| Other (specify)  |                   |   |   |   |   |   |   |   |                              |                                    |
| 5. Utilities   |                   |   |   |   |   |   |   |   |                              |                                    |
| Power  |                   |   |   |   |   |   |   |   |                              |                                    |
| Heat   |                   |   |   |   |   |   |   |   |                              |                                    |
| Water/Sewer  |                   |   |   |   |   |   |   |   |                              |                                    |
| Other (specify)  |                   |   |   |   |   |   |   |   |                              |                                    |
| 6. Communications  |                   |   |   |   |   |   |   |   |                              |                                    |
| Telephone  |                   |   |   |   |   |   |   |   |                              |                                    |
| Postage/shipping   |                   |   |   |   |   |   |   |   |                              |                                    |
| Other (specify)  |                   |   |   |   |   |   |   |   |                              |                                    |
| 7. Equipment/Furniture (Under \$5,000)                     |                   |   |   |   |   |   |   |   |                              |                                    |
| Rent/Lease   |                   |   |   |   |   |   |   |   |                              |                                    |
| Repair/Maintenance   |                   |   |   |   |   |   |   |   |                              |                                    |
| Depreciation   |                   |   |   |   |   |   |   |   |                              |                                    |
| Other (specify)  |                   |   |   |   |   |   |   |   |                              |                                    |
| 8. SUB TOTAL PAGE 3  | 10808             | 0   | 0 | 0 | 0 | 0 | 0 | 0 | 0                            | 10808                              |
| A  | B                 | C   | D | E | F | G | H | I | J                            |                                    |

BCM Log#: 31515  
 DHS BUDGET STATEMENT FORM

Name of Contractor: Tooele County

| CATEGORY III<br>PROGRAM EXPENSES  | TOTAL<br>EXPENSES | FUNCTIONAL EXPENSE CENTERS                          |   |   |   |   |       | PRIOR YEAR<br>CONTRACT<br>EXPENSES |
|---|-------------------|---|---|---|---|---|-------|------------------------------------|
|   |                   | Allocation of Total Expenses Into Separate Programs |   |   |   |   |       |                                    |
| 9. Supplies/Maintenance<br>Program Services<br>Food<br>Maintenance<br>Office expenses<br>Other (specify)            |                   |   |   |   |   |   |       |                                    |
| 10. Miscellaneous<br>Printing/Copying<br>Books/Subscriptions<br>Licenses/Permits<br>Taxes<br>Other (specify)        |                   |   |   |   |   |   |       |                                    |
| 11. Conferences/Workshops<br>Out of Town Travel, room, meals, etc.<br>Transportation<br>Per Diem<br>Other (specify) |                   |   |   |   |   |   |       |                                    |
| 12. Insurance   |                   |   |   |   |   |   |       |                                    |
| 13. Professional Fees/Contractual Services<br>Sub-Contracts<br>Other (specify)                                      |                   |   |   |   |   |   |       |                                    |
| 14. Client Cost<br>Direct payments to Clients<br>Payments made in behalf of clients<br>Other (specify)              |                   |   |   |   |   |   |       |                                    |
| 15. SUB TOTAL PAGE 4  | 0                 | 0   | 0 | 0 | 0 | 0 | 0     | 0                                  |
| 16. CATEGORY III TOTAL (PROGRAM EXPENSES)   | 10808             | 0   | 0 | 0 | 0 | 0 | 10808 | 0                                  |
| 17. TOTAL EXPENSES (CATEGORIES I, II, III)  | 10808             | 0   | 0 | 0 | 0 | 0 | 10808 | 0                                  |
| A   | B                 | C   | D | E | F | G | H     | J                                  |

DHS BUDGET JUSTIFICATION FORM

Name of Contractor: Tooele County

Provide back-up justification of the total shown for the following Budget categories. Include individual sub-categories if different back-up data (rate basis of estimate costs, etc.) apply. If this contract is for more than one service and costs are allocated between cost centers, explain cost allocation basis. Attach additional pages if necessary

| EXPENSE CATEGORY  | JUSTIFICATION BASIS -- ALLOCATION PLAN (Explain how the expenses were determined) |
|---|---|
| <p><b>Category I Administration Expenses</b><br/>                     Total administration expenses may not exceed 25% of total program expenses (Category III)</p> <ol style="list-style-type: none"> <li>1. Salaries</li> <li>2. Fringe Benefits</li> <li>3. Travel/Transportation</li> <li>4. Space Cost</li> <li>5. Utilities</li> <li>6. Communications</li> <li>7. Equipment/Furniture (not capitalized or depreciated)</li> <li>8. Supplies/Maintenance</li> <li>9. Miscellaneous</li> <li>10. Conferences/Workshops</li> <li>11. Insurance (property/casualty, auto, professional, etc)</li> <li>12. Professional Fees/Contract Services</li> </ol> |   |
| <p><b>Category II--Capital Expenditures</b></p>   |   |

BCM Log#: 31515

**JUSTIFICATION BASIS - ALLOCATION PLAN (Explain how the expenses were determined)**

**Category III Program Expenses**

1. Salaries

9 hrs a week for Family Resource Facilitator

2. Fringe Benefits

3. Travel/Transportation

4. Space Cost

5. Utilities

6. Communications

7. Equipment/Furniture (not capitalized or depreciated)

Page 4

9. Supplies/Maintenance

10. Miscellaneous

11. Conferences/Workshops

12. Insurance

13. Professional Fees/Contract Services

14. Client Costs



**DHS SALARY SCHEDULE FORM**

WARNING: Worksheet is protected. If you remove the protection, you are responsible for the correctness of the formulas.

Name of Contractor: Tooele County

BCM Log#: 31515

| NAME            | TITLE    | TOTAL SALARY | TOTAL ADMIN. SALARY                 | %                                   | This Contract ADMIN SALARY           | %                                    | TOTAL PROGRAM SALARY | %   | This Contract PROGRAM SALARY | %   |
|-----------------|----------|--------------|-------------------------------------|-------------------------------------|--------------------------------------|--------------------------------------|----------------------|-----|------------------------------|-----|
| Teresa Galloway | FRF      | 10808        |                                     |                                     |                                      | 0                                    | 10808                | 100 | 10808                        | 100 |
|                 |          |              |                                     |                                     |                                      | -                                    |                      | -   |                              | -   |
|                 |          |              |                                     |                                     |                                      | -                                    |                      | -   |                              | -   |
|                 |          |              |                                     |                                     |                                      | -                                    |                      | -   |                              | -   |
|                 |          |              |                                     |                                     |                                      | -                                    |                      | -   |                              | -   |
|                 |          |              |                                     |                                     |                                      | -                                    |                      | -   |                              | -   |
|                 |          |              |                                     |                                     |                                      | -                                    |                      | -   |                              | -   |
|                 |          |              |                                     |                                     |                                      | -                                    |                      | -   |                              | -   |
|                 |          |              |                                     |                                     |                                      | -                                    |                      | -   |                              | -   |
|                 |          |              |                                     |                                     |                                      | -                                    |                      | -   |                              | -   |
|                 |          |              |                                     |                                     |                                      | -                                    |                      | -   |                              | -   |
|                 |          |              |                                     |                                     |                                      | -                                    |                      | -   |                              | -   |
|                 |          |              |                                     |                                     |                                      | -                                    |                      | -   |                              | -   |
|                 |          |              |                                     |                                     |                                      | -                                    |                      | -   |                              | -   |
|                 |          |              |                                     |                                     |                                      | -                                    |                      | -   |                              | -   |
|                 |          |              |                                     |                                     |                                      | -                                    |                      | -   |                              | -   |
|                 |          |              |                                     |                                     |                                      | -                                    |                      | -   |                              | -   |
|                 |          |              |                                     |                                     |                                      | -                                    |                      | -   |                              | -   |
|                 |          |              |                                     |                                     |                                      | -                                    |                      | -   |                              | -   |
|                 |          |              |                                     |                                     |                                      | -                                    |                      | -   |                              | -   |
|                 |          |              |                                     |                                     |                                      | -                                    |                      | -   |                              | -   |
|                 |          |              |                                     |                                     |                                      | -                                    |                      | -   |                              | -   |
|                 |          |              |                                     |                                     |                                      | -                                    |                      | -   |                              | -   |
|                 |          |              |                                     |                                     |                                      | -                                    |                      | -   |                              | -   |
|                 |          |              |                                     |                                     |                                      | -                                    |                      | -   |                              | -   |
| <b>TOTALS</b> ⇨ |          | 10808        |                                     |                                     |                                      | -                                    | 10808                | 100 | 10808                        | 100 |
| <b>A</b>        | <b>B</b> | <b>C</b>     | <b>D</b>                            | <b>E</b>                            | <b>F</b>                             | <b>G</b>                             |                      |     |                              |     |
|                 |          |              | Total to page 2<br>Line 1, column B | Total to page 2<br>Line 1, column I | Total to page 3,<br>Line 1, column B | Total to page 3,<br>Line 1, column I |                      |     |                              |     |

\*Indicate Part Time Employees

DHS BUDGET STATEMENT FORM

BCM Log#: 31515

WARNING: Worksheet is protected. If you remove the protection, you are responsible for the correctness of the formulas.

Name of Contractor: Tooele County  
 Name of Individual Preparing Budget: Hal Beckstrand  
 DHS Contract Specialist: Ray Winger

FRF Tooele  
 FY18  
 (Projected Revenue Current Year)

| REVENUE SOURCES                                       | TOTAL REVENUES | FUNCTIONAL REVENUE CENTERS                          |   |   |   |   |   |   | PRIOR YEAR REVENUES |
|---|----------------|---|---|---|---|---|---|---|---------------------|
|   |                | Allocation of Total Revenues Into Separate Programs |   |   |   |   |   |   |                     |
| A   | B              | C   | D | E | F | G | H | I |                     |
| 1 This Contract (Division/Office of _____)            | 10808          |   |   |   |   |   |   |   |                     |
| 2 Other Contracts this same DHS Division/Office _____ |                |   |   |   |   |   |   |   |                     |
| 3 Contracts with other DHS Divisions (specify) _____  |                |   |   |   |   |   |   |   |                     |
| 4 Other State of Utah Departments _____               |                |   |   |   |   |   |   |   |                     |
| Local Units of Government: _____                      |                |   |   |   |   |   |   |   |                     |
| 5 City (specify) _____                                |                |   |   |   |   |   |   |   |                     |
| 6 County (specify) _____                              |                |   |   |   |   |   |   |   |                     |
| 7 Associations of Governments (specify) _____         |                |   |   |   |   |   |   |   |                     |
| 8 Federal Block Grants (specify) _____                |                |   |   |   |   |   |   |   |                     |
| 9 Other Federal Programs (specify) _____              |                |   |   |   |   |   |   |   |                     |
| 10 Collections and Fees from clients _____            |                |   |   |   |   |   |   |   |                     |
| 11 United Way Funding _____                           |                |   |   |   |   |   |   |   |                     |
| 12 Other contributions (specify) _____                |                |   |   |   |   |   |   |   |                     |
| 13 Other Organizations (specify) _____                |                |   |   |   |   |   |   |   |                     |
| 14 Special Fund Raising _____                         |                |   |   |   |   |   |   |   |                     |
| 15 Prior Years Excess Funds (Estimate) _____          |                |   |   |   |   |   |   |   |                     |
| 16 Miscellaneous (specify) _____                      |                |   |   |   |   |   |   |   |                     |
| 17 TOTAL REVENUE                                      | 10808          | 0   | 0 | 0 | 0 | 0 | 0 | 0 |                     |
| A   | B              | C   | D | E | F | G | H | I |                     |

DHS BUDGET STATEMENT FORM

WARNING: Worksheet is protected. If you remove the protection, you are responsible for the correctness of the formulas.

Name of Contractor: Tooele County

BCM Log#: 31515

| CATEGORY I<br>ADMINISTRATION EXPENSES   | TOTAL<br>EXPENSES | FUNCTIONAL EXPENSE CENTERS<br>Allocation of Total Expenses Into Separate Programs |          |          |          |          |          |          | THIS<br>CONTRACT<br>EXPENSES | PRIOR YEAR<br>CONTRACT<br>EXPENSES |
|---|-------------------|---|----------|----------|----------|----------|----------|----------|------------------------------|------------------------------------|
|   |                   |   |          |          |          |          |          |          |                              |                                    |
| 1 Salaries *(from salary schedule, page 7)  | -                 |   |          |          |          |          |          |          | -                            |                                    |
| 2 Fringe Benefits (employer taxes, health insurance, etc)   |                   |   |          |          |          |          |          |          |                              |                                    |
| 3 Travel/Transportation (vehicle mileage, etc)  |                   |   |          |          |          |          |          |          |                              |                                    |
| 4 Space Costs (rent, mortgage, lease)   |                   |   |          |          |          |          |          |          |                              |                                    |
| 5 Utilities (heat, electricity, water, garbage/sewage)  |                   |   |          |          |          |          |          |          |                              |                                    |
| 6 Communications (telephones, postage, etc.)  |                   |   |          |          |          |          |          |          |                              |                                    |
| 7 Equipment/Furniture (under \$5,000 per item-computer, desk, table, chair, cabinet, etc.)  |                   |   |          |          |          |          |          |          |                              |                                    |
| 8 Supplies/Maintenance (Office items, shipping, postage)  |                   |   |          |          |          |          |          |          |                              |                                    |
| 9 Miscellaneous   |                   |   |          |          |          |          |          |          |                              |                                    |
| 10 Conferences/Workshops  |                   |   |          |          |          |          |          |          |                              |                                    |
| 11 Insurance (property/casualty, auto, professional, etc)   |                   |   |          |          |          |          |          |          |                              |                                    |
| 12 Professional Fees/Contract Services  |                   |   |          |          |          |          |          |          |                              |                                    |
| 13 CATEGORY I TOTAL ADMINISTRATION EXPENSES   | 0                 | 0   | 0        | 0        | 0        | 0        | 0        | 0        | 0                            | 0                                  |
| <b>CATEGORY II<br/>CAPITAL EXPENDITURES</b><br><small>(Equipment costing \$5,000 or more or as determined for financial reporting purposes)</small> |                   |   |          |          |          |          |          |          |                              |                                    |
| 14 For example: vehicles, buildings, lease improvements   |                   |   |          |          |          |          |          |          |                              |                                    |
| 15 CATEGORY II TOTAL CAPITAL EXPENDITURES   | 0                 | 0   | 0        | 0        | 0        | 0        | 0        | 0        | 0                            | 0                                  |
| <b>A</b>  | <b>B</b>          | <b>C</b>  | <b>D</b> | <b>E</b> | <b>F</b> | <b>G</b> | <b>H</b> | <b>I</b> | <b>J</b>                     |                                    |

DHS BUDGET STATEMENT FORM  
 BCM Log#: 31515

Name of Contractor: Tooele County

| CATEGORY III<br>PROGRAM EXPENSES                           | TOTAL<br>EXPENSES | FUNCTIONAL EXPENSE CENTERS                          |   |   |   |   |   |   | THIS<br>CONTRACT<br>EXPENSES | PRIOR YEAR<br>CONTRACT<br>EXPENSES |
|--|-------------------|---|---|---|---|---|---|---|------------------------------|------------------------------------|
|  |                   | Allocation of Total Expenses into Separate Programs |   |   |   |   |   |   |                              |                                    |
|  |                   |   |   |   |   |   |   |   |                              |                                    |
| 1. Salaries *(from salary schedule, page 7)                | 10808             |   |   |   |   |   |   |   | 10808                        |                                    |
| 2. Fringe Benefits (employer taxes, insurance, retirement) |                   |   |   |   |   |   |   |   |                              |                                    |
| 3. Travel/Transportation                                   |                   |   |   |   |   |   |   |   |                              |                                    |
| Mileage  |                   |   |   |   |   |   |   |   |                              |                                    |
| Vehicle Lease  |                   |   |   |   |   |   |   |   |                              |                                    |
| Vehicle Depreciation                                       |                   |   |   |   |   |   |   |   |                              |                                    |
| Vehicle Repairs/Supplies                                   |                   |   |   |   |   |   |   |   |                              |                                    |
| Other (specify)  |                   |   |   |   |   |   |   |   |                              |                                    |
| 4. Space Costs   |                   |   |   |   |   |   |   |   |                              |                                    |
| Rent/Lease   |                   |   |   |   |   |   |   |   |                              |                                    |
| Depreciation   |                   |   |   |   |   |   |   |   |                              |                                    |
| Property Taxes   |                   |   |   |   |   |   |   |   |                              |                                    |
| Other (specify)  |                   |   |   |   |   |   |   |   |                              |                                    |
| 5. Utilities   |                   |   |   |   |   |   |   |   |                              |                                    |
| Power  |                   |   |   |   |   |   |   |   |                              |                                    |
| Heat   |                   |   |   |   |   |   |   |   |                              |                                    |
| Water/Sewer  |                   |   |   |   |   |   |   |   |                              |                                    |
| Other (specify)  |                   |   |   |   |   |   |   |   |                              |                                    |
| 6. Communications  |                   |   |   |   |   |   |   |   |                              |                                    |
| Telephone  |                   |   |   |   |   |   |   |   |                              |                                    |
| Postage/shipping   |                   |   |   |   |   |   |   |   |                              |                                    |
| Other (specify)  |                   |   |   |   |   |   |   |   |                              |                                    |
| 7. Equipment/Furniture (Under \$5,000)                     |                   |   |   |   |   |   |   |   |                              |                                    |
| Rent/Lease   |                   |   |   |   |   |   |   |   |                              |                                    |
| Repair/Maintenance   |                   |   |   |   |   |   |   |   |                              |                                    |
| Depreciation   |                   |   |   |   |   |   |   |   |                              |                                    |
| Other (specify)  |                   |   |   |   |   |   |   |   |                              |                                    |
| 8. SUB TOTAL PAGE 3  | 10808             | 0   | 0 | 0 | 0 | 0 | 0 | 0 | 0                            | 10808                              |
| A  | B                 | C   | D | E | F | G | H | I | J                            |                                    |

| CATEGORY III<br>PROGRAM EXPENSES  | TOTAL<br>EXPENSES | FUNCTIONAL EXPENSE CENTERS                          |   |   |   |   |   | THIS<br>CONTRACT<br>EXPENSES | PRIOR YEAR<br>CONTRACT<br>EXPENSES |
|---|-------------------|---|---|---|---|---|---|------------------------------|------------------------------------|
|   |                   | Allocation of Total Expenses into Separate Programs |   |   |   |   |   |                              |                                    |
| 9. Supplies/Maintenance<br>Program Services<br>Food<br>Maintenance<br>Office expenses<br>Other (specify)            |                   |   |   |   |   |   |   |                              |                                    |
| 10. Miscellaneous<br>Printing/Copying<br>Books/Subscriptions<br>Licenses/Permits<br>Taxes<br>Other (specify)        |                   |   |   |   |   |   |   |                              |                                    |
| 11. Conferences/Workshops<br>Out of Town Travel, room, meals, etc.<br>Transportation<br>Per Diem<br>Other (specify) |                   |   |   |   |   |   |   |                              |                                    |
| 12. Insurance   |                   |   |   |   |   |   |   |                              |                                    |
| 13. Professional Fees/Contractual Services<br>Sub-Contracts<br>Other (specify)                                      |                   |   |   |   |   |   |   |                              |                                    |
| 14. Client Cost<br>Direct payments to Clients<br>Payments made in behalf of clients<br>Other (specify)              |                   |   |   |   |   |   |   |                              |                                    |
| 15. SUB TOTAL PAGE 4  | 0                 | 0   | 0 | 0 | 0 | 0 | 0 | 0                            | 0                                  |
| 16. CATEGORY III TOTAL (PROGRAM EXPENSES)   | 10808             | 0   | 0 | 0 | 0 | 0 | 0 | 10808                        | 0                                  |
| 17. TOTAL EXPENSES (CATEGORIES I, II, III)  | 10808             | 0   | 0 | 0 | 0 | 0 | 0 | 10808                        | 0                                  |
| A   | B                 | C   | D | E | F | G | H | I                            | J                                  |

DHS BUDGET JUSTIFICATION FORM

Name of Contractor: Tooele County

Provide back-up justification of the total shown for the following Budget categories. Include individual sub-categories if different back-up data (rate basis of estimate costs, etc.) apply. If this contract is for more than one service and costs are allocated between cost centers, explain cost allocation basis. Attach additional pages if necessary

| EXPENSE CATEGORY  | JUSTIFICATION BASIS -- ALLOCATION PLAN (Explain how the expenses were determined) |
|---|---|
| <p><b>Category I Administration Expenses</b><br/>                     Total administration expenses may not exceed 25% of total program expenses (Category III)</p> <ol style="list-style-type: none"> <li>1. Salaries</li> <li>2. Fringe Benefits</li> <li>3. Travel/Transportation</li> <li>4. Space Cost</li> <li>5. Utilities</li> <li>6. Communications</li> <li>7. Equipment/Furniture (not capitalized or depreciated)</li> <li>8. Supplies/Maintenance</li> <li>9. Miscellaneous</li> <li>10. Conferences/Workshops</li> <li>11. Insurance (property/casualty, auto, professional, etc)</li> <li>12. Professional Fees/Contract Services</li> </ol> |   |
| <p><b>Category II--Capital Expenditures</b></p>   |   |

BCM Log#: 31515

**JUSTIFICATION BASIS -- ALLOCATION PLAN (Explain how the expenses were determined)**

**Category III Program Expenses**

1. Salaries

2. Fringe Benefits

3. Travel/Transportation

4. Space Cost

5. Utilities

6. Communications

7. Equipment/Furniture (not capitalized or depreciated)

Page 4

9. Supplies/Maintenance

10. Miscellaneous

11. Conferences/Workshops

12. Insurance

13. Professional Fees/Contract Services


14. Client Costs

9 hrs a week for Family Resource Facilitator

DHS SALARY SCHEDULE FORM

WARNING: Worksheet is protected. If you remove the protection, you are responsible for the correctness of the formulas.

Name of Contractor: Tooele County  
 BCM Log#: 31515

| NAME  | TITLE    | TOTAL SALARY | TOTAL ADMIN. SALARY                 | % | This Contract ADMIN SALARY          | % | TOTAL PROGRAM SALARY                 | %   | This Contract PROGRAM SALARY         | %   |
|---|----------|--------------|-------------------------------------|---|-------------------------------------|---|--------------------------------------|-----|--------------------------------------|-----|
| Teresa Galloway   | FRF      | 10808        |                                     | 0 |                                     |   | 10808                                | 100 | 10808                                | 100 |
|   |          |              |                                     | - |                                     |   |                                      | -   |                                      | -   |
|   |          |              |                                     | - |                                     |   |                                      | -   |                                      | -   |
|   |          |              |                                     | - |                                     |   |                                      | -   |                                      | -   |
|   |          |              |                                     | - |                                     |   |                                      | -   |                                      | -   |
|   |          |              |                                     | - |                                     |   |                                      | -   |                                      | -   |
|   |          |              |                                     | - |                                     |   |                                      | -   |                                      | -   |
|   |          |              |                                     | - |                                     |   |                                      | -   |                                      | -   |
|   |          |              |                                     | - |                                     |   |                                      | -   |                                      | -   |
|   |          |              |                                     | - |                                     |   |                                      | -   |                                      | -   |
|   |          |              |                                     | - |                                     |   |                                      | -   |                                      | -   |
|   |          |              |                                     | - |                                     |   |                                      | -   |                                      | -   |
|   |          |              |                                     | - |                                     |   |                                      | -   |                                      | -   |
|   |          |              |                                     | - |                                     |   |                                      | -   |                                      | -   |
|   |          |              |                                     | - |                                     |   |                                      | -   |                                      | -   |
|   |          |              |                                     | - |                                     |   |                                      | -   |                                      | -   |
|   |          |              |                                     | - |                                     |   |                                      | -   |                                      | -   |
|   |          |              |                                     | - |                                     |   |                                      | -   |                                      | -   |
|   |          |              |                                     | - |                                     |   |                                      | -   |                                      | -   |
|   |          |              |                                     | - |                                     |   |                                      | -   |                                      | -   |
| <b>TOTALS</b>  |          | 10808        | -                                   | - | -                                   | - | 10808                                | 100 | 10808                                | 100 |
| <b>A</b>  | <b>B</b> | <b>C</b>     | <b>D</b>                            |   | <b>E</b>                            |   | <b>F</b>                             |     | <b>G</b>                             |     |
|   |          |              | Total to page 2<br>Line 1, column B |   | Total to page 2<br>Line 1, column I |   | Total to page 3,<br>Line 1, column B |     | Total to page 3,<br>Line 1, column I |     |

\*Indicate Part Time Employees