

Request for Appropriation Budget Template

Enter data into each yellow cell.

Request Title:	Community Mental Health Medicaid Rate Increase
Sponsor:	Rep Jim Dunnigan

Step 1. Revenue			
		Funding Source	
Amount Requested	\$3,000,000	General Fund	
Other Revenue Sources	\$ -		
Total Revenues:	\$ 3,000,000.00		
Difference between Revenue & Expenditures			\$ -
Step 2. Expenditures			
Amounts		Details	
Personnel		Number of personnel supported:	
Travel		Nature of travel:	
Equipment/Supplies		Types of equipment/supplies to be purchased:	
Pass-through	\$3,000,000	Intended recipient(s) of pass-through funds:	community mental health providers
Licenses		Description of licenses (number, cost per license, etc.)	
Other		Description of other expenses	
Other		Description of other expenses	
Other		Description of other expenses	
Total Expenditures:	\$ 3,000,000.00		

\$	-
----	---

