

RSP Individual Service Provider Budget Summary - Amendment 1

Name of service provider: _____ MHSD - Plaquemines Community CARE Center Foundation _____

Designated areas: _____ Plaquemines Parish, LA _____

Total estimated number to be served through primary services: _____ 6147 _____

Budget Line Item	Total Costs	In-Kind (funds contributed by the provider)
Salaries and Wages	\$446,908.80	\$34,125.00
Fringe	\$38,657.61	\$2,951.82
Subtotal Personnel Costs	\$485,566.41	\$37,076.82
Travel	\$71,716.80	\$0.00
Equipment	\$0.00	\$0.00
Supplies	\$8,190.00	\$4,550.00
Consultant/Trainer Costs	\$0.00	\$0.00
Media/Public Information Costs	\$4,523.70	\$0.00
Other Service Provider Costs	\$2,240.00	\$27,300.00
Total Provider Costs (f.)¹:	\$572,236.91	\$68,926.82

¹Letters in parentheses indicate the corresponding budget category on the SF-424a.