*Area Agency:*_____
*Program Period: 9/30/13 - 9/29/14*

**MEDICARE IMPROVEMENTS FOR PATIENTS AND PROVIDERS ACT (MIPPA) PROGRAM**
**Combined Budget Summary**

| BUDGET CATEGORY | MIPPA (SHIP and AAA) BUDGET | MIPPA (ADRC) BUDGET | TOTAL |
|---|---|---|---|
| 1. Personnel | $ - | $ - | $ - |
| 2. Fringe Benefits | $ - | $ - | $ - |
| 3. Equipment | $ - | $ - | $ - |
| 4.Travel | $ - | $ - | $ - |
| 5. Maintenance & Operations | $ - | $ - | $ - |
| 6. Other Expenses | $ - | $ - | $ - |
| 7. Contracts | $ - | $ - | $ - |
| 8. Total Budget (Lines 1 thru 7) | $ - | $ - | $ - |
| 9 Program Income | | | $ - |
| 10. Federal Funds Requested | | | $ - |
| 11. Local Funds | $ - | $ - | $ - |

*Area Agency:*_____

*Program Period: 9/30/13 - 9/29/14*

# MEDICARE IMPROVEMENTS FOR PATIENTS AND PROVIDERS ACT (MIPPA) PROGRAM
## SHIP and AAA Components
### Supporting Budget Schedule

**1. Personnel**

| Name (if known) & Title | Annual Salary | Amount Chargeable to Program |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | Total: | 0.00 |

**2. Fringe Benefits**

| | | |
|---|---|---|
| Composite Percentage:_____% | Total: | |

**3. Equipment: Equipment items having a unit cost of $1000 or more must be described in detail. Other equipment items with a unit cost of less than $1000 can be described in narrative form at the bottom of this section.**

| Item and Description (Unit cost of $1000 or more) | Quantity | Unit Purchase Price | Annual Unit Rental price | Amount Chargeable to Program |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Briefly describe equipment items with a unit cost of less than $1000. | | | | |
| | | | | |
| | | | Total | 0.00 |

**4. Travel**

| | |
|---|---|
| Travel costs - briefly describe: | |
| | |
| Total | |

**5. Maintenance & Operations:**

| | |
|---|---|
| Rental costs: briefly describe: $_____ | |
| | |
| Other Maintenance & Operations Costs: $_____<br>List below - e.g., communications, printing, supplies, etc. | |
| | |
| Total | 0.00 |

*Area Agency:*_____

*Program Period: 9/30/13 - 9/29/14*

# MEDICARE IMPROVEMENTS FOR PATIENTS AND PROVIDERS ACT (MIPPA) PROGRAM
## SHIP and AAA Components
### Supporting Budget Schedule

**6. Other Expenses**

| Description | Total Cost | Amount Chargeable to Program |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total: | | 0.00 |

**7. Contracts: List each contract and amount. A copy of each contract must be submitted to the State Office for the Aging before reimbursement will be made. If contract costs compose more than 25% of the total budget attach a Contractor Budget for each contractor.**

| Contractor | Service(s) to be Provided | NYSOFA Use Contract Rec'd. | Amount Chargeable to Program |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total Number of Contracts: _____ | Total | | 0.00 |

**11. Local Funds**

| Source | Amount | |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | Total | 0.00 |

*Area Agency:*_____

*Program Period: 9/30/13 - 9/29/14*

# MEDICARE IMPROVEMENTS FOR PATIENTS AND PROVIDERS ACT (MIPPA) PROGRAM
## ADRC Component
### Supporting Budget Schedule

**1. Personnel**

| Name (if known) & Title | Annual Salary | Amount Chargeable to Program |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | Total: | 0.00 |

**2. Fringe Benefits**

| | | |
|---|---|---|
| Composite Percentage:_____% | Total: | |

**3. Equipment: Equipment items having a unit cost of $1000 or more must be described in detail. Other equipment items with a unit cost of less than $1000 can be described in narrative form at the bottom of this section.**

| Item and Description (Unit cost of $1000 or more) | Quantity | Unit Purchase Price | Annual Unit Rental price | Amount Chargeable to Program |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Briefly describe equipment items with a unit cost of less than $1000. | | | | |
| | | | | |
| | | | Total | 0.00 |

**4. Travel**

| | |
|---|---|
| Travel costs - briefly describe: | |
| | |
| Total | |

**5. Maintenance & Operations:**

| | |
|---|---|
| Rental costs: briefly describe: $_____ | |
| | |
| Other Maintenance & Operations Costs: $_____<br>List below - e.g., communications, printing, supplies, etc. | |
| | |
| Total | 0.00 |

*Area Agency:*_____

*Program Period: 9/30/13 - 9/29/14*

# MEDICARE IMPROVEMENTS FOR PATIENTS AND PROVIDERS ACT (MIPPA) PROGRAM
## ADRC Component
### Supporting Budget Schedule

**6. Other Expenses**

| Description | Total Cost | Amount Chargeable to Program |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total: | | 0.00 |

**7. Contracts: List each contract and amount. A copy of each contract must be submitted to the State Office for the Aging before reimbursement will be made. If contract costs compose more than 25% of the total budget attach a Contractor Budget for each contractor.**

| Contractor | Service(s) to be Provided | NYSOFA Use Contract Rec'd. | Amount Chargeable to Program |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total Number of Contracts: _____ | Total | | 0.00 |

**11. Local Funds**

| Source | Amount | |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | Total | 0.00 |

*Contractor:*_____
*Program Period: 9/30/13 - 9/29/14*

# MEDICARE IMPROVEMENTS FOR PATIENTS AND PROVIDERS ACT (MIPPA) PROGRAM
## Contractor Budget

| Budget Category | Budget Amount |
|---|---|
| 1. Personnel | $0 |
| 2. Fringe Benefits | 0 |
| 3. Equipment | 0 |
| 4. Travel | 0 |
| 5. Maintenance and Operations | 0 |
| 6. Other Expenses | 0 |
| 7. Subcontractors and/or Consultants | 0 |
| **8. Total Budget (Sum of Lines 1-7)** | $0 |

**1. Personnel**

| Name (if known) & Title | Annual Salary | Amount Chargeable to Program |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | Total: | 0.00 |

**2. Fringe Benefits**

| | | |
|---|---|---|
| Composite Percentage:_____% | Total: | |

**3. Equipment: Equipment items having a unit cost of $1000 or more must be described in detail. Other equipment items with a unit cost of less than $1000 can be described in narrative form at the bottom of this section.**

| Item and Description (Unit cost of $1000 or more) | Quantity | Unit Purchase Price | Annual Unit Rental price | Amount Chargeable to Program |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Briefly describe equipment items with a unit cost of less than $1000. | | | | |
| | | | | |
| | | | Total | 0.00 |

**4. Travel**

| | |
|---|---|
| Briefly describe travel costs:<br>_____<br>_____ | |
| Total | 0.00 |

*Contractor:*_____

*Program Period: 9/30/13 - 9/29/14*

# MEDICARE IMPROVEMENTS FOR PATIENTS AND PROVIDERS ACT (MIPPA) PROGRAM

## Contractor Budget

### Supporting Budget Schedule

**5. Maintenance & Operations:**

Rental costs: Describe below: $_____

_____

_____

Other Maintenance & Operations Costs $_____

Describe below - e.g., communications, printing, supplies,etc.

_____

Total 0.00

**6. Other Expenses**

| Description | Total Cost | Amount Chargeable to Program |
|---|---|---|
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| Total: | | 0.00 |

**7. Subcontracts: List each subcontract and amount. A copy of each contract must be submitted to the State Office for the Aging before reimbursement will be made. If subcontract costs compose more than 25% of the total budget attach a budget for each contractor.**

| Subcontractor | Service(s) to be Provided | NYSOFA Use Contract Rec'd. | Amount Chargeable to Program |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total Number of Subcontracts: _____ | | Total | 0.00 |