

**INSTRUCTIONS FOR PREPARING  
THE AREA PLAN BUDGET  
(CDA 122)**

**DUE DATES FOR SUBMITTING THE AREA PLAN BUDGET**

Unless otherwise instructed by the Department, the original CDA 122 is due May 1 with the annual Area Plan, the CDA 122 revision number 1 is due December 1, and the CDA 122 revision number 2 is due April 30. Submit two copies of the CDA 122 with original signatures.

**COVER PAGE**

Complete the CDA 122 cover page. Enter the Area Agency name, budget period, revision number, PSA number, and date of this budget.

**Signature of the Area Agency Director**

The Area Plan Budget must be signed and dated by the Area Agency Director.

**PAGE 1 - BUDGET SUMMARY - BUDGETED COSTS - TITLE III AND VII PROGRAMS**

**Heading:** Enter the budget period, revision number, grant number, date of the budget, and the PSA number. The grant number will consist of the two-letter funding source followed by a space, a numerical fiscal year number followed by a dash, and a two-digit PSA number (e.g., FF 0102-34).

**Cost Categories:** The lines in this section list the allowable cost categories for reporting budgeted costs for Title III and VII programs. The columns separate the budgeted costs by total, administration, and programs.

**Lines 1 through 10**

Enter the costs directly incurred by the Area Agency. These should include Area Plan Administration, III B Supportive Services, III C-1 Congregate Nutrition, III C-2 Home Delivered Nutrition, III D Disease Prevention and Health Promotion, VII Ombudsman, and VII Elder Abuse Prevention provided directly by the Area Agency.

**Line 11**

Enter the total cost of contracted services. The amounts reported for III B must agree with the amounts reported on Page 6 of the CDA 122 form. The amounts reported for III C-1, III C-2, and III D must agree with the amounts reported on Page 7 of the CDA 122 form.

**Line 12 Total Area Plan Costs**

Add the amounts on line 10 to the amounts on line 11, and enter the Total Area Plan Costs separating cash from in-kind.

**Page 1 – CONTINUED**

**Line 13 Total Cash & In-Kind**

Add the Cash and In-Kind amounts reported on line 12, and enter the Total Cash & In-Kind for each of the columns (a) through (h).

**PAGE 2 - BUDGET FUNDING AND MATCHING CONTRIBUTIONS TITLE III AND VII PROGRAMS**

**Heading:** Enter the budget period, revision number, grant number, date of the budget, and the PSA number. The grant number will consist of the two-letter funding source followed by a space, a numerical fiscal year number followed by a dash, and a two-digit PSA number. (e.g., FF 0102-34).

**SECTION A - Funding Sources:** The lines in this section list the allowable sources of funding which may be used to cover the budgeted costs on Page 1. The columns separate the budgeted funding by total, administration, and programs. Cash costs on Page 1 must equal cash funding on Page 2, In-Kind costs on Page 1 must equal In-Kind funding on Page 2, by column. The totals of columns (a) through (h) on Page 2 must equal the totals of columns (a) through (h) on Page 1.

**Line 1 Grant Related Income**

Enter on this line in the appropriate column the amount of income generated as a result of a Title III or VII service. Include contributions from clients, sales of assets, and interest earned on grant funds.

**Line 2 NSIP**

Enter the amount allocated on your Budget Display. This amount, less OTO, must agree with Page 3, Section C, lines 17 and 18.

**Line 3 Non-Matching Contributions**

Enter on this line local funding that does not qualify as matching contributions and/or is not being budgeted as matching contributions. (e.g., Title V, Title XX, over match, etc.).

**Line 4 State Funds**

Enter on this line the amounts of State funding from General Funds. The amount budgeted for Area Plan Administration cannot exceed the amount allocated on the latest Title III/VII Budget Display.

**Line 5 Matching Contributions**

Enter on this line in the appropriate column, funds qualifying as matching or cost sharing

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funds. Include Cash and/or In-Kind funds received from local government agencies, revenue sharing, private enterprise, foundations, and individuals. Do not include grant-related income.

**Line 6 Federal Funding**

Enter on this line, in the appropriate column, the Title III and VII allocations from the latest Title III/VII Budget Display. All Title III and VII funds allocated on the Budget Display must be included on this budget.

**Line 7 Total Area Plan Funding**

Add the amounts on lines 1 through 6 and enter the Total Area Plan Funding separating Cash from In-Kind.

**Line 8 Total Cash and In-kind**

Add the Cash and In-Kind amounts on line 7 and enter the Total Cash & In-Kind for each of the columns (a) through (h).

**SECTION B – MINIMUM MATCHING REQUIREMENTS:** In this section calculate the minimum matching requirements for Area Plan Administration and Title III programs.

**Area Plan Admin**

To calculate the minimum matching requirement for Area Plan Admin use the following formula:

**Line 1 Costs to be matched**

Page 1 column (b) line 13, minus Page 2 column (b) lines 1 through 3.

**Title III Programs**

Title III Matching Contributions may be pooled to meet minimum matching requirements. To calculate the minimum matching requirement for Title III Programs use the following formula:

**Line 1 Costs to be matched**

Page 1, line 13, column (c), plus column (d), plus column (e), plus column (f), minus Page 2, lines 1 through 4, column (c), column (d), column (e), and column (f).

**Page 2 – CONTINUED**

**Line 3 Minimum Required Match**

Multiply line 1 times line 2 and enter the amount on line 3 for column (a) and column (b). Add column (a) to column (b), and enter the total in column (c).

**Line 4 Required Local Public Matching**

Multiply the Total column (c) on line 3 by 25 percent. This is the minimum amount of local match that must be provided by local public agencies. Local public agencies include cities, counties, and municipalities.

***Section C - Area Plan Administration Matching Contributions:*** List the agencies contributing matching funds to the Area Agency for its own administration. Provide a breakdown between Cash & In-Kind funding.

***Section D - Local Public Agencies:*** List the local public agencies contributing matching funds to satisfy the requirement in Section B above. Provide a breakdown between Cash and In-Kind. List agencies providing funding to the Area Agency and or service providers. Local public agencies providing matching contributions for Area Plan Administration may be listed in both Section C and Section D.

**PAGE 3 - ADEQUATE PROPORTION, III B OTO & TRANSFERS**

***Heading:*** Enter the budget period, revision number, grant number, date of the budget, and the PSA number. The grant number will consist of the two-letter funding source followed by a space, a numerical fiscal year number followed by a dash, and a two-digit PSA number. (e.g., FF 0102-34).

***Section A - Adequate Proportion Calculation:*** Use this section to determine the percentages of III B Supportive Services funds budgeted to be expended on priority services.

Priority services are Access (Information & Assistance, Case Management, Transportation, Assisted Transportation, and Outreach), In-Home (Personal Care, Homemaker, Chore, Visiting, In-Home Respite, Minor Home Modification, and respite for families of Alzheimer's victims), and Legal Assistance.

To calculate the Percent of Base for Access, divide line 10 Federal Share by the amount on line 4. To calculate the Percent of Base for In-Home, divide line 18 Federal Share by the amount on line 4. To calculate the Percent of Base for Legal Assistance, divide line 19 Federal Share by the amount on line 4. Enter the approved percentages from the Area Plan. Area Agencies not meeting approved percentages for adequate proportion must follow the requirements of Program Memo 95-02 (P).

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**Section B – III B OTO Allocations:** In this section list any III B programs that are receiving III B OTO and the amount allocated to each program.

**Section C - Transfer of Funds:** The lines in this section list only those funds that can be transferred. NSIP Baseline funds can be transferred between NSIP C-1 and NSIP C-2. The Current Budget Display column should include any transfers approved by the Department but not yet included on a Budget Display amendment. The New Budget Display column should reflect funding transfers requested in this budget.

Calculate the transfers requested in this budget using the Increase and Decrease columns. Total increases must equal total decreases. Do not include OTO funds in this section, they cannot be transferred.

**PAGE 4 - SCHEDULE OF PAID PERSONNEL COSTS Title III and VII Programs-Admin & Direct Services**

**Heading:** Enter the budget period, revision number, grant number, date of the budget, and the PSA number. The grant number will consist of the two-letter funding source followed by a space, a numerical fiscal year number followed by a dash, and a two-digit PSA number. (e.g., FF 0102-34).

**Position Title:** List each paid staff person, the percentage of time spent and the amount of funds budgeted for Administration and or any direct services provided by the Area Agency, and the percentage of time spent and funds budgeted for non-Title III & VII programs. The Total Title III & VII percentage added to the Non-Title III & VII percentage should not exceed 100 percent. Enter the amount of payroll taxes and employee benefits on the appropriate line. Add Total Salaries, Payroll Taxes, and Employee Benefits, and enter the total on the Total Paid Personnel line for each column.

**PAGE 5 - SCHEDULE OF IN-KIND PERSONNEL COSTS Title III and VII Programs-Admin & Direct Services**

**Heading:** Enter the budget period, revision number, grant number, date of the budget, and the PSA number. The grant number will consist of the two-letter funding source followed by a space, a numerical fiscal year number followed by a dash, and a two-digit PSA number. (e.g., FF 0102-34).

**Position Title:** List each in-kind staff person, the percentage of time spent and the amount of in-kind funds budgeted for Administration and or any direct services provided by the Area Agency, and the percentage of time spent and in-kind funds budgeted for non-Title III & VII programs. The Total Title III & VII percentage added to the Non-Title III & VII percentage should not exceed 100 percent. Add Total Salaries, Payroll Taxes, and Employee Benefits, and enter the total on the Total In-kind Personnel line for each column.

**PAGE 6 SCHEDULE OF SUPPORTIVE SERVICES (III B)**

**Heading:** Enter the budget period, revision number, grant number, date of the budget, and the PSA number. The grant number will consist of the two-letter funding source followed by a space, a numerical fiscal year number followed by a dash, and a two-digit PSA number. (e.g., FF 0102-34).

**Part I - Direct Services:** Under programs, list any Title III B Supportive Services provided directly by the Area Agency. Do not include Title III D Disease Prevention, Title VII Ombudsman, or Title VII Elder Abuse Prevention. Program Development and Coordination are listed in Part I.

**Column (a)**

Enter the total budgeted costs for each program listed.

**Columns (b) through (h)**

Enter the budgeted funding amounts as appropriate for each program listed.

**Total Direct Services**

Enter the total amount for columns (a) through (h).

**Part II - Contracted Services:** Complete this part for all Title III B programs the Area Agency contracts out. It is not necessary that all programs be provided. Instructions for each column are the same as for Part I above.

**Total Contracted Services**

Enter the total amount for columns (a) through (h).

**Total Supportive Service**

Enter the total of Direct and Contracted Supportive Services in the appropriate column. The amount in column (a) must be equal to the amount on Page 1, line 13, column (c).

**PAGE 7 - SCHEDULE OF NUTRITION (III C-1 & III C-2) & DISEASE PREVENTION (III D) PROGRAMS**

**Heading:** Enter the budget period, revision number, grant number, date of the budget, and the PSA number. The grant number will consist of the two-letter funding source followed by a space, a numerical fiscal year number followed by a dash, and a two-digit PSA number. (e.g., FF 0102-34).

**III C-1:** Complete this part for all Congregate Nutrition programs the AAA provides directly and contracts out. Nutrition Education is a required service for III C-1 and must be budgeted.

**Column (a)**

Enter the total budgeted costs for each program listed.

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**Column (b) through (h)**

Enter the budgeted funding amounts as appropriated for each program listed.

**Total III C-1**

Enter the total amount for columns (a) through (h).

**III C-2:** Complete this part for all Home-Delivered Nutrition programs the AAA provides directly and contracts out. Nutrition Education is a required service for III C-2 and must be budgeted. Instructions for each column are the same as for III C-1 above.

**III D:** Complete this part for all Disease Prevention & Health Promotion programs the AAA provides directly and contracts out. Medication Management Education and Screening is a required service for III D and must be budgeted. Instructions for each column are the same as for III C-1 above.

**PAGE 8 - OTHER PROGRAMS ADMINISTERED BY THE AREA AGENCY**

Area Agencies may use this page to provide funding information on other programs they may be administering. These programs would include, but not be limited to, Title XX, Title XIX, IHSS, Title V, Linkages, MSSP, HICAP, ADHC, FGP/SCP, and ADCRC. **THIS PAGE IS OPTIONAL.**