

## **Instructions for Completing CDA 229M**

The MIPPA Budget form (CDA 229M) allows for budgeting the full two-year federal MIPPA contract funds, as identified in the PM and contract Budget Display. The entered budgeted costs should be rounded to the nearest dollar; do not enter cents.

Instructions that apply to the budget document as a whole are:

- The design of the form is to have cost data entered by State Fiscal Year (SFY) for Administration, Direct Services, Contracted Services and Equipment
- Information about auto-filling or linking will be in **red**
- Yellow highlighted cells contain formulas and are locked
- **Totals on each Page and Section will auto calculate**

### **FORM COMPLETION - GENERAL:**

- **Summary All Funds page will auto-fill from State Fiscal Year (SFY) Summary pages**
- **SFY Summary pages contain many links**
- **Administration, Direct Service and Contractor detail pages for each SFY are linked to summary pages**
- Equipment pages must be completed for proposed Property/Equipment purchases of items with a per unit price of \$500 or more, and sensitive items as identified in the MIPPA Standard Agreement

### **HEADER SECTION:**

**Header information entered on Page 1 will auto-fill on all other pages.** Enter the following information:

- Budget Period – enter term of the contract [see contract]
- Original or Revision – [x] appropriate entry
- Contract No. – MI 1819 – XX [two-digit PSA #]
- Date – Date completed
- PSA # - Two digit PSA #

### **SUMMARY ALL FUNDS, PAGE 1:**

- Summarizes the full two-year MIPPA AAA, MIPPA SHIP, and MIPPA ADRC costs and funding – **these amounts will auto-fill from the detail pages**
- Enter Header Information on this page only – **all other pages will auto-fill**
- Select Payment Method
- Enter HHS Approved Indirect Cost Rate, if claiming in excess of 10%

**SFY 1 MIPPA SUMMARY, PAGE 2:**

- Summarizes SFY Year 1 period costs and funding for MIPPA AAA, MIPPA SHIP, and MIPPA ADRC – **cost amounts will auto-fill from the detail pages**
  - Enter MIPPA funding budgeted to pay for costs identified (amounts must agree with the Budget Display)
    - For SFY 1 enter 9 Month MIPPA funding allocated
    - For SFY 2 enter 3 and 9 Month MIPPA funding allocated
    - For SFY 3 enter 3 Month MIPPA funding allocated
  - **MIPPA Program Income/Other costs and funding will auto-fill from detail pages**
  - **Admin Compliance Check - SFY 1 Admin will auto-fill from Section A**
- Note: Administration funding is limited to 10% for each State fiscal year

**MIPPA ADMINISTRATION (SFY 1), PAGE 3:**

Enter costs, by fund source for Administration in the following areas:

- **Personnel**
  - Monthly Wage Rate
  - % of FTE time worked for the period
  - Staff Benefits
- **Operating Costs**
  - Rent
  - Equipment (see Standard Agreement for definitions)
  - Travel
  - Other (List)
  - Indirect Costs - Indirect Costs cannot exceed 10% of Total Direct Cash costs unless the AAA has an approved HHS Indirect Cost Rate

**MIPPA DIRECT SERVICES (SFY 1), PAGE 4:**

Enter costs, by fund source for MIPPA direct services in the following areas:

- **Personnel**
  - Monthly Wage Rate
  - % of FTE time worked for the period
  - Staff Benefits
- **Operating Costs**
  - Rent
  - Equipment (see Standard Agreement for definitions)
  - Travel
  - Other (List)
  - Indirect Costs - Indirect Costs cannot exceed 10% of Total Direct Cash costs unless the AAA has an approved HHS Indirect Cost Rate

**MIPPA CONTRACTED SERVICES (SFY 1), PAGE 5:**

Enter contractor information and MIPPA funds used.

**MIPPA EQUIPMENT (SFY 1), PAGE 6:**

Enter description, Quantity, Expected Acquire Date, Purpose/Justification, Per Unit Cost, Funding Used, and Total Cost.

**REPEAT ABOVE FOR SFY 2 and SFY 3 periods.**

**BUDGET SUBMISSION:**

The completed CDA 229M must be sent as an e-mail attachment to the [Fiscal Email Address: FiscalTeam@aging.ca.gov](mailto:FiscalTeam@aging.ca.gov) by the due date identified in the Program Memo. Signatures of the AAA director and staff are not required.

In your email subject line, please identify your PSA ##, Program, Contract# and Budget process (Original or revision number, if applicable): Example: PSA [34](#) MIPPA MI 1819 [Orig Budget](#).