

Merced County Department of Mental Health  
Mental Health Services Act  
Project Request Budget Worksheet

Project Name: Adult Mental Health Court Date: 19-Apr-12  
 Fiscal Agency: Merced County Department of Mental Health  
 Contact Person: Scott Ball  
 Contact Phone: 209-385-7560  
 Contact E-Mail: [sball@co.merced.ca.us](mailto:sball@co.merced.ca.us)

**Total Amount of Funding Requested: \$335,592.00**

Total Staffing/Employee Costs: \$335,592.00

Total Services, Supplies and Other: \_\_\_\_\_

Staff Position Title: Mental Health Clinician  
 Total Cost of Position \$141,137 Percentage of time dedicated to program 100%  
 Amount requested for this position \$141,137 \$141,137.00  
 Specific program tasks related to this position: \_\_\_\_\_

Staff Position Title: Probation Officer  
 Total Cost of Position \$112,127 Percentage of time dedicated to program 100%  
 Amount requested for this position \$112,127.00  
 Specific program tasks related to this position: \_\_\_\_\_

Staff Position Title: Dual Diagnosis Specialist  
 Total Cost of Position \$82,328 Percentage of time dedicated to program 100%  
 Amount requested for this position \$82,328.00  
 Specific program tasks related to this position: \_\_\_\_\_

**Materials/Supply Costs** TOTAL: \$0.00

Item: \_\_\_\_\_  
 Item: \_\_\_\_\_  
 Item: \_\_\_\_\_  
 Item: \_\_\_\_\_  
 Item: \_\_\_\_\_  
 Item: \_\_\_\_\_  
 Item: \_\_\_\_\_

**Outside Services Costs** TOTAL: \$0.00

Service: \_\_\_\_\_  
 Service: \_\_\_\_\_  
 Service: \_\_\_\_\_  
 Service: \_\_\_\_\_  
 Service: \_\_\_\_\_  
 Service: \_\_\_\_\_  
 Service: \_\_\_\_\_

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***Other Costs*** \_\_\_\_\_

TOTAL:     \$0.00    

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