

## **INSTRUCTIONS TO COMPLETE THE LINE ITEM BUDGET WORKBOOK**

### **BUDGET SUMMARY INSTRUCTIONS:**

**ONLY ENTER WHOLE DOLLAR AMOUNTS (NO CENTS).**

1. Enter the recipient's program name as indicated in the header of the Budget Summary.
2. Formulas embedded into the worksheet will calculate the object class categories, direct and indirect costs, by funding type (Part A and MAI). The cells containing formulas are shaded in grey. Enter program income, as applicable, as a whole dollar amount rounded down to the nearest whole dollar (i.e., \$10,000.99 should be listed as \$10,000).
3. Verify the award amounts in cells B24, B25, and B26 according to the limits described in the Non-Competing Continuation (NCC) Program Report. Formulas embedded into the worksheet will auto calculate for compliance with the CQM and administration limits.
4. Manually enter the HIV Services Allocation Percentages for core medical services and support services. If the core medical services allocations are less than 75% then a core medical services waiver must be submitted with the Non-Competing Continuation Progress Report.

### **INSTRUCTIONS FOR RWHAP PART A (i.e., Administrative, PC/PB Support, PC/PB Contractual, CQM, and CQM Contractual) AND MAI (i.e., Administrative, CQM, and CQM Contractual) LINE ITEM BUDGETS:**

**ONLY ENTER WHOLE DOLLAR AMOUNTS (NO CENTS).** Note: the total amounts for the line items included in the personnel and fringe benefit object class categories autocalculate and round down to the nearest whole dollar amount. The total amount for line items listed for the remaining object class categories should be entered as whole dollar amounts only; as applicable, round down these total amounts to the nearest whole dollar (i.e., \$10,000.99 should be listed as \$10,000).

1. Enter the recipient's program name in each of the headers of the Line Item Budget.

#### **2. Personnel Section:**

- a) Insert the salary, full-time equivalent (FTE), name, position title, and total salary paid by the Ryan White HIV/AIDS Program (RWHAP) Part A grant. For all employees who are less than one FTE on the award, provide the complete salary distribution of all funding sources.

For example:

Salary: \$100,000

FTE: for 50%, enter 0.50

Name, Position: Jack Johnson, Program Director

Budget Impact Justification - Description of duties, impact on program goals and outcomes, payment source for balance of FTE (e.g., 50% in-kind general funds)

Amount: \$50,000

- b) Taking into account the rounding preference method on Personnel calculations, if the Personnel Sub-Total with Rounding line sum is different from the SF-424A then make an adjustment in the Rounding Input Adjustment line. The Personnel Total line must match the SF-424A.

**Note:** Funds from the grant cannot be used to pay the base salary of an individual (exclusive of fringe) at a rate in **excess of \$225,700**. The Personnel Total cell (i.e., the grey colored cell) will calculate the total amount budgeted to personnel costs. You may add rows to accommodate additional personnel. HRSA expects the staff person responsible for management of the RWHAP Part A grant (i.e., the Project Director or Program Coordinator) have at least 0.5 FTE allocated to the Part A program (this can be a combination of budgeted grant funds and/or other sources) to ensure sufficient oversight and monitoring of all grant activities conducted by recipients and subrecipients. The 0.5 FTE must be recipient staff and not delegated to contract staff or a fiscal intermediary. Please see [SF-424 Application Guide](#) for additional guidance related to salaries and salary limitations.

#### **3. Fringe Benefits Section:**

- a) Indicate the fringe benefit rate (percentage) and the applicable total "personnel" amount allocated to the RWHAP Part A grant subject to the rate. Fringe benefits should be directly proportional to that portion of personnel costs that are allocated for the project.

- b) Taking into account the rounding preference method on Fringe calculations, if the Fringe Benefit Sub-Total with Rounding line sum is different from the SF-424A then make an adjustment in the Rounding Input Adjustment line. The Fringe Benefit Total line must match the SF-424A.

**Note:** The Fringe Benefit Total cell (i.e., the grey colored cell) will calculate the total amount budgeted to fringe benefits. You may add rows to accommodate additional fringe benefit rates. Please see [SF-424 Application Guide](#) for additional guidance related to fringe benefits.

#### **4. Travel Section:**

- a) List travel costs according to local and long distance travel:
  - i) For local travel, the mileage rate, number of miles, reason for travel and staff member/clients completing the travel should be outlined.
  - ii) For long distance travel expenses may include airfare, lodging, parking, per diem, etc. for each person participating in meetings, site visits and other proposed trainings or workshops. List the names of the traveler(s) if possible, describe the purpose of the travel, and provide number of trips involved, the destinations, and the number of travelers for whom funds are requested. (Show the breakdown of cost)

**Note:** The Local Travel Sub-Total, the Long Distance Travel Sub-Total, and the Travel Total cells (i.e., the grey colored cells) will calculate the subtotal amount budgeted to local, long distance travel, and the overall travel total. You may add rows to accommodate additional travel. Please see [SF-424 Application Guide](#) for additional guidance related to travel.

#### **5. Equipment Section:**

- a) List equipment and equipment costs and provide justification for the need of the equipment to carry out the program's goals. Extensive justification and a detailed status of current

by list equipment and equipment costs and provide justification for the need of the equipment to carry out the program's goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of items that meet the definition of equipment (a unit cost of \$10,000 or more).

**Note:** The Equipment Total cell (i.e., the grey colored cell) will calculate the total amount budgeted to equipment costs. Please see [SF-424 Application Guide](#) for additional guidance related to equipment.

**6. Supplies Section:**

a) Itemize the supply costs that the program will use to implement the proposed project.

**Note:** The Supplies Total cell (i.e., the grey colored cell) will calculate the total amount allocated to supply costs. You may add rows to accommodate more supplies. Please see [SF-424 Application Guide](#) for additional guidance related to supplies.

**7. Contractual Section:**

a) Itemize each non-HIV services contract. Please note that your budget justification should provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables.

**Note:** The Contracts Total cell (i.e., the grey colored cell) will calculate the total amount budgeted to contract costs. You may add rows to accommodate additional contracts. Provide a clear explanation as to the purpose of each contract/subaward, how the costs were estimated, and the specific contract/subaward deliverables. Please see [SF-424 Application Guide](#) for additional guidance related to contracts.

**8. Other Section:**

a) Include all costs that do not fit into any other category and provide an explanation of each cost in this category. (Show the breakdown of cost, if appropriate.)

**Note:** The Other Total cell (i.e., the grey colored cell) will calculate the total amount allocated to other costs. You may add rows to accommodate additional other costs. Please see [SF-424 Application Guide](#) for additional guidance related to other.

**9. Total Direct Cost Section:**

a) This is the total cost that can be identified specifically with a particular final cost objective, such as a Federal award, or other internally or externally funded activity, or that can be directly assigned to such activities relatively easily with a high degree of accuracy. For the RWHPA Part A, this is the combined total of sections 1-8 above.

**Note:** This section requires no input from the recipient, as the direct cost total will automatically calculate based on information entered into section 1-8.

**10. Total Indirect Cost Section:**

a) Indirect Costs are those costs incurred for common or joint objectives, which cannot be readily and specifically identified with a particular project or program but are necessary to the operations of the organization, e.g., the cost for operating and maintaining a facilities, depreciation and administration salaries. If there are indirect costs included in the FY 2024 budget for the first time in the three year period of performance, or if the indirect cost rate agreement for existing indirect costs has expired or will expire during FY 2024, submit a current indirect cost rate agreement or related documentation.

b) Please specify the type of indirect rate (provisional, predetermined, final or fixed) that will be in effect during the funding period, indirect rate, estimated amount of the base to which the rate is applied and the total indirect expense.

# Help

## Formatting Tips

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1. Object Class Categories of the line item budgets contain hidden rows
2. Column A identifies the location where rows have been hidden
3. Keep unused rows hidden to avoid creating additional pages in your application
4. Formulas are included in the workbook, use **caution** if you add or delete rows
5. Hide the Instructions and Help worksheets (tabs), as well as any worksheets not in used to avoid creating additional pages in your application

## Unhiding Rows

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1. Identify where additional rows have been hidden in the worksheet
2. Select the row labeled "Unhide rows" and the row directly below
3. While both rows are highlighted, right click, and select "Unhide"
4. For additional help refer to the PowerPoint presentation

## Hiding Rows

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1. Identify the excess rows that you want to hide in the worksheet
2. Select all consecutive rows you want to hide
3. While the rows are highlighted, right click and select "Hide"
4. For additional help refer to the PowerPoint presentation

## Hiding Worksheet (tabs)

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1. Identify the worksheet tab you want to hide
2. Right click on the worksheet tab and select "Hide"
3. For additional help refer to the PowerPoint presentation

## Unhiding Worksheets (tabs)

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1. Right-click on any worksheet tab, which opens a context menu.
2. Click "Unhide" to open the Dialog Box, which displays all the hidden worksheets.
3. Click on the worksheet to be unhidden
4. Click "OK" to unhide the selected worksheet
5. For additional help refer to the PowerPoint presentation

## Resources

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See PowerPoint presentation for tutorial on how to hide and unhide rows and worksheets.

<b>RWHAP PART A BUDGET SUMMARY</b> <b>RECIPIENT:</b> <b>FISCAL YEAR: 2026</b>
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	Part A			Minority AIDS Initiative (MAI)			Total
Object Class Categories	Administration	CQM	HIV Services	Administration	CQM	HIV Services	
a. Personnel	\$ 425,177	\$ 313,091	\$ -	\$ 56,368		\$ -	\$ 794,636
b. Fringe Benefits	\$ 161,565	\$ 118,972	\$ -	\$ 21,418		\$ -	\$ 301,955
c. Travel	\$ 10,368	\$ -	\$ -	\$ -		\$ -	\$ 10,368
d. Equipment	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
e. Supplies	\$ 2,913	\$ -	\$ -	\$ -		\$ -	\$ 2,913
f. Contractual	\$ 753,509	\$ -	\$ 12,960,667	\$ -		\$ 700,075	\$ 14,414,251
g. Other	\$ 28,192	\$ -	\$ -	\$ -		\$ -	\$ 28,192

Direct Charges	\$ 1,381,724	\$ 432,063	\$ 12,960,667	\$ 77,786	\$ -	\$ 700,075	\$ 15,552,315
Indirect Charges	\$ -	\$ -		\$ -			\$ -
TOTALS	\$ 1,381,724	\$ 432,063	\$ 12,960,667	\$ 77,786	\$ -	\$ 700,075	\$ 15,552,315
Program Income							\$ -

FY 2025 Allocations:	
Part A Funding	\$ 14,774,454
MAI Funding	\$ 777,861
Total:	\$ 15,552,315

Administrative Budget 10%

Part A and MAI      Within Limit

CQM Budget 5%

Part A and MAI      Within Limit

Manually Enter HIV Services Allocation Percentages	
Core Medical Services	Support Services
53%	35%

# PART A ADMINISTRATIVE BUDGET

**RECIPIENT:**

**FISCAL YEAR: 2026**

Personnel				
Salary [Insert total annual salary]	FTE [Insert as decimal]	Name, Position [Insert name, position title]	Budget Impact Justification [Description of duties, impact on program goals and outcomes, payment source for balance of FTE.]	Amount
\$ 225,700	0.20	TBD, Director of CDTA	Charged with primary oversight of contract development, modifications, and renewals of all Ryan White Part A grants. .80 FTE GF	\$ 45,140
\$ 201,480	0.40	Bill Blum, Director of HIV Health Services	Charged with primary oversight for the administration of services and day to day operations of HIV Health Services and the Ryan White Part A grant. .60 FTE GF	\$ 80,592
\$ 164,097	0.25	William Gramlich, Compliance Program Manager.	Provides oversight of contractor performance and compliance for Ryan White Part A grants. .25 RWPA & .40 GF & .35 MAI FTE	\$ 41,024
\$ 164,097	0.95	John Aynsley, HPC III	Serving as HIV Health Services Program Manager, the Health Program Coordinator III is responsible the review and approval of HIV Health Services, provides TA to agencies on contracting and HRSA requirements, liaisons with local Planning Council .05 GF, .95 RWPA	\$ 155,892
\$ 177,471	0.30	Nora Macias, Contracts Manager	Supervises Contracts Unit staff and assures contract development compliance to ensure timely payment of funded providers. Works with HIV Health Services to produce and assess RFPs..70 FTE GF	\$ 53,241
\$ 153,252	0.15	Yao Quan Zhu, Sr Contract Analyst	Processes contracts and assures compliance with local, state and federal regulations. .85 FTE GF	\$ 22,987
\$ 131,509	0.20	William Gaitan, Contract Analyst	Processes contracts and assures compliance with local, state and federal regulations. .80 FTE GF	\$ 26,301
				\$ -
				\$ -
FTE Total:	2.45		Personnel Sub-Total with Rounding	\$ 425,177
Rounding Input Adjustment to Match SF-424A				
Personnel Total				\$ 425,177
Fringe Benefits				
Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate.]			Amount
12.63%	Insurance(Medical/Life)	Insurance(Medical/Life)	Insurance(Medical/Life)	\$ 53,699
7.65%	Social Security			\$ 32,526
12.00%	Retirement			\$ 51,021
1.50%	Workers Compensation			\$ 6,377
4.22%	Others (Disability, Unemployment, Medicare, Life Insurance, and Supp. Ret.)			\$ 17,942
				\$ -
				\$ -
				\$ -
Fringe Benefit Sub-Total with Rounding				\$ 161,565
Rounding Input Adjustment to Match SF-424A				
Fringe Benefit Total				\$ 161,565
Travel				
Local				
Mileage Rate	Number of Miles	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.	Amount (round down to nearest whole number)
Local Travel Sub-Total				\$ -
Long Distance				
Type of Travel	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.		Amount (round down to nearest whole number)
RWPA Grantee Meeting	6 staff (Blum, Neary, A	(Domestic airfare\$600 + lodge \$257 X 4 days + transportation \$100/person) X 6 staff) X		\$ 10,368
Long Distance Travel Sub-Total				\$ 10,368
Travel Total				\$ 10,368

PART A ADMINISTRATIVE BUDGET			
RECIPIENT:			
FISCAL YEAR: 2026			
<b>Equipment</b>			
<i>[Equipment is defined as a unit cost of \$5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.)]</i>			
List of Equipment	Budget Impact Justification <i>[Description of need to carry out the program's objectives/goals.] Show breakdown of costs.</i>		Amount (round down to nearest whole number)
<b>Equipment Total</b>			\$ -
<b>Supplies</b>			
<i>[Supplies is defined as property with a unit cost under \$5,000. <b>Note:</b> Items such as laptops, tablets, and desktop computers are classified as a supply if the value is under the \$5,000 threshold.] Show breakdown of costs.</i>			
List of Supplies	Budget Impact Justification <i>[Description of need to carry out the program's objectives/goals.]</i>		Amount (round down to nearest whole number)
General Office Supplies, Pen, pencil, paper, binders,	50.78/mos X 4.78 FTE X 12 months		\$ 2,913
<b>Supplies Total</b>			\$ 2,913
<b>Contractual</b>			
List of Contract	Deliverables	Budget Impact Justification <i>[Description of how the contract impacts the program's objectives/goals and how the costs were estimated.] Show breakdown of costs.</i>	Amount (round down to nearest whole number)
Shanti	Hours of Planning Council and Consumer Advocacy Services	Planning Council Support (Executive Oversight Hours 1,071 & Administrative Management and Clerical Support Hours 2,870 & Training, Evaluation and Needs Assessment Hours 1,428)	\$ 385,211
ALRP	Hours of Planning Council and Consumer Advocacy Services	HIV Consumer Advocacy ( Consumer Rights Advocacy Hours 1,404)	\$ 110,455
HR360	Hours of staff support	HHS Program/Fiscal Admin (1.00 FTE HIV Office Manager & 1.00 HIV Invoice Analyst)	\$ 257,843
<b>Contracts Total</b>			\$ 753,509
<b>Other</b>			
<i>[List all costs that do not fit into any other category]</i>			
List of Other	Budget Impact Justification <i>[Impact on the program's objectives/goals.] Show breakdown of costs.</i>		Amount (round down to nearest whole number)
Rent	1.966/sq ft x 250 x 4.78 fte x 12 mos		\$ 28,192
<b>Other Costs Total</b>			\$ 28,192
<b>Total Direct Cost</b>			
			\$ 1,381,724
<b>Indirect Cost</b>			
Type of Indirect Cost <i>[Select from dropdown list]</i>	Rate <i>[Insert rate below]</i>	Insert Base	Total <i>[Insert Indirect]</i>
<b>Part A Administrative Total</b>			
			\$ 1,381,724

**PART A PLANNING COUNCIL/PLANNING BODY BUDGET****RECIPIENT: Shanti Planning Council****FISCAL YEAR: 2026****Personnel**

<b>Salary</b> <i>[Insert total annual salary]</i>	<b>FTE</b> <i>[Insert as decimal]</i>	<b>Name, Position</b> <i>[Insert name, position title]</i>	<b>Budget Impact Justification</b> <i>[Description of duties, impact on program goals and outcomes, payment source for balance of FTE.]</i>	<b>Amount</b>
\$ 129,485	1.00	Molnar, M, Program Director	Direction and oversight of HCPC Support tasks; functions as an alternative liasion between the HCPC and stakeholders, government entities and community bodies. Development of annual HCPC work plan; provides training to council on HRSA mandates; oversees resource allocation and service category prioritization process and protocols; oversees training and orientation.	\$ 129,485
\$ 69,870	1.00	Perez, K, Program Manager 1	Manages day to day operation of planning council support program; supervises and implements annual needs assessment & community outreach listening activities (COLA), maintaining compliance with CA State protocols; lisson with Mayors' Office	\$ 69,870
\$ 58,681	1.00	Tajgeer, K, Program Coordinator	Notetaking & minutes at Council meetings; maintenance of recordings & website; coordinates requests for information; facilitates focus group meetings.	\$ 58,681
				\$ -
<b>Personnel Sub-Total with Rounding</b>				\$ 258,036
<b>Rounding Input Adjustment to Match SF-424A</b>				
<b>Personnel Total</b>				\$ 258,036

**Fringe Benefits**

<b>Percentage</b> <i>[Insert as %]</i>	<b>Components</b> <i>[List components that comprise the fringe benefit rate.]</i>	<b>Amount</b>
7.65%	Social Security	\$ 19,740
9.00%	Medical	\$ 23,223
1.50%	Dental	\$ 3,870
1.00%	Unemployment Insurance	\$ 2,580
<b>Fringe Benefit Sub-Total with Rounding</b>		\$ 49,413
<b>Rounding Input Adjustment to Match SF-424A</b>		
<b>Fringe Benefit Total</b>		\$ 49,413

**Travel****Local**

<b>Mileage Rate</b>	<b>Number of Miles</b>	<b>Name, Position of Traveler(s)</b>	<b>Travel Expenses/Budget Impact Justification</b> <i>[Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.</i>	<b>Amount (round down to nearest whole number)</b>
<b>Local Travel Sub-Total</b>				\$ -

**Long Distance**

<b>Type of Travel</b>	<b>Name, Position of Traveler(s)</b>	<b>Travel Expenses/Budget Impact Justification</b> <i>[Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.</i>	<b>Amount (round down to nearest whole number)</b>
<b>Long Distance Travel Sub-Total</b>			\$ -
<b>Travel Total</b>			\$ -

**Equipment***[Equipment is defined as a unit cost of \$5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.)] Show breakdown of costs.*

<b>List of Equipment</b>	<b>Budget Impact Justification</b> <i>[Description of need to carry out the program's objectives/goals.]</i>	<b>Amount (round down to nearest whole number)</b>
<b>Equipment Total</b>		\$ -

Supplies			
[Supplies is defined as property with a unit cost under \$5,000. <b>Note</b> : Items such as laptops, tablets, and desktop computers are classified as a supply if the value is under the \$5,000 threshold.] Show breakdown of costs.			
List of Supplies		Budget Impact Justification [Description of need to carry out the program's objectives/goals].	Amount (round down to nearest whole number)
Pens, Paper, folder, etc		Costs for office supplies, printing and copying, council meeting related supplies (330 x 3 FTE)	\$ 989
Supplies Total			\$ 989
Contractual			
List of Contracts	Deliverables	Budget Impact Justification [Description of how the contract impacts the program's objectives/goals and how the costs were estimated.] Show breakdown of costs.	Amount (round down to nearest whole number)
Contracts Total			\$ -
Other			
[List all costs that do not fit into any other category.] Show breakdown of costs.			
List of Other		Budget Impact Justification [Impact on the program's objectives/goals.]	Amount (round down to nearest whole number)
Rent		Total Annual Rent: \$8,670/mos for Polk St. location x 3 FTE	\$ 26,010
Insurance		General Liability (\$426.07 x 3 FTE ).	\$ 1,278
Rental of Equipment		Leased equipment (\$130.19 x 3 FTE)	\$ 392
IT support/shredding		IT and web-based services (\$1,081 x 3 FTE)	\$ 3,243
Web Based Services		Survey Monkey, Software + other Licenses (62.5* 3 FTE)	\$ 488
Communications		Phone/internet (\$110.00 x 3 FTE x 12 mo)	\$ 3,960
Conference Space		944.71/mos x 12 mos	\$ 11,337
Other Costs Total			\$ 46,708
Total Direct Cost			
			\$ 355,146
Indirect Cost			
Type of Indirect Cost [Select from dropdown list]	Rate (Insert rate below)	Insert Base	Total [Insert Indirect]
Fixed	8.56%	\$ 351,332	30,065
Part A Planning Council/Planning Body Total			
			\$ 385,211



# PART A PLANNING COUNCIL/PLANNING BODY BUDGET

## RECIPIENT: AIDS Legal Referral Panel

### FISCAL YEAR: 2026

#### Personnel

Salary <i>[Insert total annual salary]</i>	FTE <i>[Insert as decimal]</i>	Name, Position <i>[Insert name, position title]</i>	Budget Impact Justification <i>[Description of duties, impact on program goals and outcomes, payment source for balance of FTE.]</i>	Amount
\$ 101,185	0.75	Stephen Spano, HCAP Attorney	Conduct outreach activities, provide advocacy, and offer mediation services; provide technical assistance to providers; prepare quarterly reports on consumer issues and their resolution	\$ 75,888
\$ 148,500	0.01	Matt Foreman, ED	Supervise HCAP Attorney; oversee agency collaborations and attorney-client relations; conduct program evaluation activities; oversee compliance with contract objectives and requirements including ARIES data implementation. Conduct Client Services meetings at which client services staff discuss trends, cases and client feedback.	\$ 1,485
				\$ -
<b>Personnel Sub-Total with Rounding</b>				\$ 77,373
<b>Rounding Input Adjustment to Match SF-424A</b>				
<b>Personnel Total</b>				\$ 77,373

#### Fringe Benefits

Percentage <i>[Insert as %]</i>	Components <i>[List components that comprise the fringe benefit rate.]</i>	Amount
7.65%	Social Security	\$ 5,919
8.00%	Medical	\$ 6,189
0.50%	Dental	\$ 386
0.40%	Unemployment Insurance	\$ 312
0.75%	Worker Compensation Insurance	\$ 580
		\$ -
		\$ -
		\$ -
<b>Fringe Benefit Sub-Total with Rounding</b>		\$ 13,386
<b>Rounding Input Adjustment to Match SF-424A</b>		
<b>Fringe Benefit Total</b>		\$ 13,386

#### Travel

##### Local

Mileage Rate	Number of Miles	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification <i>[Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.</i>	Amount (round down to nearest whole number)
<b>Local Travel Sub-Total</b>				\$ -

##### Long Distance

Type of Travel	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification <i>[Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.</i>	Amount (round down to nearest whole number)
<b>Long Distance Travel Sub-Total</b>			\$ -
<b>Travel Total</b>			\$ -

#### Equipment

*[Equipment is defined as a unit cost of \$5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.)] Show breakdown of costs.*

List of Equipment	Budget Impact Justification <i>[Description of need to carry out the program's objectives/goals.]</i>	Amount (round down to nearest whole number)

			<b>Equipment Total</b>
			\$ -
<b>Supplies</b>			
<i>[Supplies is defined as property with a unit cost under \$5,000. <b>Note:</b> Items such as laptops, tablets, and desktop computers are classified as a supply if the value is under the \$5,000 threshold.] Show breakdown of costs.</i>			
<b>List of Supplies</b>		<b>Budget Impact Justification</b> <i>[Description of need to carry out the program's objectives/goals].</i>	<b>Amount (round down to nearest whole number)</b>
Office Supplies		4% of supplies, allocated by shared cost based on FTE (\$45,000 X 4%)	\$ 1,800
Postage		4% of postage cost, allocated by shared cost based on FTE (\$6,000 X 4%)	\$ 240
		<b>Supplies Total</b>	\$ 2,040
<b>Contractual</b>			
<b>List of Contracts</b>	<b>Deliverables</b>	<b>Budget Impact Justification</b> <i>[Description of how the contract impacts the program's objectives/goals and how the costs were estimated.] Show breakdown of costs.</i>	<b>Amount (round down to nearest whole number)</b>
IT Consultants - Karen Nylus & Moshe Artz	Hours of IT Consultant Services	IT and database consultation costs, allocated by shared cost based on FTE (\$10,000 X 4%)	\$ 400
		<b>Contracts Total</b>	\$ 400
<b>Other</b>			
<i>[List all costs that do not fit into any other category.] Show breakdown of costs.</i>			
<b>List of Other</b>		<b>Budget Impact Justification</b> <i>[Impact on the program's objectives/goals.]</i>	<b>Amount (round down to nearest whole number)</b>
Rent		4% of office space, allocated by shared cost based on FTE (\$133,100 X 4%)	\$ 5,324
Telephone		4% of phone costs, allocated by shared cost based on FTE (\$22,000 X 4%)	\$ 880
General Liability Insurance		4% of insurance premium, allocated by shared cost based on FTE (\$11,000 X 4%)	\$ 720
Professional Liability Insurance		4% of premium, allocated by shared cost based on FTE (18,000 x 4%)	\$ 800
Equipment Rental/Repair		4% of equipment rental and repair, allocated by shared cost based on FTE (\$10,500 X 4%)	\$ 412
		<b>Other Costs Total</b>	\$ 8,136
<b>Total Direct Cost</b>			
			\$ 101,335
<b>Indirect Cost</b>			
<b>Type of Indirect Cost</b> <i>[Select from dropdown list]</i>	<b>Rate</b> <i>(Insert rate below)</i>	<b>Insert Base</b>	<b>Total</b> <b>[Insert Indirect]</b>
Fixed	9%	\$ 101,335.00	9,120
<b>Part A Planning Council/Planning Body Total</b>			
			\$ 110,455

PART A ADMIN BUDGET				
RECIPIENT: HR360				
FISCAL YEAR: 2026				
Personnel				
Salary [Insert total annual salary]	FTE [Insert as decimal]	Name, Position [Insert name, position title]	Budget Impact Justification [Description of duties, impact on program goals and outcomes, payment source for balance of FTE.] Only include duties that are allocable to the CQM budget.	Amount
\$ 74,552	1.00	Nina Davis, Office Manager/Admin Assistant	Performs general office manager functions for HHS section & coordinates calendars of HHS Assist Director and Director	\$ 74,552
\$ 95,304	1.00	Deanna Chan/Invocie Clerk	Analyzes and processes HHS and HPS contract invoices, including quality analysis to evaluate level of UOS and UDC services provdied based on contract target goals, performs other basic budgetary tasks	\$ 95,304
				\$ -
				\$ -
				\$ -
Personnel Sub-Total with Rounding				\$ 169,856
Rounding Input Adjustment to Match SF-424A				
Personnel Total				\$ 169,856
Fringe Benefits				
Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate.]			Amount
7.65%	Social Security			\$ 12,994
14.25%	Medical			\$ 24,206
1.00%	Dental			\$ 1,699
2.20%	Unemployment Insurance			\$ 3,736
8.10%	Paid Time off			\$ 13,759
4.80%	Retirement			\$ 8,153
				\$ -
				\$ -
Fringe Benefit Sub-Total with Rounding				\$ 64,547
Rounding Input Adjustment to Match SF-424A				
Fringe Benefit Total				\$ 64,547
Travel				
Local				
Mileage Rate	Number of Miles	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.	Amount (round down to nearest whole number)
Local Travel Sub-Total				\$ -
Long Distance				
Type of Travel	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.		Amount (round down to nearest whole number)
Long Distance Travel Sub-Total				\$ -
Travel Total				\$ -
Equipment				
[Equipment is defined as a unit cost of \$5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition..)] Show breakdown of costs.				
List of Equipment		Budget Impact Justification [Description of need to carry out the program's objectives/goals.]		Amount (round down to nearest whole number)

			Equipment Total	\$ -
Supplies				
[Supplies is defined as property with a unit cost under \$5,000. <b>Note</b> : Items such as laptops, tablets, and desktop computers are classified as a supply if the value is under the \$5,000 threshold.] Show breakdown of costs.				
List of Supplies		Budget Impact Justification [Description of need to carry out the program's objectives/goals.]		Amount (round down to nearest whole number)
			Supplies Total	\$ -
Contractual				
List of Contracts	Deliverables	Budget Impact Justification [Description of how the contract impacts the program's objectives/goals and how the costs were estimated.] Show breakdown of costs.		Amount (round down to nearest whole number)
			Contracts Total	\$ -
Other				
[List all costs that do not fit into any other category] Show breakdown of costs.				
List of Other		Budget Impact Justification [Impact on the program's objectives/goals]		Amount (round down to nearest whole number)
			Other Costs Total	\$ -
Total Direct Cost				
				\$ 234,402
Indirect Cost				
Type of Indirect Cost [Select from dropdown list]	Rate (Insert rate below)	Insert Base		Total [Insert Indirect]
Fixed	10%	\$ 232,081		\$ 23,440
Part A Clinical Quality Management Total				
				\$ 257,843

PART A PLANNING COUNCIL/PLANNING BODY CONTRACTUAL BUDGET				
RECIPIENT:				
Note: complete this budget sheet if the jurisdiction contracts with a third party to provide Planning Council Support for the program.				
FISCAL YEAR: 2026				
Personnel				
Salary [Insert total annual salary]	FTE [Insert as decimal]	Name, Position [Insert name, position title]	Budget Impact Justification [Description of duties, impact on program goals and outcomes, payment source for balance of FTE.]	Amount
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
FTE Total:		0		\$ -
Personnel Sub-Total with Rounding				\$ -
Rounding Input Adjustment to Match SF-424A				
Personnel Total				\$ -
Fringe Benefits				
Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate.]			Amount
				\$ -
				\$ -
				\$ -
				\$ -
Fringe Benefit Sub-Total with Rounding				\$ -
Rounding Input Adjustment to Match SF-424A				
Fringe Benefit Total				\$ -
Travel				
Local				
Mileage Rate	Number of Miles	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.	Amount (round down to nearest whole number)
Local Travel Sub-Total				\$ -
Long Distance				
Type of Travel	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.		Amount (round down to nearest whole number)
Long Distance Travel Sub-Total				\$ -
Travel Total				\$ -
Equipment				
[Equipment is defined as a unit cost of \$5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.)] Show breakdown of costs.				
List of Equipment		Budget Impact Justification [Description of need to carry out the program's objectives/goals.]		Amount (round down to nearest whole number)
Equipment Total				\$ -
Supplies				
[Supplies is defined as property with a unit cost under \$5,000. <b>Note:</b> Items such as laptops, tablets, and desktop computers are classified as a supply if the value is under the \$5,000 threshold.] Show breakdown of costs.				
List of Supplies		Budget Impact Justification [Description of need to carry out the program's objectives/goals.]		Amount (round down to nearest whole number)
Supplies Total				\$ -
Contractual				
List of Contracts	Deliverables	Budget Impact Justification [Description of how the contract impacts the program's objectives/goals and how the costs were estimated.] Show breakdown of costs.		Amount (round down to nearest whole number)
Contracts Total				\$ -
Other				
[List all costs that do not fit into any other category.] Show breakdown of costs.				
List of Other		Budget Impact Justification [Impact on the program's objectives/goals.]		Amount (round down to nearest whole number)
Other Costs Total				\$ -
Total Direct Cost				
				\$ -
Indirect Cost				
Type of Indirect Cost [Select from dropdown list]	Rate (Insert rate below)	Insert Base		Total [Insert Indirect]
Part A Planning Council/Planning Body Total				\$ -

PART A CLINICAL QUALITY MANAGEMENT BUDGET				
RECIPIENT:				
FISCAL YEAR: 2026				
Personnel				
Salary [Insert total annual salary]	FTE [Insert as decimal]	Name, Position [Insert name, position title]	Budget Impact Justification [Description of duties, impact on program goals and outcomes, payment source for balance of FTE.] Only include duties that are allocable to the CQM budget.	Amount
\$ 177,471	0.25	Beth Neary, Assistant Director of HIV Health Services	Responsible for the overall oversight, planning, evaluation and quality management for HHS as the grantee for the San Francisco HIV System of Care in coordination with our Ryan White mandated HIV Community Planning Council. Leads HHS Internal CQI Committee and works directly with funded CBOs on CQI initiatives. Directs Health Care Analyst for Quality Management on writing of HHS QM/QI Plan and all QM/QI presentations. Reviews program QI data with HHS Internal CQI Committee to suggest CQI activities for discussion at HHS CBO CQI bimonthly review meetings. Meets with system of care providers and SMEs with HHS Director to discuss future CQI needs/interests. (.25 RWPA CQM & .50 GF & .25 RWPB)	\$ 44,367
\$ 133,770	0.50	Natalie Basha, Health Care Analyst	Participates in HHS Internal CQI Committee and works directly with funded CBOs on CQI initiatives. Integrally involved in data oversight and importing functions related to services and ARIES reporting. Provides CQI analysis and presentations to local HIV Community Planning Council. Produces all HHS written QM/QI plans. Ensures proper importation from DPH EMRs to ARIES database for accuracy of data related to QI of health for both annual program evaluations as part of the program monitoring cycle and for the aggregate analysis HHS continually reviews and frequently produces and reports to our local Planning Council, Health Commission, local SF Board of Supervisors. (.50 RWPA CQM & .50 GF)	\$ 66,885
\$ 164,097	0.23	Flor Roman, Health Program Coordinator II	Serves as ARIES Manager to train users, provide oversight of quality and accuracy of ARIES data for HRSa reporting as well as for usage for HHS CQI purposes. Participates in HHS Internal CQI Committee and works directly with funded CBOs on CQI initiatives. Ensures proper program identifications and designs (set-ups) in ARIES for DPH EMRs to import client level data into ARIES database to have accurate and correctly sorted data related to QI of health for both annual program evaluations as part of the program monitoring cycle. This is necessary for aggregate analysis HHS continually reviews as part of our ongoing CQI work and frequently produces and reports to our local Planning Council, Health Commission, local SF Board of Supervisors. Also trains ARIES users on proper usage and report generation in ARIES which includes who to run and utilize program data and how to utilize this data for CQI related program level work. (.23 RWPA & .40 RWPB CQM & .37 GF)	\$ 37,742
\$ 164,097	1.00	TBD, Health Program Coordinator II	Manages the HHS QM training program which provides many QM/QI/ and capacity development related trainings annually for our RWPA funded providers. Researches and recruits trainers and consultants for the trainings. Develops contracts and monitors payment mechanism. Works with trainers to develop training materials and identifies training goals. Creates pre-test and post-test evaluations for attendees. Provides analysis of these trainings to HHS leadership and our local Planning Council. Creates, distributes and analyzes annual survey to HHS HIV System of Care on QM/QI/CD Training questions and topics of interest. (1.00 RWPA CQM)	\$ 164,097
FTE Total:			1.98	
Personnel Sub-Total with Rounding				\$ 313,091
Rounding Input Adjustment to Match SF-424A				
Personnel Total				\$ 313,091
Fringe Benefits				
Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate.]			Amount
12.63%	Insurance(Medical/Life)			\$ 39,543
7.65%	Social Security			\$ 23,951
12.00%	Retirement			\$ 37,570
1.50%	Workers Compensation			\$ 4,696
4.22%	Others (Disability, Unemployment, Medicare, Life Insurance, and Supp. Ret.)			\$ 13,212
				\$ -
				\$ -
				\$ -
Fringe Benefit Sub-Total with Rounding				\$ 118,972
Rounding Input Adjustment to Match SF-424A				
Fringe Benefit Total				\$ 118,972
Travel				
Local				
Mileage Rate	Number of Miles	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.	Amount (round down to nearest whole number)
Local Travel Sub-Total				\$ -
Long Distance				
Type of Travel	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.		Amount (round down to nearest whole number)
Long Distance Travel Sub-Total				\$ -
Travel Total				\$ -
Equipment				
[Equipment is defined as a unit cost of \$5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.)] Show breakdown of costs.				
List of Equipment	Budget Impact Justification [Description of need to carry out the program's objectives/goals.]			Amount (round down to nearest whole number)
Equipment Total				\$ -
Supplies				
[Supplies is defined as property with a unit cost under \$5,000. <b>Note:</b> Items such as laptops, tablets, and desktop computers are classified as a supply if the value is under the \$5,000 threshold.] Show breakdown of costs.				
List of Supplies	Budget Impact Justification [Description of need to carry out the program's objectives/goals.]			Amount (round down to nearest whole number)
Supplies Total				\$ -
Contractual				

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List of Contracts	Deliverables	Budget Impact Justification <i>[Description of how the contract impacts the program's objectives/goals and how the costs were estimated.] Show breakdown of costs.</i>	Amount (round down to nearest whole number)
Contracts Total			\$ -
Other <i>[List all costs that do not fit into any other category]Show breakdown of costs.</i>			
List of Other	Budget Impact Justification <i>[Impact on the program's objectives/goals]</i>		Amount (round down to nearest whole number)
Other Costs Total			\$ -
Total Direct Cost			
			\$ 432,063
Indirect Cost			
Type of Indirect Cost <i>[Select from dropdown list]</i>	Rate <i>(Insert rate below)</i>	Insert Base	Total <i>[Insert Indirect]</i>
Part A Clinical Quality Management Total			\$ 432,063

PART A HIV SERVICES BUDGET				
RECIPIENT:				
FISCAL YEAR: 2026				
Personnel				
Salary [Insert total annual salary]	FTE [Insert as decimal]	Name, Position [Insert name, position title]	Budget Impact Justification [Description of duties, impact on program goals and outcomes, payment source for balance of FTE]	Amount
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
FTE Total:	0		Personnel Sub-Total with Rounding	\$ -
Rounding Input Adjustment to Match SF-424A				
Personnel Total				\$ -
Fringe Benefits				
Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate]			Amount
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
Fringe Benefit Sub-Total with Rounding				\$ -
Rounding Input Adjustment to Match SF-424A				
Fringe Benefit Total				\$ -
Travel				
Local				
Mileage Rate	Number of Miles	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals]Show breakdown of costs.	Amount (round down to nearest whole number)
Local Travel Sub-Total				\$ -
Long Distance				
Type of Travel	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals]Show breakdown of costs.		Amount (round down to nearest whole number)
Long Distance Travel Sub-Total				\$ -
Travel Total				\$ -
Equipment				
[Equipment is defined as a unit cost of \$5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.)]				
List of Equipment	Budget Impact Justification [Description of need to carry out the program's objectives/goals]Show breakdown of costs.			Amount (round down to nearest whole number)
Equipment Total				\$ -
Supplies				
[Supplies is defined as property with a unit cost under \$5,000. <b>Note:</b> Items such as laptops, tablets, and desktop computers are classified as a supply if the value is under the \$5,000 threshold.]Show breakdown of costs.				
List of Supplies	Budget Impact Justification [Description of need to carry out the program's objectives/goals]			Amount (round down to nearest whole number)
Supplies Total				\$ -
Contractual				
List of Contracts	Deliverables	Budget Impact Justification [Description of how the contract impacts the program's objectives/goals and how the costs were estimated]Show breakdown of costs.		Amount (round down to nearest whole number)
Outpatient/Ambulatory Health Services	Outpatient/ Ambulatory Health Encounters	All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverables by each service category.		\$ 1,204,717
Oral Health Care	Oral Health Encounters	All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverables by each service category.		\$ 870,944
EIS	Hours of EIS services	All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverables by each service category.		\$ 170,066
Health Insurance Premium &	Health Insurance	All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverables by each service category.		\$ 39,000
Home Health Care	Home Health Care visits	All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverables by each service category.		\$ 271,003
Hospice	Hours of Professional and Paraprofessional services	All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverables by each service category.		\$ 659,152
Mental Health	Psychiatric Encounters, Hours of Individual and Group Outpatient Mental Health Hours.	All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverables by each service category.		\$ 1,326,919
Medical Case Management	Hours of Medical Case Management	All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverables by each service category.		\$ 2,926,762
Non-Medical Case Management	Hours of Non-Medical Case Management	All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverables by each service category.		\$ 2,595,289
Emergency Financial Assistance	Emergency Financial Assistance grants	All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverables by each service category.		\$ 897,231



Food	Meals or Bags of Groceries	All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverables by each service category.	\$ 544,200	Support
Housing	Days of Housing	All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverables by each service category.	\$ 267,997	Support
Outreach	Hours of Outreach	All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverables by each service category.	\$ 303,051	Support
Psycho-Social Support	Hours of Individual or Group Psycho-social Services	All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverables by each service category.	\$ 549,626	Support
Other Professional Services	Hours of Legal	All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverables by each service category.	\$ 322,233	Support
Medical Transportation		All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverables by each service category.	\$ 12,477	Support
Contracts Total			\$ 12,960,667	
Other				
[List all costs that do not fit into any other category] Show breakdown of costs.				
List of Other		Budget Impact Justification [Impact on the program's objectives/goals]	Amount (round down to nearest whole number)	
Other Costs Total			\$ -	
Total Direct Cost			\$ 12,960,667	
Indirect Cost				
Type of Indirect Cost [Select from dropdown list]	Rate (Insert rate below)	Insert Base	Total [Insert Indirect]	
Part A HIV Services Total			\$ 12,960,667	

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MAI ADMINISTRATIVE BUDGET				
RECIPIENT:				
FISCAL YEAR: 2026				
Personnel				
Salary [Insert total annual salary]	FTE [Insert as decimal]	Name, Position [Insert name, position title]	Budget Impact Justification [Description of duties, impact on program goals and outcomes, payment source for balance of FTE]	Amount
\$ 161,053	0.35	William Gramlich, Compliance Program Manager.	Provides oversight of contractor performance and compliance for Ryan White Part A grants. .25 RWPA & .35 RWPA MAI & .40 GF	\$ 56,368
				\$ -
				\$ -
				\$ -
				\$ -
FTE Total:		0.35	Personnel Sub-Total with Rounding	\$ 56,368
Rounding Input Adjustment to Match SF-424A				
Personnel Total				\$ 56,368
Fringe Benefits				
Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate]			Amount
12.63%	Insurance(Medical/Life)			\$ 7,119
7.65%	Social Security			\$ 4,312
12.00%	Retirement			\$ 6,764
1.50%	Workers Compensation			\$ 845
4.22%	Others (Disability, Unemployment, Medicare, Life Insurance, and Supp. Ret.)			\$ 2,378
				\$ -
				\$ -
				\$ -
Fringe Benefit Sub-Total with Rounding				\$ 21,418
Rounding Input Adjustment to Match SF-424A				
Fringe Benefit Total				\$ 21,418
Travel				
Local				
Mileage Rate	Number of Miles	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals]Show breakdown of costs.	Amount (round down to nearest whole number)
Local Travel Sub-Total				\$ -
Long Distance				
Type of Travel	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals]Show breakdown of costs.		Amount (round down to nearest whole number)
Long Distance Travel Sub-Total				\$ -
Travel Total				\$ -
Equipment				
[Equipment is defined as a unit cost of \$5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.)]Show breakdown of costs.				
List of Equipment	Budget Impact Justification [Description of need to carry out the program's objectives/goals]			Amount (round down to nearest whole number)
Equipment Total				\$ -
Supplies				
[Supplies is defined as property with a unit cost under \$5,000. <b>Note:</b> Items such as laptops, tablets, and desktop computers are classified as a supply if the value is under the \$5,000 threshold.]Show breakdown of costs.				
List of Supplies	Budget Impact Justification [Description of need to carry out the program's objectives/goals]			Amount (round down to nearest whole number)
Supplies Total				\$ -
Contractual				
List of Contracts	Deliverables	Budget Impact Justification [Description of how the contract impacts the program's objectives/goals and how the costs were estimated]Show breakdown of costs.		Amount (round down to nearest whole number)
Contracts Total				\$ -
Other				
[List all costs that do not fit into any other category]Show breakdown of costs.				
List of Other	Budget Impact Justification [Impact on the program's objectives/goals]			Amount (round down to nearest whole number)
Other Costs Total				\$ -
Total Direct Cost				
				\$ 77,786
Indirect Cost				
Type of Indirect Cost [Select from dropdown list]	Rate (Insert rate below)	Insert Base		Total [Insert Indirect]

MAI Administrative Total			
		\$	77,786

MAI HIV SERVICES BUDGET				
RECIPIENT:				
FISCAL YEAR: 2026				
<b>Personnel</b>				
Salary <i>[Insert total annual salary]</i>	FTE <i>[Insert as decimal]</i>	Name, Position <i>[Insert name, position title]</i>	Budget Impact Justification <i>[Description of duties, impact on program goals and outcomes, payment source for balance of FTE]</i>	Amount
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
FTE Total:				0
Personnel Sub-Total with Rounding				\$ -
Rounding Input Adjustment to Match SF-424A				
Personnel Total				\$ -
<b>Fringe Benefits</b>				
Percentage <i>[Insert as %]</i>	Components <i>[List components that comprise the fringe benefit rate]</i>			Amount
				\$ -
				\$ -
				\$ -
				\$ -
Fringe Benefit Sub-Total with Rounding				\$ -
Rounding Input Adjustment to Match SF-424A				
Fringe Benefit Total				\$ -
<b>Travel</b>				
<b>Local</b>				
Mileage Rate	Number of Miles	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification <i>[Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals] Show breakdown of costs.</i>	Amount (round down to nearest whole number)
Local Travel Sub-Total				\$ -
<b>Long Distance</b>				
Type of Travel	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification <i>[Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals] Show breakdown of costs.</i>		Amount (round down to nearest whole number)
Long Distance Travel Sub-Total				\$ -
Travel Total				\$ -
<b>Equipment</b>				
<i>[Equipment is defined as a unit cost of \$5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.)] Show breakdown of costs.</i>				
List of Equipment	Budget Impact Justification <i>[Description of need to carry out the program's objectives/goals]</i>			Amount (round down to nearest whole number)
Equipment Total				\$ -
<b>Supplies</b>				
<i>[Supplies is defined as property with a unit cost under \$5,000. <b>Note:</b> Items such as laptops, tablets, and desktop computers are classified as a supply if the value is under the \$5,000 threshold.] Show breakdown of costs.</i>				
List of Supplies	Budget Impact Justification <i>[Description of need to carry out the program's objectives/goals]</i>			Amount (round down to nearest whole number)
Supplies Total				\$ -
<b>Contractual</b>				
List of Contracts	Deliverables	Budget Impact Justification <i>[Description of how the contract impacts the program's objectives/goals and how the costs were estimated] Show breakdown of costs.</i>		Amount (round down to nearest whole number)
Medical Case Management, including Treatment Adherence Services	Hours of Mental Health Services Encounters	All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverables by each service category.		\$ 234,441
Outpatient/Ambulatory Health Services	Outpatient/Ambulatory Health Encounters	All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverables by each service category.		\$ 465,634
Contracts Total				\$ 700,075
<b>Other</b>				
<i>[List all costs that do not fit into any other category] Show breakdown of costs.</i>				
List of Other	Budget Impact Justification <i>[Impact on the program's objectives/goals]</i>			Amount (round down to nearest whole number)
Other Costs Total				\$ -
Total Direct Cost				\$ 700,075
<b>Indirect Cost</b>				
Type of Indirect Cost <i>[Select from dropdown list]</i>	Rate <i>(Insert rate below)</i>	Insert Base		Total <i>[Insert Indirect]</i>
MAI HIV Services Total				\$ 700,075

\$ 700,075