

**Appendix G**  
**Proposed Budget**

Months	4	12	9		
	Period 1 (Opening - 6/30/26)	Period 2 (7/1/26 - 6/30/27)	Period 3 (7/1/27 - 3/31/28)	Total Contract	
	Total Cost	Total Cost	Total Cost	Total Cost	Total Cost
A) Program Salaries & Fringe Benefits	\$ 1,255,348	\$ 3,898,693	\$ 3,070,221	\$ 8,224,262	
B) Direct Program Operating Expenses	\$ 719,519	\$ 1,245,104	\$ 980,519	\$ 2,945,143	
C) Program [Sub-]Contract Services	\$ -	\$ -	\$ -	\$ -	
D) Program Equipment Purchase	\$ 172,250	\$ 36,000	\$ 36,000	\$ 244,250	
X) Non-program Indirect/Overhead Costs	\$ 429,424	\$ 1,035,959	\$ 817,348	\$ 2,282,731	
Y) Baseline Profit/Loss	\$ 51,531	\$ 124,315	\$ 98,082	\$ 273,928	
<b>Total Cost before incentives</b>	<b>\$ 2,628,072</b>	<b>\$ 6,340,072</b>	<b>\$ 5,002,170</b>	<b>\$ 13,970,314</b>	
<b>"Monthly Contract Amount"</b>	<b>\$ 657,018</b>	<b>\$ 528,339</b>	<b>\$ 555,797</b>		
Initial Monthly payment	92.50%		\$ 488,714	\$ 514,112	
<b>Incentive Payout Tier - average of all metrics hit each one</b>					
Below Tier 1			0%	0%	
Tier 1			2.5%	2.5%	
Tier 2			7.5%	7.5%	
Tier 3			12.5%	12.5%	
<b>Monthly incentives (paid quarterly)</b>					
Below Tier 1		\$ -	\$ -		
Tier 1		\$ 13,208	\$ 13,895		
Tier 2		\$ 39,625	\$ 41,685		
Tier 3		\$ 66,042	\$ 69,475		
<b>Monthly payout</b>					

**Appendix G**  
**Proposed Budget**

Below Tier 1	\$	488,714	\$	514,112
Tier 1	\$	501,922	\$	528,007
Tier 2	\$	528,339	\$	555,797
Tier 3	\$	554,756	\$	583,586

**Total full period payout**

Below Tier 1	\$	2,628,072	\$	5,864,567	\$	4,627,007	\$	13,119,646
Tier 1	\$	2,628,072	\$	6,023,068	\$	4,752,061	\$	13,403,202
Tier 2	\$	2,628,072	\$	6,340,072	\$	5,002,170	\$	13,970,314
<b>Tier 3</b>	<b>\$</b>	<b>2,628,072</b>	<b>\$</b>	<b>6,657,076</b>	<b>\$</b>	<b>5,252,278</b>	<b>\$</b>	<b>14,537,426</b>

**San Francisco Sheriff's Office****Temp Title: Law Enforcement Sobering Center**  
**Budget Price Proposal**

Agency Name:

ConnectionsCA, LLC

Date:

11/26/2025

Program Title:

Deflection Center

Contract Period:

Startup & 3/1/26 - 6/3**Total Program Budget Summary**

Budget Expense Line Items:	Total Budget Request*
A) Program Salaries & Fringe Benefits	\$ 1,255,348
B) Direct Program Operating Expenses	\$ 719,519
C) Program [Sub-]Contract Services	\$ -
D) Program Equipment Purchase	\$ 172,250
<b>X) Non-Program Indirect/Admin/Overhead Costs** (20.0%)</b>	<b>\$429,424</b>
<b>Y) Profit/Loss</b>	<b>\$51,531</b>
<b>TOTAL PROGRAM [&amp; NON-PROGRAM] AMOUNT:</b>	
<b><u>\$ 2,628,072</u></b>	

\*Totals must match subtotals on corresponding budget pages. (Hint: complete those pages first and the totals from each page will populate this summary page.)

\*\*Indirect/Admin/Overhead ("Non-Program") costs cannot exceed **20%** of Program Costs without sufficient justification and SFSO CFO's approval. There is no corresponding budget page for Indirect/Admin/Overhead costs.

Please note Indirect/Overhead is only allowed for Program Salaries & Fringe Benefits.

Agency's Director or Financial Officer

Date:

Kevin Miller11/14/2025

FOR SHERIFF USE ONLY

Program Budget Approved

Appendix B, Attachment 1

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Sheriff's Chief Financial Officer

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Date:

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Data entry of Approved Budget

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Date:

Funding Source Codes and Amount:

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**San Francisco Sheriff's Office**  
**Temp Title: Law Enforcement Sobering Center**  
**Budget Price Proposal**

Agency Name:

Date:

**ConnectionsCA, LLC****11/26/2025**

Program Title:

Contract Period:

**Deflection Center****Startup & 3/1/26 - 6/30/26**

**A) Program Salary and Fringe Benefits Budget Summary**

Position/Title		Hrs/ Wk	Wks/ Yr	Hourly Salary	FTE	Salary Amt	Other Pay Components*	Other Pay Amt	Fringe %	Fringe Amt
1	Behavioral Health Specialist	168	17.33	\$ 28.58	4.20	\$ 83,232	18%	\$ 14,982	31%	\$ 30,446
2	Case Manager	168	17.33	\$ 30.00	4.20	\$ 87,360	18%	\$ 15,725	31%	\$ 31,956
3	Registered Nurse	168	17.33	\$ 75.00	4.20	\$ 218,400	27%	\$ 58,968	31%	\$ 85,984
4	Shift Supervisor	84	17.33	\$ 48.00	2.10	\$ 69,888	18%	\$ 12,580	31%	\$ 25,565
5	Recovery Specialist	336	17.33	\$ 26.50	8.40	\$ 154,336	18%	\$ 27,780	31%	\$ 56,456
6	Unit Coordinator	84	17.33	\$ 26.65	2.10	\$ 38,797	18%	\$ 6,983	31%	\$ 14,192
7										
8	Management and Support Staffing									
9	Manager, Nursing	40	17		1.00	\$ 175,000			31%	\$ 18,083
10	Medical Director	10	17		0.25	\$ 97,500			31%	\$ 10,075
11	West Regional President	4	17		0.10	\$ 26,839			31%	\$ 2,773
12	Senior VP, Clinical Services	4	17		0.10	\$ 23,000			31%	\$ 2,377
13	Senior Human Resources Business Partner	13	17		0.33	\$ 39,483			31%	\$ 4,080
14	Risk/Quality Specialist	13	17		0.33	\$ 21,836			31%	\$ 2,256
15	Patient Access Specialist	40	17		1.00	\$ 65,508			31%	\$ 6,769
16	Other Personnel Costs									
17	Telehealth 24/7 Coverage									
18	Performance Bonus									
19										

FTE Total: **28.32**

Subtotal Salary &amp; Fringe Benefits:

\*Represents other pay components such as PTO, holiday, sick call coverage, OT, shift differentials, and performance bonus where applicable

*Please insert additional lines as needed for all positions in your program budget and double-check the Subtotal line to verify that the formula includes all applicable cells in range.*

Appendix B, Attachment 1

**San Francisco Sheriff's Office**

**Temp Title: Law Enforcement Sobering Center**

**Budget Price Proposal**

Agency Name:

**ConnectionsCA, LLC**

Date:

**11/26/2025**

Program Title:

**Deflection Center**

Contract Period:

**Startup & 3/1/26 - 6/30/26**

**B) Direct Program Operating Expenses Summary**

Expense Item	Description/Purpose		Request Amount
	Monthly Amount	# of Months/Units	
<b>Facility Costs</b>			
Utilities	\$3,060	4	\$12,240
Repairs & Maintenance	\$5,100	4	\$20,400
Janitorial	\$10,200	4	\$40,800
Facility License & Business Fees	\$1,667	4	\$6,667
Other Occupancy Costs	\$4,168	4	\$16,671
<b>IT Costs</b>			
EMR Expense	\$12,835	4	\$51,338
IT Services & Support	\$208	4	\$833
IT Equipment & Rentals	\$417	4	\$1,667
IT Software & Licenses	\$250	4	\$1,000
<b>Client Services</b>			
Food Service	\$18,725	4	\$74,901
Medication	\$3,745	4	\$14,980
Client Supplies	\$11,235	4	\$44,941
Linens & Laundry	\$7,490	4	\$29,960
Waste Removal	\$1,873	4	\$7,490

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Expense Item	Description/Purpose		Request Amount
	Monthly Amount	# of Months/Units	
Interpreting Services	\$417	4	\$1,667
Patient Transportation	\$0	4	\$0
Staff Licenses & Credentialing Fees	\$333	4	\$1,333
Other Clinical Costs	\$833	4	\$3,333
Program Staff Travel (Local & Out of Town)	\$5,000	4	\$20,000
Training	\$417	4	\$1,667
Business & Occupancy Taxes	\$4,778	4	\$19,112
Insurance	\$7,500	4	\$30,000
Other Administrative Costs		4	\$0
Other (Startup Costs):			
Pre-opening Staff (NEO & Training)		1	\$72,921
Pre-opening Operating Costs		1	\$26,014
Hiring Sign-on Bonuses		1	\$33,000
Recruiting Costs (Background Checks, Job Fairs)		1	\$43,375
Training Staff		1	\$33,210
Training Staff Travel/Per Diem Costs		1	\$57,000
Training Materials		1	\$3,000
Program Implementation Costs		1	\$50,000
Subtotal Other Current Expenses:			\$ 719,519

San Francisco Sheriff's Office  
*Temp Title: Law Enforcement Sobering Center*  
Budget Price Proposal

Agency Name:

Date:

## ConnectionsCA, LLC

11/26/2025

Program Title:

### Contract Period:

## Deflection Center

Startup & 3/1/26 - 6/30/26

### C) Program [Sub-]Contract Services

Consultants/Professional Services*				Estimated Cost Per Hour	Estimated Hours	Request Amount
Name	Agency	Description of Services				
				\$ -	0	\$ -
				\$ -	0	\$ -
		<b>Not Applicable</b>		\$ -	0	\$ -
				\$ -	0	\$ -
				\$ -	0	\$ -
				\$ -	0	\$ -
				\$ -	0	\$ -

**Other [Sub-]Contract Services (provide description):**

Item (Example):	Description:	Estimated Cost Per Hour	Estimated Hours	Request Amount
		\$ -	0	\$ -
		\$ -	0	\$ -
		\$ -	0	\$ -
		\$ -	0	\$ -

**\*Please submit to SFSO Financial Services a copy of your agency's contract or agreement with each [sub-]contractor/consultant identified in your budget. This is normally a one-time submission. Please contact SFSO Financial Services with any questions regarding this.**

*Please insert additional lines as needed for all [sub]-contractors/consultants in your program budget and double-check the Subtotal line to verify that the formula includes all applicable cells in range.*

Appendix B, Attachment 1

**San Francisco Sheriff's Office**

***Temp Title: Law Enforcement Sobering Center***

**Budget Price Proposal**

Agency Name: ConnectionsCA, LLC Date: 11/26/2025

Program Title: Deflection Center Contract Period: Startup & 3/1/26

**D) Program Equipment Purchase**

Equipment to be purchased	Purpose for Equipment	Request Amount
Network/Server	Cameras, camera server, infrastructure, firewall, WAP, etc.	\$25,900
IT Equipment	Phones, printers, WoW carts, desktops, laptops, etc.	\$27,770
EMR	One-time implementation setup cost and support to build interface with Epic to process data feeds from MyAvatar (NetSmart), CHS' EMR system	\$82,580
Equipment and Supplies	General and medical-related	\$36,000
Subtotal for Equipment Purchases:		<b>\$172,250</b>

**San Francisco Sheriff's Office****Temp Title: Law Enforcement Sobering Center**  
**Budget Price Proposal**

Agency Name:

ConnectionsCA, LLC

Date:

11/26/2025

Program Title:

Deflection Center

Contract Period:

7/1/26 - 6/30/27**Total Program Budget Summary**

Budget Expense Line Items:	Total Budget Request*
A) Program Salaries & Fringe Benefits	\$ 3,898,693
B) Direct Program Operating Expenses	\$ 1,245,104
C) Program [Sub-]Contract Services	\$ -
D) Program Equipment Purchase	\$ 36,000
<b>X) Non-Program Indirect/Admin/Overhead Costs** (20.0%)</b>	<b>\$ 1,035,959</b>
<b>Y) Profit/Loss</b>	<b>\$ 124,315</b>
<b>TOTAL PROGRAM [&amp; NON-PROGRAM] AMOUNT:</b>	
<b><u>\$ 6,340,072</u></b>	

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\*\*Indirect/Admin/Overhead ("Non-Program") costs cannot exceed 20% of Program Costs without sufficient justification and SFSO CFO's approval. There is no corresponding budget page for Indirect/Admin/Overhead costs. Please note Indirect/Overhead is only allowed for Program Salaries & Fringe Benefits.

Agency's Director or Financial Officer

Date:

Kevin Miller11/14/2025

FOR SHERIFF USE ONLY

Program Budget Approved

Appendix B, Attachment 1

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Sheriff's Chief Financial Officer

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Date:

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Data entry of Approved Budget

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Date:

Funding Source Codes and Amount:

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**San Francisco Sheriff's Office**  
**Temp Title: Law Enforcement Sobering Center**  
**Budget Price Proposal**

Agency Name:

Date:

**ConnectionsCA, LLC****11/26/2025**

Program Title:

Contract Period:

**Deflection Center****7/1/26 - 6/30/27**

**A) Program Salary and Fringe Benefits Budget Summary**

Position/Title		Hrs/ Wk	Wks/ Yr	Hourly Salary	FTE	Salary Amt	Other Pay Components*	Other Pay Amt	Fringe %	Fringe Amt
1	Behavioral Health Specialist	168	52	\$ 29.38	4.2	\$ 256,688	18%	\$ 46,204	32%	\$ 96,925
2	Case Manager	168	52	\$ 30.84	4.2	\$ 269,418	18%	\$ 48,495	32%	\$ 101,732
3	Registered Nurse	168	52	\$ 77.10	4.2	\$ 673,546	27%	\$ 181,857	32%	\$ 273,729
4	Shift Supervisor	84	52	\$ 49.34	2.1	\$ 215,535	18%	\$ 38,796	32%	\$ 81,386
5	Recovery Specialist	336	52	\$ 27.24	8.4	\$ 475,972	18%	\$ 85,675	32%	\$ 179,727
6	Unit Coordinator	84	52	\$ 27.39	2.1	\$ 119,649	18%	\$ 21,537	32%	\$ 45,179
7										
8	Management and Support Staffing									
9	Manager, Nursing	40	52		1	180,250	0		31%	\$ 55,878
10	Medical Director	10	52		0	100,425	0		31%	\$ 31,132
11	West Regional President	4	52		0	27,644	0		31%	\$ 8,570
12	Senior VP, Clinical Services	4	52		0	23,690	0		31%	\$ 7,344
13	Senior Human Resources Business Partner	13	52		0	40,668	0		31%	\$ 12,607
14	Risk/Quality Specialist	13	52		0	22,491	0		31%	\$ 6,972
15	Patient Access Specialist	40	53		1	67,473	0		31%	\$ 20,917
16	Other Personnel Costs									
17	Telehealth 24/7 Coverage									
18	Performance Bonus									
19										

FTE Total: **28.32**

Subtotal Salary &amp; Fringe Benefits:

\*Represents other pay components such as PTO, holiday, sick call coverage, OT, shift differentials, and performance bonus where applicable

*Please insert additional lines as needed for all positions in your program budget and double-check the Subtotal line to verify that the formula includes all applicable cells in range.*

Appendix B, Attachment 1

**San Francisco Sheriff's Office**

**Temp Title: Law Enforcement Sobering Center**

**Budget Price Proposal**

Agency Name:

**ConnectionsCA, LLC**

Date:

**11/26/2025**

Program Title:

**Deflection Center**

Contract Period:

**7/1/26 - 6/30/27**

**B) Direct Program Operating Expenses Summary**

Expense Item	Description/Purpose		Request Amount
	Monthly Amount	# of Months/Units	
<b>Facility Costs</b>			
Utilities	\$ 3,167	12	\$38,005
Repairs & Maintenance	\$ 5,279	12	\$63,342
Janitorial	\$ 10,557	12	\$126,684
Facility License & Business Fees	\$ 1,725	12	\$20,700
Other Occupancy Costs	\$ 4,314	12	\$51,762
<b>IT Costs</b>			
EMR Expense	\$ 13,284	12	\$159,406
IT Services & Support	\$ 216	12	\$2,588
IT Equipment & Rentals	\$ 431	12	\$5,175
IT Software & Licenses	\$ 259	12	\$3,105
<b>Client Services</b>			
Food Service	\$ 19,381	12	\$232,568
Medication	\$ 3,876	12	\$46,514
Client Supplies	\$ 11,628	12	\$139,541
Linens & Laundry	\$ 7,752	12	\$93,027
Waste Removal	\$ 1,938	12	\$23,257

Appendix B, Attachment 1

Expense Item	Description/Purpose		Request Amount
	Monthly Amount	# of Months/Units	
Interpreting Services	\$ 431	12	\$5,175
Patient Transportation	\$ -	12	\$0
Staff Licenses & Credentialing Fees	\$ 345	12	\$4,140
Other Clinical Costs	\$ 863	12	\$10,350
Program Staff Travel (Local & Out of Town)	\$ 5,175	12	\$62,100
Training	\$ 431	12	\$5,175
Business & Occupancy Taxes	\$ 4,945	12	\$59,342
Insurance	\$ 7,763	12	\$93,150
Other Administrative Costs	\$ -	12	\$0
Other (Startup Costs):			
Pre-opening Staff (NEO & Training)			
Pre-opening Operating Costs			
Hiring Sign-on Bonuses			
Recruiting Costs (Background Checks, Job Fairs)			
Training Staff			
Training Staff Travel/Per Diem Costs			
Training Materials			
Program Implementation Costs			
Subtotal Other Current Expenses:			\$ 1,245,104

San Francisco Sheriff's Office  
*Temp Title: Law Enforcement Sobering Center*  
Budget Price Proposal

Agency Name:

Date:

## ConnectionsCA, LLC

11/26/2025

Program Title:

**Contract Period:**

## Deflection Center

7/1/26 - 6/30/27

### C) Program [Sub-]Contract Services

*\*Please submit to SFSO Financial Services a copy of your agency's contract or agreement with each [sub-]contractor/consultant identified in your budget. This is normally a one-time submission. Please contact SFSO Financial Services with any questions regarding this.*

*Please insert additional lines as needed for all [sub]-contractors/consultants in your program budget and double-check the Subtotal line to verify that the formula includes all applicable cells in range.*

Appendix B, Attachment 1

**San Francisco Sheriff's Office**

***Temp Title: Law Enforcement Sobering Center***

**Budget Price Proposal**

Agency Name: ConnectionsCA, LLC Date: 11/26/2025

Program Title: Deflection Center Contract Period: 7/1/26 - 6/30/27

**D) Program Equipment Purchase**

Equipment to be purchased	Purpose for Equipment	Request Amount
Equipment and Supplies	General and medical-related	\$36,000
Subtotal for Equipment Purchases:		<b>\$36,000</b>

**San Francisco Sheriff's Office****Temp Title: Law Enforcement Sobering Center**  
**Budget Price Proposal**

Agency Name:

ConnectionsCA, LLC

Date:

11/26/2025

Program Title:

Deflection Center

Contract Period:

7/1/27 - 3/31/28**Total Program Budget Summary**

Budget Expense Line Items:	Total Budget Request*
A) Program Salaries & Fringe Benefits	\$ 3,070,221
B) Direct Program Operating Expenses	\$ 980,519
C) Program [Sub-]Contract Services	\$ -
D) Program Equipment Purchase	\$ 36,000
<b>X) Non-Program Indirect/Admin/Overhead Costs** (20.0%)</b>	<b>\$817,348</b>
<b>Y) Profit/Loss</b>	<b>\$98,082</b>
<b>TOTAL PROGRAM [&amp; NON-PROGRAM] AMOUNT:</b>	
<b><u>\$ 5,002,170</u></b>	

\*Totals must match subtotals on corresponding budget pages. (Hint: complete those pages first and the totals from each page will populate this summary page.)

\*\*Indirect/Admin/Overhead ("Non-Program") costs cannot exceed 20% of Program Costs without sufficient justification and SFSO CFO's approval. There is no corresponding budget page for Indirect/Admin/Overhead costs. Please note Indirect/Overhead is only allowed for Program Salaries & Fringe Benefits.

Agency's Director or Financial Officer

Date:

Kevin Miller11/14/2025

FOR SHERIFF USE ONLY

Program Budget Approved

Appendix B, Attachment 1

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Sheriff's Chief Financial Officer

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Date:

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Data entry of Approved Budget

---

Date:

Funding Source Codes and Amount:

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**San Francisco Sheriff's Office**  
**Temp Title: Law Enforcement Sobering Center**  
**Budget Price Proposal**

Agency Name:

Date:

**ConnectionsCA, LLC****11/26/2025**

Program Title:

Contract Period:

**Deflection Center****7/1/27 - 3/31/28**

**A) Program Salary and Fringe Benefits Budget Summary**

Position/Title		Hrs/ Wk	Wks/ Yr	Hourly Salary	FTE	Salary Amt	Other Pay Components*	Other Pay Amt	Fringe %	Fringe Amt
1	Behavioral Health Specialist	168	39.0	\$ 30.85	4.2	\$ 202,142	18%	\$ 36,386	32%	\$ 76,329
2	Case Manager	168	39.0	\$ 32.38	4.2	\$ 212,167	18%	\$ 38,190	32%	\$ 80,114
3	Registered Nurse	168	39.0	\$ 80.96	4.2	\$ 530,417	27%	\$ 143,213	32%	\$ 215,562
4	Shift Supervisor	84	39.0	\$ 51.81	2.1	\$ 169,733	18%	\$ 30,552	32%	\$ 64,091
5	Recovery Specialist	336	39.0	\$ 28.60	8.4	\$ 374,828	18%	\$ 67,469	32%	\$ 141,535
6	Unit Coordinator	84	39.0	\$ 28.76	2.1	\$ 94,224	18%	\$ 16,960	32%	\$ 35,579
7										
8	Management and Support Staffing									
9	Manager, Nursing	40	39.0		1.0	189,263	0		31%	\$ 44,004
10	Medical Director	10	39.0		0.3	105,446	0		31%	\$ 24,516
11	West Regional President	4	39.0		0.1	29,026	0		31%	\$ 6,749
12	Senior VP, Clinical Services	4	39.0		0.1	24,875	0		31%	\$ 5,783
13	Senior Human Resources Business Partner	13	39.0		0.3	42,701	0		31%	\$ 9,928
14	Risk/Quality Specialist	13	39.0		0.3	23,616	0		31%	\$ 5,491
15	Patient Access Specialist	40	39.0		1.0	70,847	0		31%	\$ 16,472
16	Other Personnel Costs									
17	Telehealth 24/7 Coverage									
18	Performance Bonus									
19										

FTE Total: **28.32**

Subtotal Salary &amp; Fringe Benefits:

\*Represents other pay components such as PTO, holiday, sick call coverage, OT, shift differentials, and performance bonus where applicable

*Please insert additional lines as needed for all positions in your program budget and double-check the Subtotal line to verify that the formula includes all applicable cells in range.*

Appendix B, Attachment 1

**San Francisco Sheriff's Office**

**Temp Title: Law Enforcement Sobering Center**

**Budget Price Proposal**

Agency Name:

**ConnectionsCA, LLC**

Date:

**11/26/2025**

Program Title:

**Deflection Center**

Contract Period:

**7/1/27 - 3/31/28**

**B) Direct Program Operating Expenses Summary**

Expense Item	Description/Purpose		Request Amount
	Monthly Amount	# of Months/Units	
<b>Facility Costs</b>			
Utilities	\$ 3,325	9	\$29,929
Repairs & Maintenance	\$ 5,542	9	\$49,882
Janitorial	\$ 11,085	9	\$99,764
Facility License & Business Fees	\$ 1,811	9	\$16,301
Other Occupancy Costs	\$ 4,529	9	\$40,762
<b>IT Costs</b>			
EMR Expense	\$ 13,948	9	\$125,532
IT Services & Support	\$ 226	9	\$2,038
IT Equipment & Rentals	\$ 453	9	\$4,075
IT Software & Licenses	\$ 272	9	\$2,445
<b>Client Services</b>			
Food Service	\$ 20,350	9	\$183,147
Medication	\$ 4,070	9	\$36,629
Client Supplies	\$ 12,210	9	\$109,888
Linens & Laundry	\$ 8,140	9	\$73,259
Waste Removal	\$ 2,035	9	\$18,315

Appendix B, Attachment 1

Expense Item	Description/Purpose		Request Amount
	Monthly Amount	# of Months/Units	
Interpreting Services	\$ 453	9	\$4,075
Patient Transportation	\$ -	9	\$0
Staff Licenses & Credentialing Fees	\$ 362	9	\$3,260
Other Clinical Costs	\$ 906	9	\$8,151
Program Staff Travel (Local & Out of Town)	\$ 5,434	9	\$48,904
Training	\$ 453	9	\$4,075
Business & Occupancy Taxes	\$ 5,192	9	\$46,732
Insurance	\$ 8,151	9	\$73,356
Other Administrative Costs	\$ -	9	\$0
Other (Startup Costs):			
Pre-opening Staff (NEO & Training)			
Pre-opening Operating Costs			
Hiring Sign-on Bonuses			
Recruiting Costs (Background Checks, Job Fairs)			
Training Staff			
Training Staff Travel/Per Diem Costs			
Training Materials			
Program Implementation Costs			
Subtotal Other Current Expenses:			\$ 980,519

San Francisco Sheriff's Office  
*Temp Title: Law Enforcement Sobering Center*  
Budget Price Proposal

Agency Name: \_\_\_\_\_ Date: \_\_\_\_\_

**ConnectionsCA, LLC** 11/26/2025

Program Title: \_\_\_\_\_ Contract Period: \_\_\_\_\_

Deflection Center 7/1/27 - 3/31/28

### **C) Program [Sub-]Contract Services**

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Appendix B, Attachment 1

**San Francisco Sheriff's Office**

***Temp Title: Law Enforcement Sobering Center***

**Budget Price Proposal**

Agency Name: ConnectionsCA, LLC Date: 11/26/2025

Program Title: Deflection Center Contract Period: 7/1/27 - 3/31/28

**D) Program Equipment Purchase**

Equipment to be purchased	Purpose for Equipment	Request Amount
Equipment and Supplies	General and medical-related	\$36,000
Subtotal for Equipment Purchases:		<b>\$36,000</b>