

## Future of Public Health (FoPH) Spend Plan - Attachment #4 Spend Plan Instructions

Personnel	
Position Title	Please include the title of the position within this cell. If you know who the incumbent is, please also include their name. If unknown, please indicate TBD or Vacant.
Annual Salary	The annual salary should be the employee's true annual salary regardless of their FTE percentage and the number of months they will work on the Future of Public Health Funding.
Budgeted Months	Please indicate the number of months the employee is projected to work on the Future of Public Health Funding. The term of the funding is July 1, 2022 to June 30, 2023 which is 12 months.
FTE %	The FTE % will auto-populate based on the number of months the employee is working on the Future of Public Health Funding.
Total Salary	The Total Salary will auto-populate based on the Annual Salary and FTE % the employee is working on the Future of Public Health Funding.
Benefit Rate	Please indicate the percentage Benefit Rate for each position.
Total Benefits	The Total Benefits will auto-populate based on the Total Salary and Benefit Rate % for the employee.
Combined Salary and Benefits	The Combined Salary and Benefits will auto-populate based on the Total Salary + Total Benefits.
Supplies	
	General office supplies may be shown by an estimated amount per month times the number of months in this budget category. Major supply items (<\$5,000) should be justified and related to specific program objectives and personnel. Provide justification and relate it to specific program objectives.
Travel	

Provide details of what the travel is intended to accomplish. (e.g., advisory committees, review panels, etc.).  
Include details such as airfare, mileage, hotel, per diem, etc.  
Provide justification for both in-state and out-of-state travel.

**Equipment**

Useful life of more than one year AND a cost of  $\geq$ \$5,000 per unit. Consider maintenance costs in budget. Provide justification which includes the use and relationship to the specific program objectives.

**Other**

Contains items not included in previous budget categories. Provide justification which includes the use and relationship to the specific program objectives. Give unit cost and quantities when applicable.

**Subcontracts:**

Include the Subcontractor name(s) if known or you can put TBD; and you will also need to provide a brief description of the work they will perform. If possible, please tie your Subcontractors to the Activity within your Workplan.

**Total Direct Costs**

Direct Costs include:

Combined total of Personnel, Supplies, Travel, Equipment, Other, and Subcontracts. Should your Agency require a formula for Modified Direct Costs, please reach out to the Future of Public Health Funding mailbox (FoPHfunding@cdph.ca.gov) for assistance.

**Indirect Cost**

Please enter your Indirect Cost Rate (ICR) percentage within cell E138. Please enter the amount that your ICR should calculate from; this is normally Total Personnel or Total Direct Costs. Your Agency has an approved rate on file with CDPH. If you don't know your Agency's approved ICR, please reach out to Future of Public Health Funding mailbox (FoPHfunding@cdph.ca.gov) for assistance.





Local Health Jurisdiction Name: San Francisco Department of Public Health

<b>Combined Strategy</b>	<b>Total Award</b>
	\$ 3,639,888

Budget		Year 1 Quarterly Expenditure Report															
Budget Category	Budgeted Amount	1st Quarter				2nd Quarter				3rd Quarter				4th Quarter			
		July 2022	August 2022	September 2022	Y1.Q1 Total	October 2022	November 2022	December 2022	Y1.Q2 Total	January 2023	February 2023	March 2023	Y1.Q3 Total	April 2023	May 2023	June 2023	Y1.Q4 Total
Salary	\$ 3,533,068				\$ -				\$ -				\$ -				\$ -
Supplies	\$ -				\$ -				\$ -				\$ -				\$ -
In State Travel	\$ -				\$ -				\$ -				\$ -				\$ -
Out of State Travel	\$ -				\$ -				\$ -				\$ -				\$ -
Equipment	\$ -				\$ -				\$ -				\$ -				\$ -
Subcontracts	\$ -				\$ -				\$ -				\$ -				\$ -
Other costs	\$ -				\$ -				\$ -				\$ -				\$ -
<b>Total Direct Costs</b>	\$ 3,533,068	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Indirect Costs</b>	\$ 106,820	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

	<b>Budget</b>	<b>Expenditures</b>	<b>Balance</b>
<b>Totals</b>	\$ 3,639,888	\$ -	\$ 3,639,888.00