	A	В	E	F
1			Appendix B, Pag	
2			Document Date:	9/13/2021
3	HUMAN SERVICES AGENCY BUDG	SET SUMMARY		
4		BY PROGRA	λM	
5	Name		Te	rm
6	Children's Council of San Francisco		July 1, 2021 -	June 30, 2022
7	(Check One) NewX Renewal Modific	cation		
8	If modification, Effective Date of Mod. No. of Mod	d.		
9	Program: Help Desk	I	T T	
10	Budget Reference Page No.(s)	Original		
	Program Term	Help Desk		Total
12	Expenditures			
13	Salaries & Benefits	\$246,969	-	\$246,969
14	Operating Expense	\$85,860	-	\$85,860
15	Subtotal	\$332,829	-	\$332,829
40	Indirect Developes (0/)	400/		
	Indirect Percentage (%)	13%		* 17 700
	Indirect Cost (Line 16 X Line 15)	\$47,798	-	\$47,798
	Capital Expenditure	\$0	-	\$0
	Direct Client Pass-Through	\$0		\$0
	Total Expenditures	\$380,627	-	\$380,627
21	HSA Revenues			
22	General Fund - Admin	\$380,627		\$380,627
23 24				\$0 \$0
25				\$0
26				\$0
27				\$0
28				\$0
29				\$0
30				\$0
31				\$0
32 33				\$0 \$0
34				\$0
35				\$0
36				\$0
37	TOTAL HSA REVENUES	\$380,627	_	\$380,627
38	Other Revenues	+ + + + + + + + + + + + + + + + + + + 		\$555,52.
39	5			
40				
41				
42				
43				
44	Total Revenues	\$380,627	-	\$380,627
45	Full Time Equivalent (FTE)			
		-	•	0/12/2021
	Prepared by: Elaine Lai			9/13/2021
48	HSA-CO Review Signature:		_	
49	HSA #1			9/13/2021

	A		3	С	D	Е	F	I	J		
1								Appendix B, Page Document Date:	9/13/2021		
3								Document Date:	9/13/2021		
4	Program Name:	HSA H	lelp De	sk							
5	(Same as Line 9 on HSA #1)										
6				0-1	D	-61- D-1-	.91				
7		Salaries & Benefits Detail									
9											
10							Help Desk				
11			gency 1 al Full	Totals	For HS/	A Program	Original		TOTAL		
			Salary	Total %		Adjusted					
12	POSITION TITLE	for	FTE	FTE	% FTE	FTE	Budgeted Salary		07/01/21 to 06/30/22		
13	Associate Director of Business Supports	\$ 9	91,917	100%	5%	0.05	\$1,697		\$1,697		
14	Business& Technology Support Data Coordinator	\$ 5	55,756	100%	70%	0.70	\$39,960		\$39,960		
15	Business& Technology Support Data Coordinator	\$ 5	51,036	100%	70%	0.70	\$36,720		\$36,720		
16	Business& Technology Support Data Coordinator	\$ 4	18,104	100%	70%	0.70	\$33,880		\$33,880		
17	Child Care Provider Relationship Coordinator	\$ 5	54,691	60%	70%	0.42	\$38,475		\$38,475		
18	Provider Services Coordinator	\$ 4	16,698	100%	15%	0.15	\$7,120		\$7,120		
19	BATS Manager	\$ 7	75,000	100%	60%	0.60	\$32,019		\$32,019		
20	Family Subsidy Provider Coordinator	\$ 5	51,217	100%	5%	0.05	\$1,893		\$1,893		
21									\$0		
22									\$0		
23									\$0		
24									\$0		
25	TOTALS	\$4	74,418	7.60	3.65	3.37	\$191,764	-	\$191,764		
26 27	FRINGE BENEFIT RATE										
	EMPLOYEE FRINGE BENEFITS						\$55,205	_	\$55,205		
29							\$55,200	ı	\$50, <u>2</u> 00		
30								1			
	TOTAL SALARIES & BENEFITS	\$4	74,418				\$246,969	-	\$246,969		
32	HSA #2								9/13/2021		

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2							0/40/0004		
3							9/13/2021		
4	Program Nam		HSA Help Des	sk					
5	(Same as Line	9 on HSA #1)							
6 7				One	ating Expen	sa Datail			
8				Opei	ating Expen	Se Detail			
9									
10									
11	Even are districted O			TEDM	Original				TOTAL
12	Expenditure C			TERM	Help Desk				
13	Rental of Prop	erty		•	\$29,713			\$	29,713
14	Utilities(Elec, \	Water, Gas, Ph	none, Scavenge	er)	\$9,243			\$	9,243
15	Office Supplie	s, Postage		•	\$5,448			\$	5,448
16	Building Maint	enance Suppli	es and Repair	•	\$3,534			\$	3,534
17	Printing and R	eproduction		•	\$10,436	_		\$	10,436
18	Insurance			•	\$1,712	_		\$	1,712
19	Staff Training				\$2,754			\$	2,754
20	Staff Travel-(L	ocal & Out of	Γown)	•	\$72	_		\$	72
21	Rental of Equi	pment		•	\$2,063	_		\$	2,063
22	CONSULTANT/SI	UBCONTRACTOR	DESCRIPTIVE TI	ΓLE				\$	-
23	Consultant				\$14,978			\$	14,978
24								\$	-
25								\$	-
26 27								<u>\$</u> \$	-
	071155								-
	OTHER	lioo			የ ፫ሳሳ			\$	-
	Program Supp Provider/Pare				\$500 \$500			<u>\$</u> \$	500 500
-	Dues and Sub				\$333			\$	333
32	Technical Sup				\$4,574			\$	4,574
33	· · ·			•	. ,			\$	-
34				•					
35	TOTAL OPER	ATING EXPEN	NSE		\$85,860		-	\$	85,860
36									
37	HSA #3								9/13/2021

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1					Appendix B, Pag	je			
3	-				Document Date:				
4									
5	(Same a	as Line 9 on HSA #1)							
6									
7	i	Program E	xpenditure De	etail					
8		J	•						
9						TOTAL			
	EQUI	P M E N T TERM	Help Desk	Help Desk	Help Desk	-			
11 12	No.	ITEM/DESCRIPTION				0			
13						0			
14						0			
15						0			
16						0			
17						0			
18						0			
19						0			
20	TOTAL	EQUIPMENT COST	_	-	-	0			
21	21								
22	22 REMODELING								
23	Descrip	tion:				0			
24						0			
25						0			
26						0			
27						0			
28						0			
29	TOTAL	REMODELING COST	-	-	-	0			
30									
	4	CAPITAL EXPENDITURE	0	0	0	0			
	1	nent and Remodeling Cost)							
33	HSA #4					9/13/2021			