

Award Information

Centers for Infectious Disease
Crisis Response Cooperative Agreement:
COVID-19 Public Health Workforce Supplemental Funding
Award # 1 NU90TP922174-01-00
FAIN # NU90TP922174
Federal Award Date: 05/19/2021
Recipient: California Department of Public Health
CFDA # 93.354
Budget Period Start Date: 07/01/2022 End Date 06/30/2023

Subrecipient: Local Health Jurisdiction

Budget Summary Instructions: The numbers below correspond to the numbers listed on the Budget Summary Tab.

1. Local Entity Name: Enter Local Health Department name
 2. Date: Enter the date of the budget.
 3. Allocation: Enter the Total Allocation.
 4. If applicable, CID will deduct costs charged to CDPH contract for services conducted on behalf of the LHJ (i.e. vaccinators). Date, Contract Name and Amount are entered by CID.
 5. Balance: This cell has a formula that calculates the Balance; Balance equals the Allocation minus Deductions, if applicable, see number 4.
 6. Select Indirect Costs rate method (Personnel or Direct Costs) based on Local Entity's approved Indirect Cost Rate from CDPH.
 7. Enter the Indirect Cost rate percentage.
- All other sections on this tab are driven by formula and do not require Local Entity data entry.

Budget FY22-23 Instructions:**Personnel**

1. Enter name of Person (Last Name, First) or TBD.
 2. Enter position title (this needs to be spelled out).
 3. Select position type from the drop down menu.
 4. Enter justification, must be specific to role and include how it supports activities.
 5. Enter annual salary of the person, for Year 2.
 6. Enter FTE, percent of time to work, for example, a full-time employee is 100%. For Year 2.
 7. Enter number of months to work, a number 1 through 12. For Year 2.
- Enter total amount of Fringe for this person, it must reflect the percentage in the Justification.
Additional rows are hidden, unhide the amount of rows needed.

Operating Expenses

11. Enter the Expenses Name/Topic.
12. Select the position the Operating Expenses support from the drop down menu.
13. Enter the justification for the Operating Expenses.
- 14-15. Enter the Total Costs for Year 2.

Equipment

Follow the steps above, include the quantity of each equipment item to be purchased.

Travel In State

Similar steps to above, include the name of traveler and destination.

Travel Out of State

Follow the steps above.

Other Costs

Similar to the steps for Operating Expenses.

Contracts

1. Enter name of Contract or TBD.
2. Enter position title this contract supports.
3. Select position type from the drop down menu.
4. Enter justification, must be specific to role and include how it supports activities.
5. Enter annual salary of the person, for Year 2.

Reporting

The reporting worksheet is setup for quarterly reporting, each expenditure column header includes the time period and the date the report is due. The budget column is pulled directly from the Budget Summary. Enter expenditures under the appropriate

→ Enter expenditures under the appropriate quarter report column and row that aligns with the budget category.

→ PERSONNEL - Enter the Start date and End date for each of the personnel budgeted.

→ CONTRACT Personnel - Enter the FTE, Start date and End date for each of the Contract staff budgeted.

Submit this entire spreadsheet to CDPHSchoolsWFD@cdph.ca.gov no later than the due date listed in the Allocation Letter tab.

**Workforce Development Funding
Local Budget and Reporting**

1) Local Entity Name:	San Francisco
3) Allocation:	262496.50
4)	
5) Balance:	262496.50
6) Indirect Cost based on:	Personnel Costs
7) Personnel Costs Rate:	25%

2) Date:

} Deductions, if applicable

Budget Category	Total	% Allocation
Personnel	\$193,155.55	74%
Fringe	\$17,384.00	7%
Operating Expenses	\$0.00	0%
Equipment	\$0.00	0%
In State Travel	\$0.00	0%
Out of State Travel	\$0.00	0%
Contracts	\$0.00	0%
Other Costs	\$0.00	0%
Total Direct	\$210,539.55	80%
Total Indirect Cost	\$51,956.95	
Total Budget	\$262,496.50	
Balance	\$0.00	

Workforce Development (WFD) Budget Detail				Fiscal Year 2022-23					Fiscal Year 2022-23						
PERSONNEL (Salaries & Fringe)															
No.	1 Name of Personnel (or TBD)	2 Position Title (Non-Contractual)	3 Position Type	4 Justification (include fringe percentage)	5 Annual Salary	6 FTE	7 No. of Months	Fringe	Salary (Year 1)				Fringe	Salary (Year 2)	Total of Years 1 & 2 Personnel
	Nicole Howard	Special Nurse	Professional or Clinical Staff	Received additional funding from CDPH specifically for staffing to work on increasing routine vaccinations among school-aged children. This P103 role will work with SFUSD in administrative and clinical functions to further that goal. Fringe percentage is 9%							100.00%	12.00	\$0	\$0	\$210,540
WFDP001					\$193,156	100.00%	12.00	\$17,384	\$193,156						
WFDP002						100.00%	12.00	\$0	\$0		100.00%	12.00	\$0	\$0	\$0
WFDP003						100.00%	12.00	\$0	\$0		100.00%	12.00	\$0	\$0	\$0
WFDP004						100.00%	12.00	\$0	\$0		100.00%	12.00	\$0	\$0	\$0
WFDP005						100.00%	12.00	\$0	\$0		100.00%	12.00	\$0	\$0	\$0
WFDP006						100.00%	12.00	\$0	\$0		100.00%	12.00	\$0	\$0	\$0
TOTALS					\$193,155.55	6.00	72.00	\$17,384.00	\$193,155.55	\$0.00	6.00	72.00	\$0.00	\$0.00	\$210,539.55

OPERATING EXPENSES						
No.	¹¹ Expense Name/Topic	¹² Position(s) Operating Expense Supports	¹³ Justification	¹⁴ Total	¹⁵ Total	
TOTALS				\$0.00	\$0.00	\$0.00

EQUIPMENT										
No.	Equipment Name	Position(s) Equipment Supports	Justification	Cost	Quantity	Total	Cost	No	Total	
WFDE001					6	\$0.00	\$0		\$0.00	\$0.00
WFDE002					5	\$0.00	\$0		\$0.00	\$0.00
WFDE003					3	\$0.00	\$0		\$0.00	\$0.00
WFDE004					4	\$0.00			\$0.00	\$0.00
WFDE005					6	\$0.00			\$0.00	\$0.00
WFDE006					2	\$0.00			\$0.00	\$0.00
TOTALS				\$0.00	26	\$0.00	\$0.00	0	\$0.00	\$0.00

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TRAVEL						Total
No.	Travel - In State (Name(s) and destination)	Position of Traveler	Justification	Total	Total	of Years 1 & 2 Travel In State
TOTAL				\$0.00	\$0.00	\$0.00

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No.	Travel - Out of State (Name(s) and destination)	Position of Traveler	Justification	Total	Total	Total of Years 1 & 2 Travel Out of State
TOTAL				\$0.00	\$0.00	\$0.00

OTHER						
No.	Other Expenses (Training, Exercises and Materials)	Position(s) Expense Supports	Justification	Total	Total	Total of Years 1 & 2 Other
WFDO01						\$0.00
TOTAL				\$0.00	\$0.00	\$0.00

CONTRACTS								Total of Years 1 & 2 Contracts
No.	Contractor Name	Position(s) Contract Supports	Position(s) Type Supplied	Justification (Contractors will be required to provide the same level of staffing detail)	Community Based Organizations (Identify the specific communities the organization supports.)	Total	Total	
WFDC001								\$0.00
WFDC002								\$0.00
WFDC003								\$0.00
WFDC004								\$0
WFDC005								\$0.00
WFDC006								\$0.00
TOTAL						\$0.00	\$0.00	\$0.00

Administrative Support Staff	All Positions	Personnel Costs
Professional or Clinical Staff	Mainly Administrative Support Staff	Direct Costs
Disease investigation Staff	Mainly Professional or Clinical Staff	
Program Management Staff	Mainly Disease investigation Staff	
School Health Staff	Mainly Program Management Staff	
	Mainly School Health Staff	
	Administrative Support Staff	
	Professional or Clinical Staff	
	Disease investigation Staff	
	Program Management Staff	
	School Health Staff	