Future of Public Health (FoPH) Review Checklist (Budget)

Local Health Jurisdiction Name: San Francisco Department of Public Health

Review Date: 9/26/2022

Review per instruction below
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.**
Title/Name/ if unknown indicate TBD or Vacant
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.
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.
The FTE % will auto-populate based on the number of months the employee is working on the Future of Public Health Funding.
Annual Salary/Months employee working
The Total Salary will auto-populate based on the Annual Salary and FTE % the employee is working on the Future of Public Health Funding.
Please indicate the percentage Benefit Rate for each position.
The Total Benefits will auto-populate based on the Total Salary and Benefit Rate % for the employee.
The Combined Salary and Benefits will auto-populate based on the Total Salary + Total Benefits.
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.
Allowable Supplies
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.

Useful life of more than one year AND a cost of ≥$5,000 per unit. Consider maintenance costs in budget. Provide justification which includes the use and relationship to the specific program objectives.
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.
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.
Subcontractor Name- if unknown should be list as TBD-Description of the work
Combined total of Personnel, Supplies, Travel, Equipment, Other, and Subcontracts.
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.

22-23 ICR posting.pdf (sharepoint.com)

Each Local Health Jurisdiction must dedicate at least **70 percent of funds** to support the hiring of permanent city or county staff, including benefits and training.

Remaining funds, not to exceed 30%, may be used for equipment, supplies, and other administrative purposes (such as facility space, furnishings, travel, and similar activities) and Services to support the development of the CHA, CHIP, and local public health plans

Comments

LHJ's Questions and Comments