

INSTRUCTIONS TO COMPLETE THE LINE ITEM BUDGET WORKBOOK

BUDGET SUMMARY INSTRUCTIONS:

ONLY ENTER WHOLE DOLLAR AMOUNTS (NO CENTS).

- 1. Enter the recipient's program name as indicated in the header of the Budget Summary.
- 2. Formulas embedded into the worksheet will calculate the object class categories, direct and indirect costs, by funding type (Part A and MAI). The cells containing formulas are shaded in grey. Enter program income, as applicable, as a whole dollar amount rounded down to the nearest whole dollar (i.e., \$10,000.99 should be listed as \$10,000).
- 3. Verify the award amounts in cells B24, B25, and B26 according to the limits described in the Non-Competing Continuation (NCC) Program Report. Formulas embedded into the worksheet will auto calculate for compliance with the CQM and administration limits.
- 4. Manually enter the HIV Services Allocation Percentages for core medical services and support services. If the core medical services allocations are less than 75% then a core medical services waiver must be submitted with the Non-Competing Continuation Progress Report.

INSTRUCTIONS FOR RWHAP PART A (i.e., Administrative, PC/PB Support, CQM, and CQM Contractual) AND MAI (i.e., Administrative, CQM, and CQM Contractual) LINE ITEM

BUDGETS:

ONLY ENTER WHOLE DOLLAR AMOUNTS (NO CENTS). Note: the total amounts for the line items included in the personnel and fringe benefit object class categories autocalculate and round down to the nearest whole dollar amount. The total amount for line items listed for the remaining object class categories should be entered as whole dollar amounts only; as applicable, round down these total amounts to the nearest whole dollar (i.e., \$10,000.99 should be listed as \$10,000).

- 1. Enter the recipient's program name in each of the headers of the Line Item Budget.
- 2. Personnel Section:
 - a) Insert the salary, full-time equivalent (FTE), name, position title, and total salary paid by the Ryan White HIV/AIDS Program (RWHAP) Part A grant. For all employees who are less than one FTE on the award, provide the complete salary distribution of all funding sources.
For example:
Salary: \$100,000
FTE: for 50%, enter 0.50
Name, Position: Jack Johnson, Program Director
Budget Impact Justification - Description of duties, impact on program goals and outcomes, payment source for balance of FTE (e.g., 50% in-kind general funds)
Amount: \$50,000
 - b) Taking into account the rounding preference method on Personnel calculations, if the Personnel Sub-Total with Rounding line sum is different from the SF-424A then make an adjustment in the Rounding Input Adjustment line. The Personnel Total line must match the SF-424A.

Note: Funds from the grant cannot be used to pay the base salary of an individual (exclusive of fringe) at a rate in excess of \$212,100. The Personnel Total cell (i.e., the grey colored cell) will calculate the total amount budgeted to personnel costs. You may add rows to accommodate additional personnel. HRSA expects the staff person responsible for management of the RWHAP Part A grant (i.e., the Project Director or Program Coordinator) have at least 0.5 FTE allocated to the Part A program (this can be a combination of budgeted grant funds and/or other sources) to ensure sufficient oversight and monitoring of all grant activities conducted by recipients and subrecipients. The 0.5 FTE must be recipient staff and not delegated to contract staff or a fiscal intermediary. Please see SF-424 Application Guide for additional guidance related to salaries and salary limitations.
- 3. Fringe Benefits Section:
 - a) Indicate the fringe benefit rate (percentage) and the applicable total "personnel" amount allocated to the RWHAP Part A grant subject to the rate. Fringe benefits should be directly proportional to that portion of personnel costs that are allocated for the project.
 - b) Taking into account the rounding preference method on Fringe calculations, if the Fringe Benefit Sub-Total with Rounding line sum is different from the SF-424A then make an adjustment in the Rounding Input Adjustment line. The Fringe Benefit Total line must match the SF-424A.

Note: The Fringe Benefit Total cell (i.e., the grey colored cell) will calculate the total amount budgeted to fringe benefits. You may add rows to accommodate additional fringe benefit rates. Please see SF-424 Application Guide for additional guidance related to fringe benefits.
- 4. Travel Section:
 - a) List travel costs according to local and long distance travel:
 - i) For local travel, the mileage rate, number of miles, reason for travel and staff member/clients completing the travel should be outlined.
 - ii) For long distance travel expenses may include airfare, lodging, parking, per diem, etc. for each person participating in meetings, site visits and other proposed trainings or workshops. List the names of the traveler(s) if possible, describe the purpose of the travel, and provide number of trips involved, the destinations, and the number of travelers for whom funds are requested. (Show the breakdown of cost)
 - Note:** The Local Travel Sub-Total, the Long Distance Travel Sub-Total, and the Travel Total cells (i.e., the grey colored cells) will calculate the subtotal amount budgeted to local, long distance travel, and the overall travel total. You may add rows to accommodate additional travel. Please see SF-424 Application Guide for additional guidance related to travel.
- 5. Equipment Section:
 - a) List equipment and equipment costs and provide justification for the need of the equipment to carry out the program's goals Extensive justification and a detailed status of current

equipment must be provided when requesting funds for the purchase of items that meet the definition of equipment (a unit cost of \$5,000 or more).

Note: The Equipment Total cell (i.e., the grey colored cell) will calculate the total amount budgeted to equipment costs. Please see [SF-424 Application Guide](#) for additional guidance related to equipment.

6. **Supplies Section:**

a) Itemize the supply costs that the program will use to implement the proposed project.

Note: The Supplies Total cell (i.e., the grey colored cell) will calculate the total amount allocated to supply costs. You may add rows to accommodate more supplies. Please see [SF-424 Application Guide](#) for additional guidance related to supplies.

7. **Contractual Section:**

a) Itemize each non-HIV services contract. Please note that your budget justification should provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables.

Note: The Contracts Total cell (i.e., the grey colored cell) will calculate the total amount budgeted to contract costs. You may add rows to accommodate additional contracts. Provide a clear explanation as to the purpose of each contract/subaward, how the costs were estimated, and the specific contract/subaward deliverables. Please see [SF-424 Application Guide](#) for additional guidance related to contracts.

8. **Other Section:**

a) Include all costs that do not fit into any other category and provide an explanation of each cost in this category. (Show the breakdown of cost, if appropriate.)

Note: The Other Total cell (i.e., the grey colored cell) will calculate the total amount allocated to other costs. You may add rows to accommodate additional other costs. Please see [SF-424 Application Guide](#) for additional guidance related to other.

9. **Total Direct Cost Section:**

a) This is the total cost that can be identified specifically with a particular final cost objective, such as a Federal award, or other internally or externally funded activity, or that can be directly assigned to such activities relatively easily with a high degree of accuracy. For the RWHAP Part A, this is the combined total of sections 1-8 above.

Note: This section requires no input from the recipient, as the direct cost total will automatically calculate based on information entered into section 1-8.

10. **Total Indirect Cost Section:**

a) Indirect Costs are those costs incurred for common or joint objectives, which cannot be readily and specifically identified with a particular project or program but are necessary to the operations of the organization, e.g., the cost for operating and maintaining a facilities, depreciation and administration salaries. If there are indirect costs included in the FY 2024 budget for the first time in the three year period of performance, or if the indirect cost rate agreement for existing indirect costs has expired or will expire during FY 2024, submit a current indirect cost rate agreement or related-documentation.

b) Please specify the type of indirect rate (provisional, predetermined, final or fixed) that will be in effect during the funding period, indirect rate, estimated amount of the base to which the rate is applied and the total indirect expense.

Help

Formatting Tips

1. Object Class Categories of the line item budgets contain hidden rows
2. Column A identifies the location where rows have been hidden
3. Keep unused rows hidden to avoid creating additional pages in your application
4. Formulas are included in the workbook, use **caution** if you add or delete rows
5. Hide the Instructions and Help worksheets (tabs), as well as any worksheets not in used to avoid creating additional pages in your application

Unhiding Rows

1. Identify where additional rows have been hidden in the worksheet
2. Select the row labeled "Unhide rows" and the row directly below
3. While both rows are highlighted, right click, and select "Unhide"
4. For additional help refer to the PowerPoint presentation

Hiding Rows

1. Identify the excess rows that you want to hide in the worksheet
2. Select all consecutive rows you want to hide
3. While the rows are highlighted, right click and select "Hide"
4. For additional help refer to the PowerPoint presentation

Hiding Worksheet (tabs)

1. Identify the worksheet tab you want to hide
2. Right click on the worksheet tab and select "Hide"
3. For additional help refer to the PowerPoint presentation

Unhiding Worksheets (tabs)

1. Right-click on any worksheet tab, which opens a context menu.
2. Click "Unhide" to open the Dialog Box, which displays all the hidden worksheets.
3. Click on the worksheet to be unhidden
4. Click "OK" to unhide the selected worksheet
5. For additional help refer to the PowerPoint presentation

Resources

See PowerPoint presentation for tutorial on how to hide and unhide rows and worksheets.

RWHAP PART A BUDGET SUMMARY

RECIPIENT: San Francisco EMA

FISCAL YEAR: 2024

	Part A			Minority AIDS Initiative (MAI)			Total
Object Class Categories	Administration	CQM	HIV Services	Administration	CQM	HIV Services	
a. Personnel	\$ 398,811	\$ 230,303	\$ -	\$ 56,317	\$ -	\$ -	\$ 685,431
b. Fringe Benefits	\$ 159,523	\$ 92,119	\$ -	\$ 22,525	\$ -	\$ -	\$ 274,167
c. Travel	\$ 8,640	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 8,640
d. Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
e. Supplies	\$ 5,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,000
f. Contractual	\$ 707,291	\$ 81,104	\$ 13,416,473	\$ -	\$ -	\$ 709,582	\$ 14,914,450
g. Other	\$ 27,898	\$ 20,000	\$ -	\$ -	\$ -	\$ -	\$ 47,898

Direct Charges	\$ 1,307,162	\$ 423,526	\$ 13,416,473	\$ 78,842	\$ -	\$ 709,582	\$ 15,935,585
Indirect Charges	\$ -	\$ 10,110		\$ -	\$ -		\$ 10,110
TOTALS	\$ 1,307,162	\$ 433,636	\$ 13,416,473	\$ 78,842	\$ -	\$ 709,582	\$ 15,945,695
Program Income							\$ -

FY 2024 Funding Ceiling:	
Part A Funding	\$ 15,157,271
MAI Funding	\$ 788,424
Total:	\$ 15,945,695

Administrative Budget 10%

Part A and MAI Within Limit

CQM Budget 5%

Part A and MAI Within Limit

Manually Enter HIV Services Allocation Percentages	
Core Medical Services	Support Services
55%	33%

PART A ADMINISTRATIVE BUDGET				
RECIPIENT: San Francisco EMA				
FISCAL YEAR: 2024				
Personnel				
Salary [Insert total annual salary]	FTE [Insert as decimal]	Name, Position [Insert name, position title]	Budget Impact Justification [Description of duties, impact on program goals and outcomes, payment source for balance of FTE.]	Amount
\$ 212,100	0.20	Michelle Long, Director of CDTA	Charged with primary oversight of contract development, modifications, and renewals of all Ryan White Part A grants. .78 FTE GF	\$ 42,420
\$ 175,970	0.50	Dean Goodwin, Manager of Community-Based Organization Contracting	Supervise two Contracts Office units that focus primarily on non-profit, community-based organizations. In addition to supervising these two units, this position serves as the point person for contractual planning and interactions with Community-Based Organization (CBO) provider agencies who require guidance initiating the contracting process, among other coordination, process improvement, and supervisor activities..	\$ 87,985
\$ 183,629	0.40	Bill Blum, Director of HIV Health Services	Charged with primary oversight for the administration of services and day to day operations of HIV Health Services and the Ryan White Part A grant. .60 FTE GF	\$ 73,451
\$ 133,952	0.60	Melissa Ta, Compliance Program	Provides oversight of contractor performance and compliance for Ryan White Part A grants. .40 GF	\$ 80,371
\$ 140,669	0.15	TBD, HPC III	Serving as HIV Health Services Program Manager, the Health Program Coordinator III is responsible the review and approval of HIV Health Services, provides TA to agencies on contracting and HRSA requirements, liaisons with local Planning Council .05 GF, .80 RWPB	\$ 21,100
\$ 163,551	0.30	Nora Macias, Contracts Manager	Supervises Contracts Unit staff and assures contract development compliance to ensure timely payment of funded providers. Works with HIV Health Services to produce and assess RFPs..70 FTE GF	\$ 49,065
\$ 134,529	0.15	Yao Quan Zhu, Sr Contract Analyst	Processes contracts and assures compliance with local, state and federal regulations. .85 FTE GF	\$ 20,179
\$ 121,204	0.20	William Gaitan, Contract Analyst	Processes contracts and assures compliance with local, state and federal regulations. .80 FTE GF	\$ 24,240
				\$ -
				\$ -
				\$ -
Personnel Sub-Total with Rounding				\$ 398,811
Rounding Input Adjustment to Match SF-424A				
Personnel Total				\$ 398,811
Fringe Benefits				
Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate.]			Amount
14.63%	Insurance(Medical/Life)			\$ 58,346
7.65%	Social Security			\$ 30,509
12.00%	Retirement			\$ 47,857
1.50%	Workers Compensation			\$ 5,982
4.22%	Others (Disability, Unemployment, Medicare, Life Insurance, and Supp. Ret.)			\$ 16,829
				\$ -
				\$ -
				\$ -
Fringe Benefit Sub-Total with Rounding				\$ 159,523
Rounding Input Adjustment to Match SF-424A				
Fringe Benefit Total				\$ 159,523
Travel				
Local				
Mileage Rate	Number of Miles	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.	Amount (round down to nearest whole number)
Local Travel Sub-Total				\$ -
Long Distance				
Type of Travel		Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.	Amount (round down to nearest whole number)
RWPA Grantee Meeting		5 staff (Blum, Neary, Al	(Domestic airfare\$600 + lodge \$257 X 4 days + transportation \$100/person) X 5 staff) X	\$ 8,640

PART A ADMINISTRATIVE BUDGET			
RECIPIENT: San Francisco EMA			
FISCAL YEAR: 2024			
Long Distance Travel Sub-Total			\$ 8,640
Travel Total			\$ 8,640
Equipment			
[Equipment is defined as a unit cost of \$5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.)]			
List of Equipment	Budget Impact Justification [Description of need to carry out the program's objectives/goals.] Show breakdown of costs.		Amount (round down to nearest whole number)
Equipment Total			\$ -
Supplies			
[Supplies is defined as property with a unit cost under \$5,000. Note: Items such as laptops, tablets, and desktop computers are classified as a supply if the value is under the \$5,000 threshold.] Show breakdown of costs.			
List of Supplies	Budget Impact Justification [Description of need to carry out the program's objectives/goals.]		Amount (round down to nearest whole number)
General Office Supplies, Pen, pencil, paper, binders,	88.09/mos X 4.73 FTE X 12 months		\$ 5,000
Supplies Total			\$ 5,000
Contractual			
List of Contract	Deliverables	Budget Impact Justification [Description of how the contract impacts the program's objectives/goals and how the costs were estimated.] Show breakdown of costs.	Amount (round down to nearest whole number)
Shanti	Hours of Planning Council and Consumer Advocacy Services	Planning Council Support + HIV Consumer Advocacy	\$ 364,102
ALRP	Hours of Planning Council and Consumer Advocacy Services	Planning Council Support + HIV Consumer Advocacy	\$ 104,403
HR360	Hours of staff support	HHS Progam/Fiscal Admin	\$ 238,786
Contracts Total			\$ 707,291
Other			
[List all costs that do not fit into any other category]			
List of Other	Budget Impact Justification [Impact on the program's objectives/goals.] Show breakdown of costs.		Amount (round down to nearest whole number)
Rent	1.966/sq ft x 250 x 4.73 fte x 12 mos		\$ 27,898
Other Costs Total			\$ 27,898
Total Direct Cost			
			\$ 1,307,162
Indirect Cost			
Type of Indirect Cost [Select from dropdown list]	Rate [Insert rate below]	Insert Base	Total [Insert Indirect]
Part A Administrative Total			
			\$ 1,307,162

PART A PLANNING COUNCIL/PLANNING BODY BUDGET				
RECIPIENT: Shanti Planning Council				
FISCAL YEAR: 2024				
Personnel				
Salary <i>[Insert total annual salary]</i>	FTE <i>[Insert as decimal]</i>	Name, Position <i>[Insert name, position title]</i>	Budget Impact Justification <i>[Description of duties, impact on program goals and outcomes, payment source for balance of FTE.]</i>	Amount
\$ 82,500	1.00	Jordan D, Program Director	Responsible for the direction and executive oversight of all HHSPC Support tasks, functions as an alternative liaison between the HHSPC and stakeholders, government entitites, and community bodies	\$ 82,500
\$ 68,500	1.00	Perez, K, Program Manager 1	Oversight & implementation of all trainings & orientations; supervises annual needs assessment & community outreach listening activites (COLA). Maintaning compliance with CA State protocols; liasion with Mayor's Office.	\$ 68,500
\$ 124,985	0.37	Molnar M, Planner/Senior Director of Volunteer and Community Support Services	Development of annual HCPC work plan; grantee evaluation; provides training to council on HRSA mandates; oversees resource allocatoin and service category prioritizatoin process and protocols	\$ 46,244
\$ 56,316	0.82	Crown D, Program Coordinator	Notetaking & minutes at Council meetings; maintenance of recordings & website; coordinates requests for information; facilitates focus group meetings.	\$ 46,179
				\$ -
				\$ -
				\$ -
				\$ -
Personnel Sub-Total with Rounding				\$ 243,423
Rounding Input Adjustment to Match SF-424A				
Personnel Total				\$ 243,423
Fringe Benefits				
Percentage <i>[Insert as %]</i>	Components <i>[List components that comprise the fringe benefit rate.]</i>			Amount
7.65%	Social Security			\$ 18,622
9.00%	Medical			\$ 21,908
1.50%	Dental			\$ 3,651
1.00%	Unemployment Insurance			\$ 2,434
Fringe Benefit Total				\$ 46,615
Travel				
Local				
Mileage Rate	Number of Miles	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification <i>[Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.</i>	Amount (round down to nearest whole number)
			Employee travel related to council meetings; Muni Pass and Shared Ride Services (1 FTE x 50)	\$ 50
Local Travel Sub-Total				\$ 50
Long Distance				
Type of Travel	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification <i>[Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.</i>		Amount (round down to nearest whole number)
Long Distance Travel Sub-Total				\$ -
Travel Total				\$ 50
Equipment				
<i>[Equipment is defined as a unit cost of \$5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.)] Show breakdown of costs.</i>				
List of Equipment		Budget Impact Justification <i>[Description of need to carry out the program's objectives/goals.]</i>		Amount (round down to nearest whole number)
Equipment Total		\$ -		
Supplies				
<i>[Supplies is defined as property with a unit cost under \$5,000. Note : Items such as laptops, tablets, and desktop computers are classified as a supply if the value is under the \$5,000 threshold.] Show breakdown of costs.</i>				
List of Supplies		Budget Impact Justification <i>[Description of need to carry out the program's objectives/goals].</i>		Amount (round down to nearest whole number)
Pens, Paper, folder, etc		Costs for office supplies, printing and copying, council meeting related supplies (250 x 3.19 FTE)		\$ 798
Supplies Total		\$ 798		
Contractual				
List of Contracts	Deliverables	Budget Impact Justification <i>[Description of how the contract impacts the program's objectives/goals and how the costs were estimated.] Show breakdown of costs.</i>		Amount (round down to nearest whole number)
Contracts Total		\$ -		
Other				
<i>[List all costs that do not fit into any other category.] Show breakdown of costs.</i>				
List of Other		Budget Impact Justification <i>[Impact on the program's objectives/goals.]</i>		Amount (round down to nearest whole number)
Rent		Total Annual Rent: \$8,670 for Polk St. location x 3.19 FTE		\$ 27,657
Insurance		General Liability (\$426.07 x 3.19 FTE).		\$ 1,359
Rental of Equipment		Leased equipment (\$130.19 x 3.19 FTE)		\$ 415
IT support/shredding		IT and web-based services (\$2654.50 x 3.19 FTE)		\$ 8,468
Web Based Services		Survey Monkey, Software + other Licenses (62.5* 3 FTE)		\$ 188
Communications		Phone/internet (\$110.00 x 3.19 FTE x 12 mo)		\$ 4,211
Training		1 Leadership Training at approximately \$855		\$ 855
Other Costs Total		\$ 43,153		
Total Direct Cost				
				\$ 334,038
Indirect Cost				
Type of Indirect Cost <i>[Select from dropdown list]</i>	Rate <i>(Insert rate below)</i>	Insert Base		Total <i>[Insert Indirect]</i>
Fixed	9%	\$ 334,038		30,063
Part A Planning Council/Planning Body Total				
				\$ 364,102

PART A PLANNING COUNCIL/PLANNING BODY BUDGET				
RECIPIENT: AIDS Legal Referral Panel				
FISCAL YEAR: 2024				
Personnel				
Salary <i>[Insert total annual salary]</i>	FTE <i>[Insert as decimal]</i>	Name, Position <i>[Insert name, position title]</i>	Budget Impact Justification <i>[Description of duties, impact on program goals and outcomes, payment source for balance of FTE.]</i>	Amount
\$ 70,911	1.00	Stephen Spano, HCAP Attorney	Conduct outreach activities, provide advocacy, and offer mediation services; provide technical assistance to providers; prepare quarterly reports on consumer issues and their resolution	\$ 70,911
\$ 118,326	0.02	Bill Hirsch, ED	Supervise HCAP Attorney; oversee agency collaborations and attorney-client relations; conduct program evaluation activities; oversee compliance with contract objectives and requirements including ARIES data implementation. Conduct Client Services meetings at which client services staff discuss trends, cases and client feedback.	\$ 2,122
				\$ -
				\$ -
				\$ -
Personnel Sub-Total with Rounding				\$ 73,033
Rounding Input Adjustment to Match SF-424A				
Personnel Total				\$ 73,033
Fringe Benefits				
Percentage <i>[Insert as %]</i>	Components <i>[List components that comprise the fringe benefit rate.]</i>			Amount
7.65%	Social Security			\$ 5,587
8.26%	Medical			\$ 6,029
0.50%	Dental			\$ 364
0.40%	Unemployment Insurance			\$ 291
0.75%	Worker Compensation Insurance			\$ 547
				\$ -
				\$ -
Fringe Benefit Sub-Total with Rounding				\$ 13,365
Rounding Input Adjustment to Match SF-424A				
Fringe Benefit Total				\$ 13,365
Travel				
Local				
Mileage Rate	Number of Miles	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification <i>[Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.</i>	Amount (round down to nearest whole number)
Local Travel Sub-Total				\$ -
Long Distance				
Type of Travel	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification <i>[Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.</i>		Amount (round down to nearest whole number)
Long Distance Travel Sub-Total				\$ -
Travel Total				\$ -
Equipment				
<i>[Equipment is defined as a unit cost of \$5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.)] Show breakdown of costs.</i>				
List of Equipment		Budget Impact Justification <i>[Description of need to carry out the program's objectives/goals.]</i>		Amount (round down to nearest whole number)
Equipment Total				\$ -
Supplies				
<i>[Supplies is defined as property with a unit cost under \$5,000. Note : Items such as laptops, tablets, and desktop computers are classified as a supply if the value is under the \$5,000 threshold.] Show breakdown of costs.</i>				
List of Supplies		Budget Impact Justification <i>[Description of need to carry out the program's objectives/goals].</i>		Amount (round down to nearest whole number)
Office Supplies		4% of supplies, allocated by shared cost based on FTE (\$23,500 X 4%)		\$ 940
Postage		4% of postage cost, allocated by shared cost based on FTE (\$5,000 X 4%)		\$ 200
Supplies Total				\$ 1,140
Contractual				
List of Contracts	Deliverables	Budget Impact Justification <i>[Description of how the contract impacts the program's objectives/goals and how the costs were estimated.] Show breakdown of costs.</i>		Amount (round down to nearest whole number)
IT Consultants - Karen Nylus & Moshe Artz	Hours of IT Consultant Services	IT and database consultation costs, allocated by shared cost based on FTE (\$15,000 X 4%)		\$ 600
Contracts Total				\$ 600
Other				
<i>[List all costs that do not fit into any other category.] Show breakdown of costs.</i>				
List of Other		Budget Impact Justification <i>[Impact on the program's objectives/goals.]</i>		Amount (round down to nearest whole number)
Rent		4% of office space, allocated by shared cost based on FTE (\$99,717 X 4%)		\$ 3,989
Telephone		4% of phone costs, allocated by shared cost based on FTE (\$32,342 X 4%)		\$ 1,294
General Liability Insurance		4% of insurance premium, allocated by shared cost based on FTE (\$7,617 X 4%)		\$ 305
Professional Liability Insurance		\$1,694 per attorney FTE		\$ 1,690
Equipment Rental/Repair		4% of equipment rental and repair, allocated by shared cost based on FTE (\$9,200 X 4%)		\$ 368
Other Costs Total				\$ 7,645
Total Direct Cost				
				\$ 95,783
Indirect Cost				

Type of Indirect Cost <small>[Select from dropdown list]</small>	Rate <small>(Insert rate below)</small>	Insert Base	Total [Insert Indirect]
Fixed	9%	\$ 95,783	8,620
Part A Planning Council/Planning Body Total			
			\$ 104,403

PART A ADMIN BUDGET				
RECIPIENT: HR360				
FISCAL YEAR: 2024				
Personnel				
Salary [Insert total annual salary]	FTE [Insert as decimal]	Name, Position [Insert name, position title]	Budget Impact Justification [Description of duties, impact on program goals and outcomes, payment source for balance of FTE.] Only include duties that are allocable to the CQM budget.	Amount
\$ 72,957	1.00	Nina Davis	Assists with general QM duties, providers general office manager functions for HHS section & coordinates calenders of HHS Assist Director and Director	\$ 72,957
\$ 86,451	1.00	Deanna Chan	Analyzes and processes HHS and HPS contract invoices, including quality analysis to evaluate level of UOS and UDC services provdied based on contract target goals, performs other basic budgetary tasks	\$ 86,451
				\$ -
				\$ -
				\$ -
Personnel Sub-Total with Rounding				\$ 159,408
Rounding Input Adjustment to Match SF-424A				
Personnel Total				\$ 159,408
Fringe Benefits				
Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate.]			Amount
8.02%	Social Security			\$ 12,788
14.94%	Medical			\$ 23,820
1.05%	Dental			\$ 1,672
2.31%	Unemployment Insurance			\$ 3,678
4.82%	Paid Time off			\$ 7,688
5.03%	Retirement			\$ 8,024
				\$ -
				\$ -
Fringe Benefit Sub-Total with Rounding				\$ 57,670
Rounding Input Adjustment to Match SF-424A				
Fringe Benefit Total				\$ 57,670
Travel				
Local				
Mileage Rate	Number of Miles	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.	Amount (round down to nearest whole number)
Local Travel Sub-Total				\$ -
Long Distance				
Type of Travel	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.		Amount (round down to nearest whole number)
Long Distance Travel Sub-Total				\$ -
Travel Total				\$ -
Equipment				
[Equipment is defined as a unit cost of \$5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.).] Show breakdown of costs.				
List of Equipment		Budget Impact Justification [Description of need to carry out the program's objectives/goals.]		Amount (round down to nearest whole number)
Equipment Total				\$ -
Supplies				
[Supplies is defined as property with a unit cost under \$5,000. <u>Note</u> : Items such as laptops, tablets, and desktop computers are classified as a supply if the value is under the \$5,000 threshold.] Show breakdown of costs.				
List of Supplies		Budget Impact Justification [Description of need to carry out the program's objectives/goals.]		Amount (round down to nearest whole number)
Supplies Total				\$ -
Contractual				
List of Contracts	Deliverables	Budget Impact Justification [Description of how the contract impacts the program's objectives/goals and how the costs were estimated.] Show breakdown of costs.		Amount (round down to nearest whole number)
Contracts Total				\$ -
Other				
[List all costs that do not fit into any other category]Show breakdown of costs.				
List of Other		Budget Impact Justification [Impact on the program's objectives/goals]		Amount (round down to nearest whole number)
Other Costs Total				\$ -
Total Direct Cost				
				\$ 217,078
Indirect Cost				
Type of Indirect Cost [Select from dropdown list]	Rate (Insert rate below)	Insert Base		Total [Insert Indirect]
Fixed	10%	\$ 217,078		\$ 21,708
Part A Clinical Quality Management Total				

	\$ 238,786
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PART A CLINICAL QUALITY MANAGEMENT BUDGET				
RECIPIENT: San Francisco EMA				
FISCAL YEAR: 2024				
Personnel				
Salary <i>[Insert total annual salary]</i>	FTE <i>[Insert as decimal]</i>	Name, Position <i>[Insert name, position title]</i>	Budget Impact Justification <i>[Description of duties, impact on program goals and outcomes, payment source for balance of FTE.] Only include duties that are allocable to the CQM budget.</i>	Amount
\$ 163,551	0.50	Beth Neary, Acting Assistant Director of HIV Health Services	Responsible for the overall oversight, planning, evaluation and quality management for HHS as the grantee for the San Francisco HIV System of Care in coordination with our Ryan White mandated HIV Community Planning Council. Leads HHS Internal CQI Committee and works directly with funded CBOs on CQI initiatives. Directs Health Care Analyst for Quality Management on writing of HHS QM/QI Plan and all QM/QI presentations. Reviews program QI data with HHS Internal CQI Committee to suggest CQI activities for discussion at HHS CBO CQI bimonthly review meetings. Meets with system of care providers and SMEs with HHS Director to discuss future CQI needs/interests. (.50 RWPA CQM & .50 GF)	\$ 81,776
\$ 123,294	0.50	John Aynsley, Health Care Analyst	Participates in HHS Internal CQI Committee and works directly with funded CBOs on CQI initiatives. Integrally involved in data oversight and importing functions related to services and ARIES reporting, Provides CQI analysis and presentations to local HIV Community Planning Council. Produces all HHS written QM/QI plans. Ensures proper importation from DPH EMRs to ARIES database for accuracy of data related to QI of health for both annual program evaluations as part of the program monitoring cycle and for the aggregate analysis HHS continually reviews and frequently produces and reports to our local Planning Council, Health Commission, local SF Board of Supervisors. (.50 RWPA CQM & .50 GF)	\$ 61,647
\$ 108,599	0.20	Maria Lacayo, HWIII	Serves as ARIES Manager to train users, provide oversight of quality and accuracy of ARIES data for HRSA reporting as well as for usage for HHS CQI purposes. Participates in HHS Internal CQI Committee and works directly with funded CBOs on CQI initiatives. Ensures proper program identifications and designs (set-ups) in ARIES for DPH EMRs to import client level data into ARIES database to have accurate and correctly sorted data related to QI of health for both annual program evaluations as part of the program monitoring cycle. This is necessary for aggregate analysis HHS continually reviews as part of our ongoing CQI work and frequently produces and reports to our local Planning Council, Health Commission, local SF Board of Supervisors. Also trains ARIES users on proper usage and report generation in ARIES which includes who to run and utilize program data and how to utilize this data for CQI related program level work. (.50 RWPA CQM & .50 GF)	\$ 21,720
\$ 103,429	0.63	TBD, Program Manager & ADAP Coordinator	Manages the HHS QM training program which provides many QM/QI/ and capacity development related trainings annually for our RWPA funded providers. Researches and recruits trainers and consultants for the trainings. Develops contracts and monitors payment mechanism. Works with trainers to develop training materials and identifies training goals. Creates pre-test and post-test evaluations for attendees. Provides analysis of these trainings to HHS leadership and our local Planning Council. Creates, distributes and analyzes annual survey to HHS HIV System of Care on QM/QI/CD Training questions and topics of interest. (1.00 RWPA CQM)	\$ 65,160
				\$ -
Personnel Sub-Total with Rounding				\$ 230,303
Rounding Input Adjustment to Match SF-424A				
Personnel Total				\$ 230,303
Fringe Benefits				
Percentage <i>[Insert as %]</i>	Components <i>[List components that comprise the fringe benefit rate.]</i>			Amount
14.63%	Insurance(Medical/Life)			\$ 33,693
7.65%	Social Security			\$ 17,618
12.00%	Retirement			\$ 27,636
1.50%	Workers Compensation			\$ 3,454
4.22%	Others (Disability, Unemployment, Medicare, Life Insurance, and Supp. Ret.)			\$ 9,718
				\$ -
				\$ -
				\$ -
				\$ -
Fringe Benefit Sub-Total with Rounding				\$ 92,119
Rounding Input Adjustment to Match SF-424A				
Fringe Benefit Total				\$ 92,119
Travel				
Local				
Mileage Rate	Number of Miles	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification <i>[Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.</i>	Amount (round down to nearest whole number)
Local Travel Sub-Total				\$ -
Long Distance				
Type of Travel	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification <i>[Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.</i>		Amount (round down to nearest whole number)
Long Distance Travel Sub-Total				\$ -
Travel Total				\$ -
Equipment				
<i>[Equipment is defined as a unit cost of \$5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.).] Show breakdown of costs.</i>				
List of Equipment	Budget Impact Justification <i>[Description of need to carry out the program's objectives/goals.]</i>			Amount (round down to nearest whole number)
Equipment Total				\$ -
Supplies				
<i>[Supplies is defined as property with a unit cost under \$5,000. Note : Items such as laptops, tablets, and desktop computers are classified as a supply if the value is under the \$5,000 threshold.] Show breakdown of costs.</i>				
List of Supplies	Budget Impact Justification <i>[Description of need to carry out the program's objectives/goals.]</i>			Amount (round down to nearest whole number)
Supplies Total				\$ -
Contractual				
List of Contracts	Deliverables	Budget Impact Justification <i>[Description of how the contract impacts the program's objectives/goals and how the costs were estimated.] Show breakdown of costs.</i>		Amount (round down to nearest whole number)

« Unhide rows	HR360		Hours spent on Programs and Imports QI level data from all SFDPH clinics and SFGH programs into ARIES.	Consultant provides data extraction from Epic EMR for transfer to required ARIES database for clinical quality management/improvement efforts and reporting of aggregate clinic date for the annual HRSA HAB Program Services Report (RSR). Current focus is on viral suppression tracking for specific demographic groups (Black and African-American; Unstably Housed); focus can change annually.	\$ 39,817
	SFGH/ UCSF Ward 86		HIV QI MD Consultant	John Szumowski, MD, Associate Clinical Director of Ward 86 has committed to be available about .10 FTE of his time to join HHS Internal CQI Committee meetings and broader HHS Community CQI Meetings, in our work toward our SF CQI goals. He meets with HHS leadership to discuss CQI questions and to discuss issues related to provider level details of EPIC (the EMR used by DPH) that might be useful when reviewing current and emerging CQI efforts. He also meets often with HHS funded clinical staff to review their CQI goals and panel management practices. 85.00 per hour billed, not to exceed 24,041 annually	\$ 41,287
	Contracts Total				\$ 81,104
« Unhide rows	Other				
	[List all costs that do not fit into any other category]Show breakdown of costs.				
	List of Other		Budget Impact Justification [Impact on the program's objectives/goals]		Amount (round down to nearest whole number)
	Client Incentives Vouchers		Heart of City Farmers Market (\$5/card x 4,000)		\$ 20,000
	Other Costs Total				\$ 20,000
	Total Direct Cost				
					\$ 423,526
	Indirect Cost				
Type of Indirect Cost [Select from dropdown list]	Rate (Insert rate below)	Insert Base			Total [Insert Indirect]
Fixed	10%	\$ 101,104			\$ 10,110
Part A Clinical Quality Management Total					
				\$ 433,636	

PART A HIV SERVICES BUDGET				
RECIPIENT: San Francisco EMA				
FISCAL YEAR: 2024				
Personnel				
Salary [Insert total annual salary]	FTE [Insert as decimal]	Name, Position [Insert name, position title]	Budget Impact Justification [Description of duties, impact on program goals and outcomes, payment source for balance of FTE]	Amount
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
Personnel Sub-Total with Rounding				\$ -
Rounding Input Adjustment to Match SF-424A				
Personnel Total				\$ -
Fringe Benefits				
Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate]			Amount
				\$ -
				\$ -
				\$ -
				\$ -
Fringe Benefit Sub-Total with Rounding				\$ -
Rounding Input Adjustment to Match SF-424A				
Fringe Benefit Total				\$ -
Travel				
Local				
Mileage Rate	Number of Miles	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals]Show breakdown of costs.	Amount (round down to nearest whole number)
Local Travel Sub-Total				\$ -
Long Distance				
Type of Travel		Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals]Show breakdown of costs.	Amount (round down to nearest whole number)
Long Distance Travel Sub-Total				\$ -
Travel Total				\$ -
Equipment				
[Equipment is defined as a unit cost of \$5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.)]				
List of Equipment			Budget Impact Justification [Description of need to carry out the program's objectives/goals]Show breakdown of costs.	Amount (round down to nearest whole number)
Equipment Total				\$ -
Supplies				
[Supplies is defined as property with a unit cost under \$5,000. Note: Items such as laptops, tablets, and desktop computers are classified as a supply if the value is under the \$5,000 threshold.]Show breakdown of costs.				
List of Supplies			Budget Impact Justification [Description of need to carry out the program's objectives/goals]	Amount (round down to nearest whole number)
Supplies Total				\$ -
Contractual				
List of Contracts		Deliverables	Budget Impact Justification [Description of how the contract impacts the program's objectives/goals and how the costs were estimated]Show breakdown of costs.	Amount (round down to nearest whole number)
Outpatient/Ambulatory Health Services		Outpatient/ Ambulatory Health Encounters	All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverabels by each service category.	\$ 840,612
Oral Health Care		Oral Health Encounters	All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverabels by each service category.	\$ 830,193
EIS		Hours of EIS services	All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverabels by each service category.	\$ 115,224
Health Insurance Assistance		Health Insurance Assistance grants	All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverabels by each service category.	\$ 54,950
Home Health Care		Home Health Care visits	All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverabels by each service category.	\$ 275,378
Hospice		Hours of Professional and Paraprofessional services	All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverabels by each service category.	\$ 823,592
Mental Health		Psychiatric Encounters, Hours of Individual and Group Outpatient Mental Health Hours.	All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverabels by each service category.	\$ 1,445,906
Substance Abuse Services (outpatient)		Hours of Outpatient Substance Use Services	All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverabels by each service category.	\$ 214,725
Medical Case Management		Hours of Medical Case Management	All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverabels by each service category.	\$ 3,475,534
Non-Medical Case Management		Hours of Non-Medical Case Management	All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverabels by each service category.	\$ 2,019,435
Emergency Financial Assistance		Emergency Financial Assistance grants	All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverabels by each service category.	\$ 1,250,141
Food		Meals or Bags of Groceries	All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverabels by each service category.	\$ 257,584

Mai

CORE	8,076,114	709,582	8,785,696	
Award			15,945,695	55.10%
	5,340,359		5,340,359	33.5%
Award			15,945,695	

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Housing	Days of Housing	All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverabels by each service category.	\$730,894
Medical Transportation	Miles of Medical Transportation	All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverabels by each service category.	\$9,817
Outreach	Hours of Outreach	All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverabels by each service category.	\$277,964
Psycho-Social Support	Hours of Individual or Group Psycho-social Services	All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverabels by each service category.	\$498,966
Other Professional Services	Hours of Legal Services.	All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverabels by each service category.	\$295,558
Contracts Total			\$13,416,473
Other			
[List all costs that do not fit into any other category]Show breakdown of costs.			
List of Other		Budget Impact Justification [Impact on the program's objectives/goals]	Amount (round down to nearest whole number)
Other Costs Total			\$-
Total Direct Cost			
			\$13,416,473
Indirect Cost			
Type of Indirect Cost [Select from dropdown list]	Rate (Insert rate below)	Insert Base	Total [Insert Indirect]
Part A HIV Services Total			
			\$13,416,473

13,416,473

MAI ADMINISTRATIVE BUDGET RECIPIENT: San Francisco EMA FISCAL YEAR: 2024				
Personnel				
Salary <i>[Insert total annual salary]</i>	FTE <i>[Insert as decimal]</i>	Name, Position <i>[Insert name, position title]</i>	Budget Impact Justification <i>[Description of duties, impact on program goals and outcomes, payment source for balance of FTE]</i>	Amount
\$ 140,794	0.40	TBD, CDTA Program Manager	Provides programmatic oversight and monitoring of case management and integrated services program. .60 FTE GF	\$ 56,317
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
Personnel Sub-Total with Rounding				\$ 56,317
Rounding Input Adjustment to Match SF-424A				
Personnel Total				\$ 56,317
Fringe Benefits				
Percentage <i>[Insert as %]</i>	Components <i>[List components that comprise the fringe benefit rate]</i>			Amount
14.63%	Insurance(Medical/Life)			\$ 8,239
7.65%	Social Security			\$ 4,308
12.00%	Retirement			\$ 6,758
1.50%	Workers Compensation			\$ 844
4.22%	Others (Disability, Unemployment, Medicare, Life Insurance, and Supp. Ret.)			\$ 2,376
				\$ -
				\$ -
				\$ -
Fringe Benefit Sub-Total with Rounding				\$ 22,525
Rounding Input Adjustment to Match SF-424A				
Fringe Benefit Total				\$ 22,525
Travel				
Local				
Mileage Rate	Number of Miles	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification <i>[Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals]Show breakdown of costs.</i>	Amount (round down to nearest whole number)
Local Travel Sub-Total				\$ -
Long Distance				
Type of Travel		Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification <i>[Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals]Show breakdown of costs.</i>	Amount (round down to nearest whole number)
Long Distance Travel Sub-Total				\$ -
Travel Total				\$ -
Equipment				
<i>[Equipment is defined as a unit cost of \$5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.)]Show breakdown of costs.</i>				
List of Equipment		Budget Impact Justification <i>[Description of need to carry out the program's objectives/goals]</i>		Amount (round down to nearest whole number)
Equipment Total		\$ -		
Supplies				
<i>[Supplies is defined as property with a unit cost under \$5,000. Note: Items such as laptops, tablets, and desktop computers are classified as a supply if the value is under the \$5,000 threshold.]Show breakdown of costs.</i>				
List of Supplies		Budget Impact Justification <i>[Description of need to carry out the program's objectives/goals]</i>		Amount (round down to nearest whole number)
Supplies Total		\$ -		
Contractual				
List of Contracts	Deliverables	Budget Impact Justification <i>[Description of how the contract impacts the program's objectives/goals and how the costs were estimated]Show breakdown of costs.</i>		Amount (round down to nearest whole number)
Contracts Total		\$ -		
Other				
<i>[List all costs that do not fit into any other category]Show breakdown of costs.</i>				
List of Other		Budget Impact Justification <i>[Impact on the program's objectives/goals]</i>		Amount (round down to nearest whole number)
Other Costs Total		\$ -		
Total Direct Cost				
				\$ 78,842
Indirect Cost				
Type of Indirect Cost <i>[Select from dropdown list]</i>	Rate <i>(Insert rate below)</i>	Insert Base		Total <i>[Insert Indirect]</i>
MAI Administrative Total				
				\$ 78,842

MAI Clinical Quality Management Budget				
Recipient:				
Fiscal Year: 2024				
Personnel				
Salary [Insert total annual salary]	FTE [Insert as decimal]	Name, Position [Insert name, position title]	Budget Impact Justification [Description of duties, impact on program goals and outcomes, payment source for balance of FTE] Only include duties that are allocable to the CQM budget.	Amount
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
Personnel Sub-Total with Rounding				\$ -
Rounding Input Adjustment to Match SF-424A				
Personnel Total				\$ -
Fringe Benefits				
Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate]			Amount
				\$ -
				\$ -
				\$ -
				\$ -
Fringe Benefit Sub-Total with Rounding				\$ -
Rounding Input Adjustment to Match SF-424A				
Fringe Benefit Total				\$ -
Travel				
Local				
Mileage Rate	Number of Miles	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals]Show breakdown of costs.	Amount (round down to nearest whole number)
Local Travel Sub-Total				\$ -
Long Distance				
Type of Travel		Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals]Show breakdown of costs.	Amount (round down to nearest whole number)
Long Distance Travel Sub-Total				\$ -
Travel Total				\$ -
Equipment				
[Equipment is defined as a unit cost of \$5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.)]Show breakdown of costs.				
List of Equipment		Budget Impact Justification [Description of need to carry out the program's objectives/goals]		Amount (round down to nearest whole number)
Equipment Total				\$ -
Supplies				
[Supplies is defined as property with a unit cost under \$5,000. Note: Items such as laptops, tablets, and desktop computers are classified as a supply if the value is under the \$5,000 threshold.]Show breakdown of costs.				
List of Supplies		Budget Impact Justification [Description of need to carry out the program's objectives/goals]		Amount (round down to nearest whole number)
Supplies Total				\$ -
Contractual				
List of Contracts	Deliverables	Budget Impact Justification [Description of how the contract impacts the program's objectives/goals and how the costs were estimated]Show breakdown of costs.		Amount (round down to nearest whole number)
Contracts Total				\$ -
Other				
[List all costs that do not fit into any other category]				
List of Other		Budget Impact Justification [Impact on the program's objectives/goals]Show breakdown of costs.		Amount (round down to nearest whole number)
Other Costs Total				\$ -
Total Direct Cost				
				\$ -
Indirect Cost				
Type of Indirect Cost [Select from dropdown list]	Rate (Insert rate below)	Insert Base		Total [Insert Indirect]
MAI Clinical Quality Management Total				
				\$ -

MAI CLINICAL QUALITY MANAGEMENT CONTRACTUAL BUDGET

Note: complete this budget sheet if the jurisdiction contracts with a third party to provide CQM for the program.

RECIPIENT:
FISCAL YEAR: 2024

Personnel

Salary [Insert total annual salary]	FTE [Insert as decimal]	Name, Position [Insert name, position title]	Budget Impact Justification [Description of duties, impact on program goals and outcomes, payment source for balance of FTE] Only include duties that are allocable to the CQM budget.	Amount
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
Personnel Sub-Total with Rounding				\$ -
Rounding Input Adjustment to Match SF-424A				
Personnel Total				\$ -

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Fringe Benefits

Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate]	Amount
		\$ -
		\$ -
		\$ -
		\$ -
	Fringe Benefit Sub-Total with Rounding	\$ -
	Rounding Input Adjustment to Match SF-424A	
	Fringe Benefit Total	\$ -

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Travel

Local

Mileage Rate	Number of Miles	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals]Show breakdown of costs.	Amount (round down to nearest whole number)
Local Travel Sub-Total				\$ -

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Long Distance

Type of Travel	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification <i>[Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals]</i> Show breakdown of costs.	Amount (round down to nearest whole number)
Long Distance Travel Sub-Total			\$ -
Travel Total			\$ -

« Unhide rows

Equipment

[Equipment is defined as a unit cost of \$5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.)] Show breakdown of costs.

List of Equipment	Budget Impact Justification <i>[Description of need to carry out the program's objectives/goals]</i>	Amount (round down to nearest whole number)
Equipment Total		\$ -

« Unhide rows

Supplies

[Supplies is defined as property with a unit cost under \$5,000. **Note:** Items such as laptops, tablets, and desktop computers are classified as a supply if the value is under the \$5,000 threshold.] Show breakdown of costs.

List of Supplies	Budget Impact Justification <i>[Description of need to carry out the program's objectives/goals]</i>	Amount (round down to nearest whole number)
Supplies Total		\$ -

« Unhide rows

Contractual

List of Contracts	Deliverables	Budget Impact Justification	Amount (round down to nearest whole number)
		[Description of how the contract impacts the program's objectives/goals and how the costs were estimated]Show breakdown of costs.	
Contracts Total			\$ -

« Unhide rows

Other

[List all costs that do not fit into any other category]

List of Other	Budget Impact Justification <i>[Impact on the program's objectives/goals]Show breakdown of costs.</i>	Amount (round down to nearest whole number)
Other Costs Total		\$ -

« Unhide rows

Total Direct Cost

	\$	-
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Indirect Cost

Type of Indirect Cost [Select from dropdown list]	Rate (Insert rate below)	Insert Base	Total [Insert Indirect]

MAI Clinical Quality Management Total

	\$	-
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MAI HIV SERVICES BUDGET RECIPIENT: San Francisco EMA FISCAL YEAR: 2024				
Personnel				
Salary [Insert total annual salary]	FTE [Insert as decimal]	Name, Position [Insert name, position title]	Budget Impact Justification [Description of duties, impact on program goals and outcomes, payment source for balance of FTE]	Amount
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
Personnel Sub-Total with Rounding				\$ -
Rounding Input Adjustment to Match SF-424A				
Personnel Total				\$ -
Fringe Benefits				
Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate]			Amount
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
Fringe Benefit Sub-Total with Rounding				\$ -
Rounding Input Adjustment to Match SF-424A				
Fringe Benefit Total				\$ -
Travel				
Local				
Mileage Rate	Number of Miles	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals]Show breakdown of costs.	Amount (round down to nearest whole number)
Local Travel Sub-Total				\$ -
Long Distance				
Type of Travel	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals]Show breakdown of costs.		Amount (round down to nearest whole number)
Long Distance Travel Sub-Total				\$ -
Travel Total				\$ -
Equipment				
[Equipment is defined as a unit cost of \$5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.)]Show breakdown of costs.				
List of Equipment		Budget Impact Justification [Description of need to carry out the program's objectives/goals]		Amount (round down to nearest whole number)
Equipment Total		\$ -		
Supplies				
[Supplies is defined as property with a unit cost under \$5,000. <u>Note:</u> Items such as laptops, tablets, and desktop computers are classified as a supply if the value is under the \$5,000 threshold.]Show breakdown of costs.				
List of Supplies		Budget Impact Justification [Description of need to carry out the program's objectives/goals]		Amount (round down to nearest whole number)
Supplies Total		\$ -		
Contractual				
List of Contracts	Deliverables	Budget Impact Justification [Description of how the contract impacts the program's objectives/goals and how the costs were estimated]Show breakdown of costs.		Amount (round down to nearest whole number)
Outpatient/Ambulatory Health Services	Outpatient/Ambulatory Health Services Encounters	All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverabels by each service category.		\$ 413,723
Medical Case Management	Hours of Medical Case Management	All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverabels by each service category.		\$ 207,890
Substance Abuse Services (Outpatient)	Hours of Outpatient Substance Use Services	All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverabels by each service category.		\$ 87,969
Contracts Total				\$ 709,582
Other				
[List all costs that do not fit into any other category]Show breakdown of costs.				
List of Other		Budget Impact Justification [Impact on the program's objectives/goals]		Amount (round down to nearest whole number)
Other Costs Total				\$ -
Total Direct Cost				
				\$ 709,582
Indirect Cost				
Type of Indirect Cost [Select from dropdown list]	Rate (Insert rate below)	Insert Base		Total [Insert Indirect]
MAI HIV Services Total				
				\$ 709,582

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