

Baranoff, Elena (HSA) (DSS)

From: Loc Chau <lchau@sfihsppa.org>
Sent: Thursday, April 07, 2016 1:11 PM
To: Baranoff, Elena (HSA) (DSS)
Subject: FY2015-16 Budget Adjustment / 4-Yr Budgets (FY2016-20) - USE THIS ONE
Attachments: SF IHSS PA - ON CALL EMERGENCY SERVICES Budget forms FY2016-20_02.26.16.xls; SF IHSS PA - ADMIN_HEALTH_DENTAL Budget forms FY2016-20_02.26.16.xls; SF IHSS PA - FINGER PRINTING PROJECT Budget forms FY2016-20_02.26.16.xls; SF IHSS PA - ADVISORY COUNCIL Budget forms FY2016-20_02.26.16.xls; SF IHSS PA - CPMP DPH Budget forms FY2016-20_02.26.16_20K.xls

Hi Elena,

Below is the breakdown of our FY2016-20 budgets with only \$20K for DPH.

FY2016-20 BUDGETS	FY2016-17	FY2017-18	FY2018-19	FY2019-20	TOTAL
On-Call Services	475,508	486,420	497,333	508,245	1,967,506
Admin/Health/Dental	60,892,714	61,838,687	63,665,306	65,013,121	251,409,828
Fingerprinting Project	158,852	163,699	171,015	176,195	669,761
Advisory Council	60,186	61,520	63,046	64,309	249,061
DPH	20,000	20,000	20,000	20,000	80,000
TOTAL	\$61,607,260	\$62,570,326	\$64,416,700	\$65,781,870	\$254,376,156

Let me know when I can enter the numbers into CARBON.

Loc Chau
Fiscal & Operations Manager
SF IHSS Public Authority
832 Folsom Street, 9th Floor
San Francisco, CA 94107
415-593-8115

	A	B	C	D	E	F
1						Appendix B, Page 1
2						Document Date: 02/26/16
3	HUMAN SERVICES AGENCY CONTRACT BUDGET SUMMARY					
4	BY PROGRAM					
5	Contractor's Name				Contract Term	
6	San Francisco In-Home Supportive Services Public Authority				7/1/16 - 6/30/20	
7	(Check One) New <input type="checkbox"/> Renewal <input checked="" type="checkbox"/> Modification <input type="checkbox"/>					
8	If modification, Effective Date of Mod.		No. of Mod.			
9	Program: SF IHSS Public Authority (ON-CALL EMERGENCY SERVICES)					
10	Budget Reference Page No.(s)					
11	Program Term:	FY2016-17	FY2017-18	FY2018-19	FY2019-20	TOTAL
12	Expenditures					
13	Salaries & Benefits	\$460,508	\$471,420	\$482,333	\$493,245	\$1,907,506
14	Operating Expense	\$15,000	\$15,000	\$15,000	\$15,000	\$60,000
15	Subtotal	\$475,508	\$486,420	\$497,333	\$508,245	\$1,967,506
16	Indirect Percentage (%)					
17	Indirect Cost (Line 16 X Line 15)		\$0	\$0	\$0	\$0
18	Capital Expenditure		\$0	\$0	\$0	\$0
19	Total Expenditures	\$475,508	\$486,420	\$497,333	\$508,245	\$1,967,506
20	HSA Revenues					
21	General Fund	\$475,508	\$486,420	\$497,333	\$508,245	\$1,967,506
22	State Funding					
23	Federal Funding					
24						
25						
26	TOTAL HSA REVENUES	\$475,508	\$486,420	\$497,333	\$508,245	\$1,967,506
27	Other Revenues					
28						
29		\$0	\$0	\$0	\$0	\$0
30						
31						
32						
33	Total Revenues	\$475,508	\$486,420	\$497,333	\$508,245	\$1,967,506
34						
36	Prepared by: Loc Chau - Fiscal & Operations Manager		Telephone: 415-593-8115		02/26/16	
37	HSA-CO Review Signature: _____					
38	HSA #1					2/26/2016

Program Name: SF IHSS Public Authority
ON-CALL EMERGENCY SERVICES

Operating Expense Detail

12	EXPENDITURE CATEGORY	TERM	FY2016-17	FY2017-18	FY2018-19	FY2019-20	TOTAL
13	Rental of Property		\$0	\$0	\$0	\$0	\$0
14	Utilities(Telephone / Repair & Maintenance)		\$0	\$0	\$0	\$0	\$0
15	Postage		\$0	\$0	\$0	\$0	\$0
16	Office Supplies		\$0	\$0	\$0	\$0	\$0
17	Insurance		\$0	\$0	\$0	\$0	\$0
18	CONSULTANT/SUBCONTRACTOR DESCRIPTIVE TITLE						
19							
20							
21							
22							
23	OTHER						
24	Travel		\$15,000	\$15,000	\$15,000	\$15,000	\$60,000
25							
26							
27							
28	TOTAL OPERATING EXPENSE		\$15,000	\$15,000	\$15,000	\$15,000	\$60,000
29							
30	HSA #3						2/26/2016

	A	B	C	D	E	F	G
1						Appendix B, Page 4	
2						Document Date	02/26/16
3							
4		Program Name: SF IHSS Public Authority					
5		ON-CALL EMERGENCY SERVICES					
6							
7							
8							
9							TOTAL
10		EQUIPMENT	FY2012-13	FY2017-18	FY2018-19	FY2019-20	
11	No.	ITEM/DESCRIPTION					
12			0	0	0	0	0
13							0
14							0
15							0
16							0
17							0
18							0
19							0
20		TOTAL EQUIPMENT COST	0	0	0	0	0
21							
22		REMODELING					
23	Description:						0
24							0
25							0
26							0
27							0
28							0
29		TOTAL REMODELING COST	0	0	0	0	0
30							
31		TOTAL CAPITAL EXPENDITURE	0	0	0	0	0
32		(Equipment and Remodeling Cost)					
33		HSA #4					2/26/2016

	A	B	C	D	E	F
1						Appendix B(a), Page 1
2						Document Date: 02/26/16
3	HUMAN SERVICES AGENCY CONTRACT BUDGET SUMMARY					
4	BY PROGRAM					
5	Contractor's Name				Contract Term	
6	San Francisco In-Home Supportive Services Public Authority				07/01/16 - 06/30/20	
7	(Check One) New <input type="checkbox"/> Renewal <input checked="" type="checkbox"/> Modification <input type="checkbox"/>					
8	If modification, Effective Date of Mod.			No. of Mod.		
9	Program: SF IHSS Public Authority (FINGER PRINTING PROJECT)					
10	Budget Reference Page No.(s)					
11	Program Term: N/A	FY2016-17	FY2017-18	FY2018-19	FY2019-20	TOTAL
12	Expenditures					
13	Salaries & Benefits	\$143,902	\$148,749	\$153,765	\$158,945	\$605,361
14	Operating Expense	\$14,950	\$14,950	\$17,250	\$17,250	\$64,400
15	Subtotal	\$158,852	\$163,699	\$171,015	\$176,195	\$669,761
16	Indirect Percentage (%)					
17	Indirect Cost (Line 16 X Line 15)	\$0	\$0	\$0	\$0	\$0
18	Capital Expenditure	\$0	\$0	\$0	\$0	\$0
19	Total Expenditures	\$158,852	\$163,699	\$171,015	\$176,195	\$669,761
20	HSA Revenues					
21	General Fund	\$158,852	\$163,699	\$171,015	\$176,195	\$669,761
22						
23						
24						
25						
26	TOTAL HSA REVENUES	\$158,852	\$163,699	\$171,015	\$176,195	\$669,761
27	Other Revenues					
28						
29		\$0	\$0	\$0	\$0	\$0
30						
31						
32						
33	Total Revenues	\$158,852	\$163,699	\$171,015	\$176,195	\$669,761
34	Full Time Equivalent (FTE): 1.66 FTE PA Staff Only					
36	Prepared by: Loc Chau - Fiscal & Operations Manager			Telephone: 415-593-8115		02/26/16
37	HSA-CO Review Signature: _____					
38	HSA #1					2/26/2016

	A	B	C	D	E	F	G
1						Appendix B(a), Page 4	
2						Document Date	02/26/16
3							
4		Program Name: SF IHSS Public Authority					
5		FINGER PRINTING PROJECT					
6							
7							
8							
9							
							TOTAL
10	EQUIPMENT	TERM	FY2016-17	FY2017-18	FY2018-19	FY2019-20	
11	No.	ITEM/DESCRIPTION					
12			0	0	0	0	0
13							0
14							0
15							0
16							0
17							0
18							0
19							0
20	TOTAL EQUIPMENT COST		0	0	0	0	0
21							
22	REMODELING						
23	Description:						0
24							0
25							0
26							0
27							0
28							0
29	TOTAL REMODELING COST		0	0	0	0	0
30							
31	TOTAL CAPITAL EXPENDITURE		0	0	0	0	0
32	(Equipment and Remodeling Cost)						
33	HSA #4						2/26/2016

	A	B	C	D	E	F
1	Appendix B, Page 1					
2	Document Date:					02/26/16
3	HUMAN SERVICES AGENCY CONTRACT BUDGET SUMMARY					
4	BY PROGRAM					
5	Contractor's Name			Contract Term		
6	San Francisco In-Home Supportive Services Public Authority			FY 2016-20		
7	(Check One) New <input type="checkbox"/> Renewal <input checked="" type="checkbox"/> Modification <input type="checkbox"/>					
8	If modification, Effective Date of Mod.		No. of Mod.			
9	Program: Mentorship Program (DPH)					
10	Budget Reference Page No.(s)					
11	Program Term: N/A		FY2016-17	FY2017-18	FY2018-19	FY2019-20
12	Expenditures					
13	Salaries & Benefits	\$0	\$0	\$0	\$0	\$0
14	Operating Expense	\$20,000	\$20,000	\$20,000	\$20,000	\$80,000
15	Subtotal	\$20,000	\$20,000	\$20,000	\$20,000	\$80,000
16	Indirect Percentage (%)					
17	Indirect Cost (Line 16 X Line 15)	\$0	\$0	\$0	\$0	\$0
18	Capital Expenditure	\$0	\$0	\$0	\$0	\$0
19	Total Expenditures	\$20,000	\$20,000	\$20,000	\$20,000	\$80,000
20	HSA Revenues					
21	General Fund	\$20,000	\$20,000	\$20,000	\$20,000	\$80,000
22						
23						
24						
25						
26	TOTAL HSA REVENUES	\$20,000	\$20,000	\$20,000	\$20,000	\$80,000
27	Other Revenues					
28						
29		\$0	\$0	\$0	\$0	\$0
30						
31						
32						
33	Total Revenues	\$20,000	\$20,000	\$20,000	\$20,000	\$80,000
34	Full Time Equivalent (FTE): 0					
36	Prepared by: Loc Chau - Fiscal & Operations Manager					02/26/16
37	HSA-CO Review Signature: _____					
38	HSA #1					2/26/2016

Program Name: SF IHSS Public Authority
 Mentorship Program (DPH)

Operating Expense Detail

12	EXPENDITURE CATEGORY	TERM	FY2016-17	FY2017-18	FY2018-19	FY2019-20	TOTAL
13	Training / Recruitment / Meetings		\$2,500	\$2,500	\$2,500	\$2,500	\$10,000
14	Stipends		\$15,000	\$15,000	\$15,000	\$15,000	\$60,000
15	Travel		\$500	\$500	\$500	\$500	\$2,000
16	Outreach		\$2,000	\$2,000	\$2,000	\$2,000	\$8,000
17							
18							
19							
20							
21	CONSULTANT/SUBCONTRACTOR DESCRIPTIVE TITLE						
22							
23							
24							
25							
26							
27							
28							
29	OTHER						
30							
31							
32							
33							
34							
35							
36							
37							
38	TOTAL OPERATING EXPENSE		\$20,000	\$20,000	\$20,000	\$20,000	\$80,000

HSA #3

	A	B	C	D	E	F	G
1					Appendix B, Page 4		
2					Document Date: 02/26/16		
3							
4	Program Name: SF IHSS Public Authority						
5	Mentorship Program (DPH)						
6							
7	Capital Expenditure Detail						
8	(Equipment and Remodeling Cost)						
9							TOTAL
10	EQUIPMENT	TERM	FY2016-17	FY2017-18	FY2018-19	FY2019-20	
11	No.	ITEM/DESCRIPTION					
12			0	0	0	0	0
13							0
14							0
15							0
16							0
17							0
18							0
19							0
20	TOTAL EQUIPMENT COST		0	0	0	0	0
21							
22	R E M O D E L I N G						
23	Description:						0
24							0
25							0
26							0
27							0
28							0
29	TOTAL REMODELING COST		0	0	0	0	0
30							
31	TOTAL CAPITAL EXPENDITURE		0	0	0	0	0
32	(Equipment and Remodeling Cost)						
33	HSA #4						
							2/26/2016

	A	B	C	D	E	F
1						Appendix B, Page 1
2						Document Date: 02/26/16
3	HUMAN SERVICES AGENCY CONTRACT BUDGET SUMMARY					
4	BY PROGRAM					
5	<input type="checkbox"/> Contractor's Name				Contract Term	
6	San Francisco In-Home Supportive Services Public Authority				07/01/16 - 06/30/20	
7	(Check One) New Renewal <u>X</u> Modification _____					
8	If modification, Effective Date of Mod.		No. of Mod.			
9	Program: SF IHSS Public Authority (PA ADMIN / HEALTH / DENTAL)					
10	Budget Reference Page No.(s)					
11	Program Term: N/A	FY2016-17	FY2017-18	FY2018-19	FY2019-20	TOTAL
12	Expenditures					
13	Salaries & Benefits	\$1,567,306	\$1,619,424	\$1,676,250	\$1,735,165	\$6,598,145
14	Operating Expense	\$59,320,908	\$60,211,763	\$61,980,556	\$63,270,456	\$244,783,683
15	Subtotal	\$60,888,214	\$61,831,187	\$63,656,806	\$65,005,621	\$251,381,828
16	Indirect Percentage (%)					
17	Indirect Cost (Line 16 X Line 15)	\$0	\$0	\$0	\$0	\$0
18	Capital Expenditure	\$4,500	\$7,500	\$8,500	\$7,500	\$28,000
19	Total Expenditures	\$60,892,714	\$61,838,687	\$63,665,306	\$65,013,121	\$251,409,828
20	HSA Revenues					
21	General Fund	\$60,892,714	\$61,838,687	\$63,665,306	\$65,013,121	\$251,409,828
22						\$0
23						\$0
24						\$0
25						\$0
26	TOTAL HSA REVENUES	\$60,892,714	\$61,838,687	\$63,665,306	\$65,013,121	\$251,409,828
27	Other Revenues					
28						\$0
29		\$0	\$0	\$0	\$0	\$0
30						\$0
31						\$0
32						\$0
33	Total Revenues	\$60,892,714	\$61,838,687	\$63,665,306	\$65,013,121	\$251,409,828
34	Full Time Equivalent (FTE): 18.04 FTE PA Staff Only					
36	Prepared by: Loc Chau - Fiscal & Operations Manager			Telephone: 415-593-8115		02/26/16
37	HSA-CO Review Signature: _____					
38	HSA #1					2/26/2016

	A	B	C	D	E	F	G	H	I	J	K	L	M
1												Appendix B, Page 3	
2												Document Date: 02/26/16	
3													
4	Program Name: SF IHSS Public Authority												
5	PA ADMIN / HEALTH / DENTAL												
6													
7	Operating Expense Detail												
8													
9													
10													
11													
12	EXPENDITURE CATEGORY	TERM	FY2016-17	FY2017-18	FY2018-19	FY2019-20	TOTAL						
13	Rental of Property		\$259,770	\$269,359	\$776,610	\$785,199	\$2,090,938						
14	Utilities(Telephone / Repair & Maintenance)		\$16,000	\$16,000	\$16,500	\$18,500	\$65,000						
15	Postage		\$15,000	\$15,500	\$16,000	\$16,000	\$62,500						
16	Office Supplies		\$22,000	\$22,000	\$23,000	\$23,000	\$90,000						
17	Printing (Newsletter / Communications / Office Forms)		\$36,500	\$36,500	\$38,000	\$38,000	\$149,000						
18	Insurance		\$19,000	\$20,500	\$23,500	\$23,500	\$86,500						
19	Prof. Membership / Staff Training / Recruitment / Meetings		\$9,500	\$10,500	\$11,500	\$11,500	\$43,000						
20	Staff Travel (Mileage / Accommodations)		\$5,500	\$5,500	\$6,500	\$6,500	\$24,000						
21	CONSULTANT/SUBCONTRACTOR DESCRIPTIVE TITLE												
22	Independent Auditor		\$35,000	\$35,000	\$37,000	\$38,000	\$145,000						
23	Bookkeeping & Payroll Services		\$40,000	\$40,000	\$41,000	\$42,000	\$163,000						
24	Technology Consultant		\$42,000	\$42,000	\$42,000	\$43,000	\$169,000						
25	Legal Counsel		\$28,000	\$28,000	\$28,000	\$28,000	\$112,000						
26	Benefits Management		\$128,500	\$132,500	\$135,000	\$140,000	\$536,000						
27	Homecare Registry		\$14,000	\$14,000	\$14,000	\$14,000	\$56,000						
28	Other Consulting		\$10,000	\$10,000	\$10,000	\$10,000	\$40,000						
29	OTHER												
30	Exchange (Monthly Email Service - Cloud)		\$2,000	\$2,000	\$2,000	\$2,000	\$8,000						
31	Education & Outreach (Incl. SDN)		\$18,000	\$18,000	\$18,000	\$18,000	\$72,000						
32	CAPA Annual Dues		\$16,600	\$17,200	\$17,850	\$18,500	\$70,150						
33	Mentorship Program Stipend / Training Materials		\$42,500	\$42,500	\$42,500	\$42,500	\$170,000						
34	FLSA (Fair Labor Standards Act)		\$348,000	\$0	\$0	\$0	\$348,000						
35	Health Insurance - SF Health Plan		\$54,581,447	\$55,754,765	\$56,953,310	\$58,177,623	\$225,467,145						
36	Dental Insurance - Liberty Dental		\$3,631,591	\$3,679,939	\$3,728,286	\$3,776,634	\$14,816,450						
37													
38	TOTAL OPERATING EXPENSE		\$59,320,908	\$60,211,763	\$61,980,556	\$63,270,456	\$244,783,683						
39													
40	HSA #3											2/26/2016	

	A	B	C	D	E	F	G
1							Appendix B, Page 4
2							Document Date: 02/26/16
3							
4		Program Name: SF IHSS Public Authority					
5		PA ADMIN / HEALTH / DENTAL					
6							
7							
8							
9							
10							TOTAL
		EQUIPMENT	TERM	FY2016-17	FY2017-18	FY2018-19	FY2019-20
11	No.	ITEM/DESCRIPTION					
12	1	5 telephone Equipments (Incl headsets & Liftsets)		4,500			4,500
13							
14	2	4 Computers & 4 Monitors			7,500		7,500
15							
16	3	1 New copier/printer with Service Contract				8,500	8,500
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28		TOTAL EQUIPMENT COST		\$4,500	\$7,500	\$8,500	\$7,500
29							
30		R E M O D E L I N G					
31	Description:						0
32							0
33							0
34							0
35		TOTAL REMODELING COST			0	0	0
36							
37		TOTAL CAPITAL EXPENDITURE		\$4,500	\$7,500	\$8,500	\$7,500
38		(Equipment and Remodeling Cost)					
39		HSA #4					2/26/2016

	A	B	C	D	E	F
1						Appendix B(b), Page 1
2						Document Date: 02/26/16
3	HUMAN SERVICES AGENCY CONTRACT BUDGET SUMMARY					
4	BY PROGRAM					
5	Contractor's Name				Contract Term	
6	San Francisco In-Home Supportive Services Public Authority				07/01/16 - 06/30/20	
7	(Check One) New <input type="checkbox"/> Renewal <input checked="" type="checkbox"/> Modification <input type="checkbox"/>					
8	If modification, Effective Date of Mod.		No. of Mod.			
9	Program: SF IHSS Public Authority (ADVISORY COUNCIL)					
10	Budget Reference Page No.(s)					
11	Program Term: N/A		FY2016-17	FY2017-18	FY2018-19	FY2019-20
12	Expenditures					
13	Salaries & Benefits	\$35,136	\$36,320	\$37,546	\$38,809	\$147,811
14	Operating Expense	\$25,050	\$25,200	\$25,500	\$25,500	\$101,250
15	Subtotal	\$60,186	\$61,520	\$63,046	\$64,309	\$249,061
16	Indirect Percentage (%)					
17	Indirect Cost (Line 16 X Line 15)	\$0	\$0	\$0	\$0	\$0
18	Capital Expenditure	\$0	\$0	\$0	\$0	\$0
19	Total Expenditures	\$60,186	\$61,520	\$63,046	\$64,309	\$249,061
20	HSA Revenues					
21	General Fund	\$60,186	\$61,520	\$63,046	\$64,309	\$249,061
22						
23						
24						
25						
26	TOTAL HSA REVENUES	\$60,186	\$61,520	\$63,046	\$64,309	\$249,061
27	Other Revenues					
28						
29		\$0	\$0	\$0	\$0	\$0
30						
31						
32						
33	Total Revenues	\$60,186	\$61,520	\$63,046	\$64,309	\$249,061
34	Full Time Equivalent (FTE): .30 FTE PA Staff Only					
36	Prepared by: Loc Chau - Fiscal & Operations Manager			Telephone: 415-593-8115		02/26/16
37	HSA-CO Review Signature: _____					
38	HSA #1					2/26/2016

Program Name: SF IHSS Public Authority
ADVISORY COUNCIL

Operating Expense Detail

12	EXPENDITURE CATEGORY	TERM	FY2016-17	FY2017-18	FY2018-19	FY2019-20	TOTAL
13	D & O Insurance		\$4,750	\$4,900	\$5,200	\$5,200	\$20,050
14	CICA Membership / Conference		\$4,300	\$4,300	\$4,300	\$4,300	\$17,200
15	Board Stipend		\$7,000	\$7,000	\$7,000	\$7,000	\$28,000
16	Communications		\$9,000	\$9,000	\$9,000	\$9,000	\$36,000
17							
18	CONSULTANT/SUBCONTRACTOR DESCRIPTIVE TITLE						
19							
20							
21							
22							
23	OTHER						
24							
25							
26							
27							
28	TOTAL OPERATING EXPENSE		\$25,050	\$25,200	\$25,500	\$25,500	\$101,250
29							
30	HSA #3						2/26/2016

	A	B	C	D	E	F	G
1							Appendix B, Page
2							Document Date: 02/26/16
3							
4	Program Name: SF IHSS Public Authority						
5	ADVISORY COUNCIL						
6							
7	Capital Expenditure Detail						
8	(Equipment and Remodeling Cost)						
9							
10	EQUIPMENT	TERM	FY2016-17	FY2017-18	FY2018-19	FY2019-20	TOTAL
11	No.	ITEM/DESCRIPTION					
12			0	0	0	0	0
13							0
14							0
15							0
16							0
17							0
18							0
19							0
20	TOTAL EQUIPMENT COST		0	0	0	0	0
21							
22	REMODELING						
23	Description:						0
24							0
25							0
26							0
27							0
28							0
29	TOTAL REMODELING COST		0	0	0	0	0
30							
31	TOTAL CAPITAL EXPENDITURE		0	0	0	0	0
32	(Equipment and Remodeling Cost)						
33	HSA #4						2/26/2016