Baranoff, Elena (HSA) (DSS)

From:

Loc Chau < lchau@sfihsspa.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	В	С	D	E	F
1		·			Appendix B, Page	
2					Document Date:	02/26/16
3	HUMAN SERVICES AGENC	CONTRACT	BUDGET SU	MMARY		
4			BY PRO	GRAM		
5	Contractor's Name				Contract Tern	า
6	San Francisco In-Home Supportive Services	Public Authority	1		7/1/16 -	6/30/20
7	(Check One) New □ Renewal X N	Modification				
8	If modification, Effective Date of Mod.	lo. of Mod.				
9	Program: SF IHSS Public Authority (ON-CALL	EMERGENCY S	ERVICES)			
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
	State Funding					
23 24	Federal Funding					
25						
26	TOTAL HSA REVENUES	\$475,508	\$486,420	\$497,333	\$508,245	\$1,967,506
27	Other Revenues	\$11 O,000	\$ 100,120	ψ (07,000	\$000,240	Ψ1,007,000
28						
29		\$0	\$0	\$0	\$0	\$0
30 31						
32						
	Total Revenues	\$475,508	\$486,420	\$497,333	\$508,245	\$1,967,506
34						
	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	В	C	D	Е	F	G	Н	1	J
2									Appendix B, Page 2 Document Date: 03	
3 4 5	Program Name: SF IHSS Public AI									
6	ON-CALL LINENGENOT SERVICE	.0								
7	1		Salario	es & Ber	nefits Deta	ail				
8	1									
9						FY2016-17	FY2017-18	FY2018-19	FY2019-20	
11		Agency 1	otals	For HS/	A Program	For DHS Program	For DHS Program	For DHS Program	For DHS Program	TOTAL
12	POSITION TITLE	Annual Full TimeSalary for FTE	Total % FTE	% FTE	Adjusted FTE	Budgeted Salary	Budgeted Salary	Budgeted Salary	Budgeted Salary	07/01/12 to 06/30/16
13	On-Call Providers	\$316,500	100%	100%	100%	\$316,500	\$324,000	\$331,500	\$339,000	\$1,311,000
14										
15										
6										
7										
8										
19										
20	TOTALS	\$316,500	1.00	1.00	1.00	\$316,500	\$324,000	\$331,500	\$339,000	\$1,311,000
21	FRINGE BENEFIT RATE	45.50%				45.50%	45.50%	45.50%	45.50%	45.50%
	EMPLOYEE FRINGE BENEFITS	\$144,008				\$144,008	\$147,420	\$150,833	\$154,245	\$596,506
4										
	TOTAL SALARIES & BENEFITS	\$460,508				\$460,508	\$471,420	\$482,333	\$493,245	\$1,907,506
.7	HSA#2									2/26/2016

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1					-0			Appendix B, Pa	
2	1							Document Date	02/26/16
3	Program Name	o SE IHSS D	ublic Authority						
5	ON-CALL EM								
6									
7				Operat	ting Expense [Detail			
8									
9									-
11									
-	EXPENDITU	RE CATEGO	RY	TERM	FY2016-17	FY2017-18	FY2018-19	FY2019-20	TOTAL
13	Rental of Prop	erty			\$0	\$0	\$0	\$0	\$0
14	Utilities(Teleph	one / Repair &	& Maintenance)		\$0	\$0_	\$0	\$0	\$0
15	Postage			0	\$0	\$0	\$0	\$0	\$0
16	Office Supplies	3		9	\$0	\$0	\$0	\$0	\$0
17	Insurance				\$0	\$0_	\$0	\$0	\$0
18	CONSULTAN	NT/SUBCON	TRACTOR DESCRIPTIVE	TITLE					
19				_					
20				_					
21			*	_					
22				_					
23	OTHER								İ
24	Travel				\$15,000	\$15,000	\$15,000	\$15,000	\$60,000
25									
26									
27									
28	TOTAL OPERA	ATING EXPEN	ISE		\$15,000	\$15,000	\$15,000	\$15,000	\$60,000
29									
30	HSA #3								2/26/2016

	Α	В	С	D	E	F	G
2 3						Appendix B, Pag Document Date	e 4 02/26/16
5	Program ON-CA	n Name: SF IHSS Public Authority LL EMERGENCY SERVICES					
6			0 "15	114 Ph. 421			
7		0	Capital Expending Equipment and Re	IITUre Detail modeling Cost)			
9	1	,-	7	,			TOTAL
	EQUI	PMENT	FY2012-13	FY2017-18	FY2018-19	FY2019-20	
11	No.	ITEM/DESCRIPTION		8			
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	REM	ODELING					
23	Descript	ion:					0
24							0
25							0
26							0
27							0
28							0
29	TOTAL	REMODELING COST	0	0	0	0	0
30							
		CAPITAL EXPENDITURE ent and Remodeling Cost)	0	0	0	0	0
	HSA #4	ent and ivellionelling Cost)					2/26/2016

	A	В	С	D	Е	F
1					Appendix B(a), F	1. -
2					Document Date:	02/26/16
3	HUMAN SERVICES AGENCY CO	ONTRACT BU				
4			BY PRO	GRAM		
5	Contractor's Name				Contract Te	rm
6	San Francisco In-Home Supportive Services Pu	blic Authority			07/01/16	- 06/30/20
7	(Check One) New □ Renewal <u>X</u> Modi	fication				
8	If modification, Effective Date of Mod. No. of	of Mod.				
9	Program: SF IHSS Public Authority (FINGER PRI	NTING PROJECT	Γ)			
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
	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
	Capital Expenditure	\$0	\$0	\$0	\$0	\$0
	Total Expenditures	\$158,852	\$163,699	\$171,015	\$176,195	\$669,761
20	HSA Revenues					8 23
21	General Fund	\$158,852	\$163,699	\$171,015	\$176,195	\$669,761
23						
24						
25						
26	TOTAL HSA REVENUES	\$158,852	\$163,699	\$171,015	\$176,195	\$669,761
27	Other Revenues					
29		\$0	\$0	\$0	\$0	\$0
30						
31						
	Total Revenues	\$158,852	\$163,699	\$171,015	\$176,195	\$669,761
34	Full Time Equivalent (FTE): 1.66 FTE PA Staff Only					
	Prepared by: Loc Chau - Fiscal & Operations Man	ager		Telephone: 415-	-593-8115	02/26/16
37	HSA-CO Review Signature:					
38	HSA #1					2/26/2016

	A	В	С	D	E	F	G	Н	1	J	K
1										Appendix B(a), Pag	
3										Document Date:	02/26/16
4	Program Name: SF IHSS Pub	olic Authority	e								
5	FINGER PRINTING PROJECT										
6											
7				Salari	es & Be	nefits Det	ail				
8											
9 10											
10					- 110		FY2016-17	FY2017-18	FY2018-19	FY2019-20	
11			Agency Annual Full	otals	For HS	A Program	For DHS Program	For DHS Program	For DHS Program	For DHS Program	TOTAL
		Current	TimeSalary	Total %		Adjusted					
12	POSITION TITLE	Salary	for FTE	FTE	% FTE	FTE	Budgeted Salary	Budgeted Salary	Budgeted Salary	Budgeted Salary	07/01/17 to 06/30/20
13	Fiscal & Operations Manager	105,558	\$105,55B	25%	100%	25%	\$26,390	\$27,181	\$27,997	\$28,837	\$110,404
14	Program Manager	103,212	\$103,212	16%	100%	16%	\$16,514	\$17,009	\$17,520	\$18,045	\$69,088
15	Executive Assistant	60,027	\$60,027	25%	100%	25%	\$15,007	\$15,457	\$15,921	\$16,398	\$62,783
16	DOJ Documents Techniciam	45,990	\$45,990	100%	100%	100%	\$45,990	\$47,370	\$48,791	\$50,255	\$192,405
17											
18											
19		\$314,787									
20	TOTALS		\$314,787	1.66	4.00	1.66	\$103,900	\$107,017	\$110,228	\$113,535	\$434,680
21										2003 7657 200	
22	FRINGE BENEFIT RATE		38,50%				38.50%	39.00%	39.50%	40.00%	
23	EMPLOYEE FRINGE BENEFIT	S	\$121,193				\$40,002	\$41,732	\$43,538	\$45,411	\$170,682
23 24 25											
	TOTAL SALARIES & BENEFIT	s	\$435,980				\$143,902	\$148,749	\$153,765	\$158,945	\$605,361
27	HSA #2										2/26/2016

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1						-			Appendix B(a),	
3									Document Date	: 02/26/16
4	Program Name	: SF IHSS P	ublic Authority							
5	FINGER PRIN									
6	1				_					
7					Opera	ting Expense	e Detail			
8										
9										
11										
12	EXPENDITUR	RE CATEGO	DRY		TERM	FY2016-17	FY2017-18	FY2018-19	FY2019-20	TOTAL
13	Rental of Prope	erty				\$3,200	\$3,200	\$5,500	\$5,500	\$17,400
14	Utilities(Teleph	one / Repair &	& Maintenance)			\$2,500	\$2,500	\$2,500	\$2,500	\$10,000
15	Office Supplies					\$1,500	\$1,500	\$1,500	\$1,500	\$6,000
16	Insurance					\$2,250	\$2,250	\$2,250	\$2,250	\$9,000
17	Postage (SOC8	81 - Notice to	IP for inactivity)			\$5,500	\$5,500	\$5,500	\$5,500	\$22,000
18	CONSULTAN	T/SUBCON	TRACTOR DES	CRIPTIVE TITLE						
19										
20										
21										
22										
23	OTHER									
24										
25										
26										
27										
28	TOTAL OPERA	TING EXPEN	SE			\$14,950	\$14,950	\$17,250	\$17,250	\$64,400
29										
30	HSA #3									2/26/2016

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2						Appendix B(a), Document Date	Page 4 02/26/16
3	1					Document Date	02/20/10
4	Progran	n Name: SF IHSS Public Authority					
5	FINGER	R PRINTING PROJECT					
6							
7]	Ca	pital Expend	iture Detail			
8		(Equ	ipment and Rer	modeling Cost)			
9							TOTAL
10	EQUI	PMENT 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	REM	O D E L I N G					
23	Descript	ion:					0
24		×					0
25							0
26							0
27					-8 4 55,800		0
28							0
29	TOTAL	REMODELING COST	0	0	0	0	0
30							
31	TOTAL	CAPITAL EXPENDITURE	0	0	0	0	0
32	(Equipm	ent and Remodeling Cost)					
33	HSA #4						2/26/2016

Appendix B, Page 1 Document Date: HUMAN SERVICES AGENCY CONTRACT BUDGET SUMMARY BY PROGRAM Contractor's Name Contract Term San Francisco In-Home Supportive Services Public Authority FY 2016-20 (Check One) New Renewal X Modification If modification, Effective Date of Mod. No. of Mod.	02/26/16
3 HUMAN SERVICES AGENCY CONTRACT BUDGET SUMMARY BY PROGRAM 5 Contractor's Name Contract Term 6 San Francisco In-Home Supportive Services Public Authority FY 2016-20 7 (Check One) New Renewal X Modification	02/26/16
BY PROGRAM 5 Contractor's Name Contract Term 6 San Francisco In-Home Supportive Services Public Authority FY 2016-20 7 (Check One) New Renewal X Modification	
5 Contractor's Name Contract Term 6 San Francisco In-Home Supportive Services Public Authority FY 2016-20 7 (Check One) New Renewal X Modification	
6 San Francisco In-Home Supportive Services Public Authority FY 2016-20 7 (Check One) New Renewal X Modification	
7 (Check One) New Renewal X Modification	
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	TOTAL
12 Expenditures	
13 Salaries & Benefits \$0 \$0 \$0	\$0
14 Operating Expense \$20,000 \$20,000 \$20,000	\$80,000
15 Subtotal \$20,000 \$20,000 \$20,000	\$80,000
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 \$20,000 \$20,000 \$20,000	\$80,000
20 HSA Revenues	
21 General Fund \$20,000 \$20,000 \$20,000	\$80,000
22 23	
24	
25	
26 TOTAL HSA REVENUES \$20,000 \$20,000 \$20,000	\$80,000
27 Other Revenues	
28 29 \$0 \$0 \$0 \$0	\$0
30	φ0
31	
32	
33 Total Revenues \$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

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1 2 3						,		Appendix B, Page 2 Document Date:	2	02/26/16
3								boddment bate.		02/20/10
4	Program Name: SF IHSS Public Authority Mentorship Program (DPH)									
	mentorship Program (DFH)									
7			Salari	es & Be	nefits Det	tail				
8			o and r							ĺ
9							-			
10		Agency	Totolo	For UC	A Program	FY2016-17	FY2017-18 For DHS Program	FY2018-19 For DHS Program	FY2019-20 For DHS Program	TOTAL
11		Annual Full		FOR FIGURE		FOI DAS Program	For DHS Program	POI DAS PIOGIAIII	POI DIS Program	TOTAL
1.	DOOLTION TITLE	TimeSalary for FTE	Total % FTE	% FTE	Adjusted FTE	Budgeted Salary	Budgeted Salary	Budgeted Salary	Budgeted Salary	07/04/40 4- 06/20/00
12	POSITION TITLE	JOIFIE	FIE	70 F (E	FIE	budgeted Salary	Budgeted Salary	Budgeted Salary	Budgeted Salary	07/01/16 to 06/30/20
13										
15	9									
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26						8			8	
27										
28										
29										
30										
31										
32										
33										
34 35	TOTALS	\$0	0.00	0.00	0.00	\$0	\$0	\$0	\$0	\$0
36	FRINGE BENEFIT RATE	0.00								
	EMPLOYEE FRINGE BENEFITS	\$0				\$0	\$0	\$0	\$0	\$0
38 39										
	TOTAL SALARIES & BENEFITS	\$0				\$0	\$0	so	\$0	\$0
41	HSA #2									2/26/2016

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1 2 3	1						Appendix B, Pag Document Date:	ge 3	
	Program Nam Mentorship F	ne: SF IHSS P Program (DPH	ublic Authority						
7	}			Opera	ting Expense	Detail			1
8	}								
10 11									
12	EXPENDITU	JRE CATEGO	DRY	TERM	FY2016-17	FY2017-18	FY2018-19	FY2019-20	TOTAL
13	Training / Rec	cruitment / Mee	tings		\$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
	Outreach				\$2,000	\$2,000	\$2,000	\$2,000	\$8,000
17									
18									
20									
21	CONSULTA	NT/SUBCON	TRACTOR DESCRIPTIVE TITLE						
22									
23									-
24 25				-					
26				•					
27									
28									
	OTHER								
30				. ,					
31									
33									
34									
35									
36									
37									
	TOTAL OPER	ATING EXPEN	ISE		\$20,000	\$20,000	\$20,000	\$20,000	\$80,000
39	HSA #3								2/26/2016
70	110/11/10								212012010

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1 2 3				1		Appendix B, Pa Document Date	ge 4	02/26/16
5	Program Mentor	n Name: SF IHSS Public Authority ship Program (DPH)						
7 8				oital Expendite				
9	EQUI	PMENT	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				17				
22	REM	ODELING						
23	Descript	ion:						0
24								0
25		9						0
26								0
27								0
28								0
	TOTAL	REMODELING COST		0	0	0	0	0
30								
_		CAPITAL EXPENDITURE		0	0	0	0	0
	(Equipm	ent and Remodeling Cost)						0/00/00/0
33	113A #4							2/26/2016

	A	В	С	D	E	F
1					Appendix B, Page	e 1
2					Document Date:	02/26/16
3	HUMAN SERVICES AGENCY CO	NTRACT BUD	GET SUMMAF	RY		
4			BY PRO	GRAM		
5	☐ Contractor's Name				Contract Ter	m
6	San Francisco In-Home Supportive Services Public	Authority			07/01/16	- 06/30/20
7	(Check One) New Renewal X Modifica	ation				
8	If modification, Effective Date of Mod. No. of N	flod.				
	Program: SF IHSS Public Authority (PA ADMIN / HE/					
	Budget Reference Page No.(s)					
	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
-	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 \$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					\$0
28						\$0
29 30		\$0	\$0	\$0	\$0	\$0 \$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 Manag	er		Telephone: 415-5	93-8115	02/26/16
37	HSA-CO Review Signature:					
38	HSA #1					2/26/2016

	A	В	С	D	E	F	G	Н		J	К
1										Appendix B, Page 2 Document Date:	02/26/16
3										Document Date.	02/20/10
5	Program Name: SF IHSS Public Authority PA ADMIN / HEALTH / DENTAL										
6											
7	1			Salari	es & Be	nefits Deta	ail				
8]										
9							FY2016-17	FY2017-18	FY2018-19	FY2019-20	
11			Agency	ctals	For HS	A Program	For DHS Program	For DHS Program	For DHS Program	For DHS Program	TOTAL
			Annual Full								
12	POSITION TITLE	Current Salary	Time Salary for FTE	Total % FTE	%FTE	Adjusted FTE	Budgeted Salary	Budgeted Salary	Budgeted Salary	Budgeted Salary	07/01/16 to 08/30/20
13	Executive Director (K. Dearman)	\$133,636	\$133,636	90%	100%	90%	\$120,273	\$123,881	\$127,597	\$131,425	\$503,176
14	Fiscal & Operations Manager (L. Chau)	\$105,558	\$105,558	75%	100%	75%	\$79,169	\$81,544	\$83,990	\$86,510	\$331,212
15	Program Manager (M. Olivares)	\$103,212	\$103,212	84%	100%	84%	\$86,698	\$89,299	\$91,978	\$94,738	\$362,714
16	Mentorship Program Manager	\$55,000	\$55,000	100%	100%	100%	\$55,000	\$56,650	\$58,350	\$60,100	\$230,099
17	Mentorship Liaison - Laguna Honda (T. Russell)	\$42,000	\$42,000	100%	100%	100%	\$42,000	\$43,260	\$44,558	\$45,895	\$175,712
	Mentorship Liaison - One-Stop Center	\$42,000	\$42,000	100%	100%	100%	\$42,000	\$43,260	\$44,558	\$45,895	\$175,712
	Executive Assistant (P. Hoctel)	\$60,027	\$60,027	55%	100%	55%	\$33,015	\$34,006	\$35,026	\$36,076	\$138,123
	Benefits Coordinator (O. Ng)	\$49,117	\$49,117	100%	100%	100%	\$49,117	\$50,591	\$52,109	\$53,672	\$205,489
\Box	Sr Human Resources Generalist (M. Huang)	\$55,729	\$55,729	100%	100%	100%	\$55,729	\$57,401	\$59,123	\$60,897	\$233,150
	Registry Supervisor (I. Selskaya)	\$60,403	\$60,403	100%	100%	100%	\$60,403	\$62,215	\$64,081	\$66,004	\$252,702
	Program Assistant (Y. Cunningham)	\$52,252	\$52,252	100%	100%	100%	\$52,252	\$53,820	\$55,434	\$57,097	\$218,604
24	Registry / Counselor - 1 (E. Gutierrez)	\$45,990	\$45,990	100%	100%	100%	\$45,990	\$47,370	\$48,791	\$50,255	\$192,405
$\overline{}$	Registry / Counselor - 2 (E. Ramirez)	\$47,572	\$47,572	100%	100%	100%	\$47,572	\$49,000	\$50,470	\$51,984	\$199,025
	Registry / Counselor - 3 (W. Chan)	\$45,990	\$45,990	100%	100%	100%	\$45,990	\$47,370	\$48,791	\$50,255	\$192,405
27	Registry / Counselor - 4 (S. Johnson-Auzenne)	\$49,986	\$49,986	100%	100%	100%	\$49,986	\$51,486	\$53,030	\$54,621	\$209,123
28	Registry / Counselor - 5 (V. Etalis)	\$48,851	\$48,851	100%	100%	100%	\$48,851	\$50,317	\$51,827	\$53,381	\$204,376
29	Registry / Counselor - 6 (J. Tang)	\$45,990	\$45,990	100%	100%	100%	\$45,990	\$47,370	\$48,791	\$50,255	\$192,405
\neg	Reserve for Overtime - Program Staff Only	\$16,000	\$16,000	0%	0%	0%	\$16,000	\$16,000	\$16,000	\$16,000	\$64,000
	Receptionist / Admin Support (B. Hom)	\$42,000	\$42,000	100%	100%	100%	\$42,000	\$43,260	\$44,558	\$45,895	\$175,712
\Box	Deputy Director	\$109,500	\$109,500	100%	100%	100%	\$109,500	\$112,785	\$116,169	\$119,654	\$458,107
33	- Frag - made	\$1,210,815	V 100,000	10070	10070	10070	\$100,000	4112,700	ψ110,109	\$110,004	\$ - 55, 101
34	TOTALS		\$1,210,815	18.04	19.00	18.04	\$1,127,536	\$1,160,882	\$1,195,229	\$1,230,605	\$4,714,251
35		ı.		10.047	10.00	10.04]					94,714,201
36	FRINGE BENEFIT RATE	-	38.75%				39.00%	39.50%	40.25%	41.00%	
37	EMPLOYEE FRINGE BENEFITS	I	\$469,191				439,770	458,542	481,021	504,560	\$1,883,893
39			~~~~~								
40	TOTAL SALARIES & BENEFITS	[\$1,680,006				\$1,567,306	\$1,619,424	\$1,676,250	\$1,735,165	\$6,598,144
41	HSA #2										2/26/2016

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1								Appendix B, Pa	
2]							Document Date	: 02/26/16
3	December No.	•. CE ILICC D	ublic Authority						
5	Program Name								
6	T A A D IIII II I I	LALIMIDEN							
7	1			Opera	ating Expen	se Detail			
8]								
. 9]								
10 11									
-	EXPENDITU	RE CATEGO	DRY	TERM	FY2016-17	FY2017-18	FY2018-19	FY2019-20	TOTAL
13	Rental of Prop	erty			\$259,770	\$269,359	\$776,610	\$785,199	\$2,090,938
14	Utilities(Teleph	one / Repair	& Maintenance)		\$16,000	\$16,000	\$16,500	\$16,500	\$65,000
15	Postage				\$15,000	\$15,500	\$16,000	\$16,000	\$62,500
16	Office Supplies	3			\$22,000	\$22,000	\$23,000	\$23,000	\$90,000
17	Printing (News	letter / Comm	unications / 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. Members	hip / Staff Tra	ining / Recruitment / Meetings		\$9,500	\$10,500	\$11,500	\$11,500	\$43,000
20	Staff Travel (M	ileage / Accor	nmodations)		\$5,500	\$5,500	\$6,500	\$6,500	\$24,000
21	CONSULTAN	IT/SUBCON	TRACTOR DESCRIPTIVE TIT	ΓLE					
22	Independent A	uditor			\$35,000	\$35,000	\$37,000	\$38,000	\$145,000
23	Bookkeeping 8	Payroll Servi	ces		\$40,000	\$40,000	\$41,000	\$42,000	\$163,000
24	Technology Co	nsultant			\$42,000	\$42,000	\$42,000	\$43,000	\$169,000
25	Legal Counsel				\$28,000	\$28,000	\$28,000	\$28,000	\$112,000
	Benefits Manag				\$128,500	\$132,500	\$135,000	\$140,000	\$536,000
_	Homecare Reg				\$14,000	\$14,000	\$14,000	\$14,000	\$56,000
28	Other Consultir	ng			\$10,000	\$10,000	\$10,000	\$10,000	\$40,000
29	OTHER								
30	Exchange (Mor	nthly Email Se	rvice - Cloud)		\$2,000	\$2,000	\$2,000	\$2,000	\$8,000
31	Education & O	utreach (Incl. S	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 Pro	gram Stipend	/ Training Materials		\$42,500	\$42,500	\$42,500	\$42,500	\$170,000
34	FLSA (Fair Lab				\$348,000	\$0	\$0	\$0	\$348,000
35	Health Insurance				\$54,581,447	\$55,754,765	\$56,953,310	\$58,177,623	\$225,467,145
-	Dental Insurance	ce - Liberty De	ental		\$3,631,591	\$3,679,939	\$3,728,286	\$3,776,634	\$14,816,450
37									
38	TOTAL OPERA	ATING EXPEN	ISE		\$59,320,908	\$60,211,763	\$61,980,556	\$63,270,456	\$244,783,683
39									
40	HSA #3								2/26/2016

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2						Appendix B, Pag Document Date:	e 4 02/26/16
3						Doddinent Bate.	02/20/10
5	Program	n Name: SF IHSS Public Authority MIN / HEALTH / DENTAL					
	FA ADI	WINT HEALTH DENTAL					
7		Can	ital Expenditu	ıre Detail			
8			ment and Remo				
9							TOTAL
	EQUI	PMENT TERM	FY2016-17	FY2017-18	FY2018-19	FY2019-20	
44	Na	ITEM/DESCRIPTION					
11	No.	ITEM/DESCRIPTION	4.500				4 500
12	1	5 telephone Equipments (Incl headsets & Liftsets)	4,500	-			4,500
13							
14	2	4 Computers & 4 Monitors		7,500		7,500	15,000
15					9 20 2		
16	3	1 New copier/printer with Service Contract			8,500		8,500
17							
18							
19							*
20							
21							
22							
23							
24						H	
25					***		
26							
27							
28	TOTAL I	EQUIPMENT COST	\$4,500	\$7,500	\$8,500	\$7,500	\$28,000
29							
$\overline{}$	PEM	ODELING					
		······································				T	
\Box	Descript	ion:					0
32							0
33							0
34							0
35	TOTAL I	REMODELING COST		0	0	0	0
36		1					
-		CAPITAL EXPENDITURE	\$4,500	\$7,500	\$8,500	\$7,500	\$28,000
		ent and Remodeling Cost)					
39	HSA #4						2/26/2016

4	A	B	С	D	E	F
1					Appendix B(b), F	age 1
2	-				Document Date:	02/26/16
3	HUMAN SERVICES AGENCY C	ONTRACT BU				
4			BY PRO	GRAM		100
5	Contractor's Name				Contract Ter	m
6	San Francisco In-Home Supportive Services Po	ublic Authority			07/01/16 -	06/30/20
7	(Check One) New □ Renewal X Mod	dification			-	
8	If modification, Effective Date of Mod. No.	of Mod.				
9	Program: SF IHSS Public Authority (ADVISORY	COUNCIL)				
10	Budget Reference Page No.(s)					
	Program Term: N/A	FY2016-17	FY2017-18	FY2018-19	FY2019-20	TOTAL
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
	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						
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	60
30		\$ U	Φ0	Φ0	⊅ U	\$0
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 Ma	nager		Telephone: 415	-593-8115	02/26/16
37	HSA-CO Review Signature:	_				
38	HSA #1					2/26/2016

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1									Appendix B(b), Pa			
3									Document Date:	02/26/16		
	Program Name: SF IHSS Public Authority											
5	ADVISORY COUNCIL											
6												
7	Salaries & Benefits Detail											
8												
9 10												
				P 130	A #2	FY2016-17	FY2017-18	FY2018-19	FY2019-20			
11		Agency 1	Oters	FOLLIGI	A Program	For DHS Program	For DHS Program	For DHS Program	For DHS Program	TOTAL		
		TimeSalary	Total %		Adjusted							
12	POSITION TITLE	for FTE	FTE	% FTE	FTE	Budgeted Salary	Budgeted Salary	Budgeted Salary	Budgeted Salary	07/01/12 to 06/30/16		
13	Executive Director	\$133,636	10%	100%	10%	\$13,364	\$13,765	\$14,177	\$14,603	\$55,908		
14	Executive Assistant	\$60,027	20%	100%	20%	\$12,005	\$12,366	\$12,737	\$13,119	\$50,226		
15												
16												
17												
18												
19 20	TOTALS	\$193,663	0.30	2.00	0.30	\$25,369	\$26,130	\$26,914	\$27,721	\$106,134		
20	FRINGE BENEFIT RATE	38.50%				38.50%	39.00%	39.50%	40.00%			
		\$74,560	alge-			\$9,767	\$10,190	\$10,632	\$11,088	\$41,677		
23	EMPLOYEE FRINGE BENEFITS	[\$14,000										
			S - 10 - 10	7.15								
25	TOTAL SALARIES & BENEFITS	\$268,223				\$35,136	\$36,320	\$37,546	\$38,809	\$147,811		
26	HSA #2									2/26/2016		

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1								Appendix B(b),			
3								Document Date	02/26/16		
4	Program Nam	e: SF IHSS Pt	ublic Authority								
5	ADVISORY C		,								
6											
7	Operating Expense Detail										
8											
10											
11			T 14				=				
12	EXPENDITU	RE CATEGO	<u>RY</u>	TERM	FY2016-17	FY2017-18	FY2018-19	FY2019-20	TOTAL		
13	D & O Insuran	ce			\$4,750	\$4,900	\$5,200	\$5,200	\$20,050		
14	CICA Member	ship / Conferen	ice		\$4,300	\$4,300	\$4,300	\$4,300	\$17,200		
15	Board Stipend				\$7,000	\$7,000	\$7,000	\$7,000	\$28,000		
16	Communicatio	ns			\$9,000	\$9,000	\$9,000	\$9,000	\$36,000		
17											
18	CONSULTA	NT/SUBCON	TRACTOR DESCRIPTIVE TITLE								
19				_							
20				_							
21				_							
22				_							
23	OTHER								[
24				_							
25				_							
26				_							
27											
28	TOTAL OPER	ATING EXPEN	SE		\$25,050	\$25,200	\$25,500	\$25,500	\$101,250		
29											
30	HSA #3								2/26/2016		

	Α	В		С	D	Ë	F	G
1 2 3 4	Progran	n Name: SF IHSS Public Authority					Appendix B, Page Document Date:	02/26/16
5	ADVISO	ORY COUNCIL						
6 7 8				pital Expenditu				
9	EQUI	PMENT	TERM	FY2016-17	FY2017-18	FY2018-19	FY2019-20	TOTAL
11	No.	ITEM/DESCRIPTION						
12	NO.	TEM/DEGOTAL TION		0	0	0	0	0
13								0
14								0
15								0
16								0
17								0
18								0
19								0
	TOTAL	EQUIPMENT COST		0	0	0	0	0
21	рги	ODELLNO						
	Descript	O D E L I N G						0
24	Descript	ion.						0
25								0
26								0
27								0
28								0
29	TOTAL I	REMODELING COST	[0	0	0	0	0
30								
		CAPITAL EXPENDITURE		0	0	0	0	0
		ent and Remodeling Cost)						
33	HSA #4							2/26/2016