

				County of San Francisco
				19-10887
FOR INTERNAL RECORDS ONLY				
Exhibit B				
Budget Summary				
February 1, 2020 - June 30, 2023				
PERSONNEL				
Classification	<u>Monthly Salary</u>	<u>Percent of Time</u>	<u>Months on Project</u>	<u>Budget</u>
will implement public health activities to address gaps in core public health functions within the local health jurisdiction, such as investigate and document communicable disease cases and outbreaks, maintain log of contact/collaboration, provide guidance documents, case/contact investigation and management, develop and update communicable disease control protocols, etc.	\$38,188	0%	12	\$377,462
Classification	\$0	0%	12	\$0
Classification	\$0	0%	12	\$0
Total Personnel				\$377,462
Fringe Benefits @	40%			\$150,985
Total Personnel & Benefits				\$528,447
OPERATING EXPENSES				
General Office Expense (paper, pens, pencils)				\$0
Lab Services (\$XX/test x approximately XXX tests = \$X,XXX)				\$0
Duplication/Printing (educational materials)				\$0
Minor Equipment (printers, software licenses)				\$0
Total Operating Expenses				\$0
MAJOR EQUIPMENT (If >\$50K, please itemize)				\$0
TRAVEL (meetings, site visits)				\$0
SUBCONTRACTORS				
Name of subcontractor or service to be performed				\$0
<i>(Must provide a detail budget for all subcontractors - See Subcontractors Budget Template)</i>				
Total Subcontractors				\$0
OTHER COSTS				\$0

INDIRECT COSTS (25% OF PERSONNEL AND BENEFITS)			25.00%	\$132,110
BUDGET GRAND TOTAL				\$660,557.24

**Exhibit B, Attachment I
Budget
Year 1
February 1, 2020 - June 30, 2020 (6 months)**

PERSONNEL

<u>Classification</u>	<u>Monthly Salary</u>	<u>Percent of Time</u>	<u>Months on Project</u>	<u>Budget</u>
Classification	\$0	0%	12	\$0
Classification	\$0	0%	12	\$0
Classification	\$0	0%	12	\$0
Total Personnel				\$0
Fringe Benefits @	0%			\$0
Total Personnel & Benefits				\$0

OPERATING EXPENSES

General Office Expense (paper, pens, pencils)	\$0
Lab Services (\$XX/test x approximately XXX tests = \$X,XXX)	\$0
Duplication/Printing (educational materials)	\$0
Minor Equipment (printers, software licenses)	\$0
Total Operating Expenses	\$0

MAJOR EQUIPMENT (If >\$50K, please itemize) **\$0**

TRAVEL (meetings, site visits) **\$0**

SUBCONTRACTORS

Name of subcontractor or service to be performed **\$0**
(Must provide a detail budget for all subcontractors - See Subcontractors Budget Template)

Total Subcontractors **\$0**

OTHER COSTS **\$0**

INDIRECT COSTS (XX% OF PERSONNEL AND BENEFITS) 0.00% **\$0**

BUDGET GRAND TOTAL **\$0**

**Exhibit B, Attachment I
Budget
Year 2
July 1, 2020 – June 30, 2021**

PERSONNEL

<u>Classification</u>	<u>Monthly Salary</u>	<u>Percent of Time</u>	<u>Months on Project</u>	<u>Budget</u>
2000 Public Health Nurse. This position will implement public health activities to address gaps in core public health functions within the local health jurisdiction, such as investigate and document communicable disease cases and outbreaks, maintain log of contact/collaboration, provide guidance documents, case/contact investigation and management, develop and update communicable disease control protocols, etc.	\$12,355	100%	12	\$148,260
Classification	\$0	0%	12	\$0
Classification	\$0	0%	12	\$0
Total Personnel				\$148,260
Fringe Benefits @	40%			\$59,304
Total Personnel & Benefits				\$207,564

OPERATING EXPENSES

General Office Expense (paper, pens, pencils)	\$0
Lab Services (\$XX/test x approximately XXX tests = \$X,XXX)	\$0
Duplication/Printing (educational materials)	\$0
Minor Equipment (printers, software licenses)	\$0
Total Operating Expenses	\$0

MAJOR EQUIPMENT (If >\$50K, please itemize) **\$0**

TRAVEL (meetings, site visits) **\$0**

SUBCONTRACTORS

Name of subcontractor or service to be performed **\$0**

(Must provide a detail budget for all subcontractors - See Subcontractors Budget Template)

Total Subcontractors **\$0**

OTHER COSTS		\$0
INDIRECT COSTS (25% OF PERSONNEL AND BENEFITS)	25.00%	\$51,891
BUDGET GRAND TOTAL		\$259,455

**Exhibit B, Attachment I
Budget
Year 3
July 1, 2021 – June 30, 2022**

PERSONNEL

<u>Classification</u>	<u>Monthly Salary</u>	<u>Percent of Time</u>	<u>Months on Project</u>	<u>Budget</u>
2000 - Public Health Nurse. This position will implement public health activities to address gaps in core public health functions within the local health jurisdiction, such as investigate and document communicable disease cases and outbreaks, maintain log of contact/collaboration, provide guidance documents, case/contact investigation and management, develop and update communicable disease control protocols, etc.	\$12,726	100%	12	\$152,708
Classification	\$0	0%	12	\$0
Classification	\$0	0%	12	\$0
Total Personnel				\$152,708
Fringe Benefits @	40%			\$61,083
Total Personnel & Benefits				\$213,791

OPERATING EXPENSES

General Office Expense (paper, pens, pencils)	\$0
Lab Services (\$XX/test x approximately XXX tests = \$X,XXX)	\$0
Duplication/Printing (educational materials)	\$0
Minor Equipment (printers, software licenses)	\$0

Total Operating Expenses **\$0**

MAJOR EQUIPMENT (If >\$50K, please itemize) **\$0**

TRAVEL (meetings, site visits) **\$0**

SUBCONTRACTORS

Name of subcontractor or service to be performed **\$0**

(Must provide a detail budget for all subcontractors - See Subcontractors Budget Template)

Total Subcontractors **\$0**

OTHER COSTS		\$0
INDIRECT COSTS (25% OF PERSONNEL AND BENEFITS)	25.00%	\$53,448
BUDGET GRAND TOTAL		\$267,239

**Exhibit B, Attachment I
Budget
Year 4
July 1, 2022 – June 30, 2023**

PERSONNEL

<u>Classification</u>	<u>Monthly Salary</u>	<u>Percent of Time</u>	<u>Months on Project</u>	<u>Budget</u>
2000 - Public Health Nurse. This position will implement public health activities to address gaps in core public health functions within the local health jurisdiction, such as investigate and document communicable disease cases and outbreaks, maintain log of contact/collaboration, provide guidance documents, case/contact investigation and management, develop and update communicable disease control protocols, etc.	\$13,107	100%	6	\$76,494
Classification	\$0	0%	12	\$0
Classification	\$0	0%	12	\$0
Total Personnel				\$76,494
Fringe Benefits @	40%			\$30,598
Total Personnel & Benefits				\$107,092

OPERATING EXPENSES

General Office Expense (paper, pens, pencils)	\$0
Lab Services (\$XX/test x approximately XXX tests = \$X,XXX)	\$0
Duplication/Printing (educational materials)	\$0
Minor Equipment (printers, software licenses)	\$0
Total Operating Expenses	\$0

MAJOR EQUIPMENT (If >\$50K, please itemize) **\$0**

TRAVEL (meetings, site visits) **\$0**

SUBCONTRACTORS

Name of subcontractor or service to be performed **\$0**
(Must provide a detail budget for all subcontractors - See Subcontractors Budget Template)

Total Subcontractors **\$0**

OTHER COSTS		\$0
INDIRECT COSTS (25% OF PERSONNEL AND BENEFITS)	25.00%	\$26,771
BUDGET GRAND TOTAL		\$133,863

**Exhibit B Attachment I - Schedule 1
Subcontractor Budget
Year 1 - 5 Months
February 1, 2020 - June 30, 2020**

Name of Subcontractor:

Expense Category

Personnel

General Expense

Travel

Subcontracts

Indirect Costs (XX% of Personnel)

Totals

\$

\$

\$

\$

\$

Total Costs

\$0

Name of Subcontractor:

Expense Category

Personnel

General Expense

Travel

Subcontracts

Indirect Costs (XX% of Personnel)

Totals

\$

\$

\$

\$

\$

Total Costs

\$0

**Exhibit B Attachment I - Schedule 1
Subcontractor Budget
Year 2
July 1, 2020 - June 30, 2021**

Name of Subcontractor:

Expense Category

Personnel

General Expense

Travel

Subcontracts

Indirect Costs (XX% of Personnel)

Totals

\$

\$

\$

\$

\$

Total Costs

\$0

Name of Subcontractor:

Expense Category

Personnel

General Expense

Travel

Subcontracts

Indirect Costs (XX% of Personnel)

Totals

\$

\$

\$

\$

\$

Total Costs

\$0

**Exhibit B Attachment I - Schedule 1
Subcontractor Budget
Year 3
July 1, 2021 - June 30, 2022**

Name of Subcontractor:

Expense Category

Personnel

General Expense

Travel

Subcontracts

Indirect Costs (XX% of Personnel)

Totals

\$

\$

\$

\$

\$

Total Costs

\$0

Name of Subcontractor:

Expense Category

Personnel

General Expense

Travel

Subcontracts

Indirect Costs (XX% of Personnel)

Totals

\$

\$

\$

\$

\$

Total Costs

\$0

**Exhibit B Attachment I - Schedule 1
Subcontractor Budget
Year 4
July 1, 2022 - June 30, 2023**

Name of Subcontractor:	
Expense Category	Totals
Personnel	\$ _____
General Expense	\$ _____
Travel	\$ _____
Subcontracts	\$ _____
Indirect Costs (XX% of Personnel)	\$ _____
Total Costs	<u> \$0</u>

Name of Subcontractor:	
Expense Category	Totals
Personnel	\$ _____
General Expense	\$ _____
Travel	\$ _____
Subcontracts	\$ _____
Indirect Costs (XX% of Personnel)	\$ _____
Total Costs	<u> \$0</u>

SAMPLE ONLY

**California Department of Public Health
Division of Communicable Disease Control
February 1, 2020 - June 30, 2020 (5 months)
Fiscal Year 2019/2020**

PERSONNEL					DESCRIPTION OF EXPENSE
Classification	Monthly Salary	Percent of Time	Months	Budget	
					Monthly salary x percent of time x number of months = Budgeted amount of position.
Sample Position	\$4,856	100%	12	\$58,272	Duties and Responsibilities: Provide monitoring of local program needs by assessing STD morbidity data with local community partners; provide workshops/trainings on STDs to staff of community agencies and institutions; provide health education materials to be distributed to community agencies.
Sample Position				\$0	Duties and Responsibilities:
Sample Position				\$0	Duties and Responsibilities:
Sample Position				\$0	Duties and Responsibilities:
Sample Position				\$0	Duties and Responsibilities:
			Total Personnel	\$58,272	
BENEFITS					
Benefits		42.50%		\$24,766	Local health jurisdiction benefit rate. For benefit rates that exceed 50% please provide a justification for the rate.
OPERATING EXPENSES					
General Office Expense				\$0	Program's share of office expenses (paper, envelopes, pencils, copy services, etc.) (\$100/person x 5 staff x 12 months = \$6,000) Include minor equipment items that have a unit cost that is under \$5,000 each.
Media/Advertising				\$0	Cost for ads (\$25 x 4 ads = \$100)
Lab Services				\$0	Lab cost to test specimens (\$25 x 560 specimens = \$14,000)
Printing				\$0	Cost to print brochures (\$0.50 x 200) = \$100
Training				\$0	Registration fees for staff to attend 2 to 4 training opportunities
			Total Operating	\$0	
EQUIPMENT					
Equipment				\$0	Please itemize equipment purchases with a unit cost that exceeds \$5,000 and provide a justification for need of the equipment. Include the unit cost, the number of units, and the extended cost.
TRAVEL					
Mileage				\$0	Cost of mileage at 57.5 cents per mile
Lodging				\$0	Lodging for 2 people to attend 2 conferences (\$125 x 2 x 2 = \$500)
Conference Fees				\$0	\$25 registration fee for 2 people for 2 conferences
			Total Travel	\$0	
Revised 7/8/2020				14 of 21	

County of San Francisco 19-10887					
SUBCONTRACTORS					
Subcontractor Name				\$0	Description of activities of subcontractor (i.e., activities to be performed from Scope of Work) Please provide which activities in the SOW the subcontractor will be responsible for. Subcontracts that exceed \$50,000 will need a detailed, itemized budget.
		Total Subcontractor		\$0	
OTHER COSTS					
				\$0	Please itemize and provide justification.
INDIRECT COSTS					
		12.00%		\$9,965	Program share of supplies, postage, photocopying, etc based on quarterly FTE for program. Rate should not exceed the approved negotiated rate for the LHJ for the fiscal year
Budget Total				\$93,003	
NOTES:					
1. The Indirect Cost Rate is negotiated between CDPH and the local health jurisdiction and CDPH on an annual basis. A copy of the current rates is included in the email with your templates for use in the budget and budget justifications.					

TRAVEL				
Mileage				\$0 Cost of mileage at 57.5 cents per mile
Lodging				\$0 Lodging for 2 people to attend 2 conferences (\$125 x 2 x 2 = \$500)
Conference Fees				\$0 \$25 registration fee for 2 people for 2 conferences
			Total Travel	\$0
SUBCONTRACTORS				
Subcontractor Name				\$0 Description of activities of subcontractor (i.e., activities to be performed from Scope of Work) Please provide which activities in the SOW the subcontractor will be responsible for. Subcontracts that exceed \$50,000 will need a detailed, itemized budget.
			Total Subcontractor	\$0
OTHER COSTS				
				\$0 Please itemize and provide justification.
INDIRECT COSTS				
		12.00%		\$9,965 Program share of supplies, postage, photocopying, etc based on quarterly FTE for program. Rate should not exceed the approved negotiated rate for the LHJ for the fiscal year
Budget Total				\$93,003

NOTES:

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TRAVEL				
Mileage				\$0 Cost of mileage at 57.5 cents per mile
Lodging				\$0 Lodging for 2 people to attend 2 conferences (\$125 x 2 x 2 = \$500)
Conference Fees				\$0 \$25 registration fee for 2 people for 2 conferences
			Total Travel	\$0
SUBCONTRACTORS				
Subcontractor Name				\$0 Description of activities of subcontractor (i.e., activities to be performed from Scope of Work) Please provide which activities in the SOW the subcontractor will be responsible for. Subcontracts that exceed \$50,000 will need a detailed, itemized budget.
			Total Subcontractor	\$0
OTHER COSTS				
				\$0 Please itemize and provide justification.
INDIRECT COSTS				
		12.00%		\$9,965 Program share of supplies, postage, photocopying, etc based on quarterly FTE for program. Rate should not exceed the approved negotiated rate for the LHJ for the fiscal year
Budget Total				\$93,003

NOTES:

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**SAMPLE ONLY
FOR INTERNAL RECORDS ONLY**

**California Department of Public Health
Division of Communicable Disease Control
July 1, 2022 - June 30, 2023
Fiscal Year: 2022/2023**

PERSONNEL					DESCRIPTION OF EXPENSE
Classification	Monthly Salary	Percent of Time	Months	Budget	
Sample Position	\$4,856	100%	12	\$58,272	Monthly salary x percent of time x number of months = Budgeted amount of position. Duties and Responsibilities: Provide monitoring of local program needs by assessing STD morbidity data with local community partners; provide workshops/trainings on STDs to staff of community agencies and institutions; provide health education materials to be distributed to community agencies.
Sample Position				\$0	Duties and Responsibilities:
Sample Position				\$0	Duties and Responsibilities:
Sample Position				\$0	Duties and Responsibilities:
Sample Position				\$0	Duties and Responsibilities:
			Total Personnel	\$58,272	
BENEFITS					
Benefits		42.50%		\$24,766	Local health jurisdiction benefit rate. For benefit rates that exceed 50% please provide a justification for the rate.
OPERATING EXPENSES					
General Office Expense				\$0	Program's share of office expenses (paper, envelopes, pencils, copy services, etc.) (\$100/person x 5 staff x 12 months = \$6,000) Include minor equipment items that have a unit cost that is under \$5,000 each.
Media/Advertising				\$0	Cost for ads (\$25 x 4 ads = \$100)
Lab Services				\$0	Lab cost to test specimens (\$25 x 560 specimens = \$14,000)
Printing				\$0	Cost to print brochures (\$0.50 x 200) = \$100
Training				\$0	Registration fees for staff to attend 2 to 4 training opportunities
			Total Operating	\$0	
EQUIPMENT					
Equipment				\$0	Please itemize equipment purchases with a unit cost that exceeds \$5,000 and provide a justification for need of the equipment. Include the unit cost, the number of units, and the extended cost.

TRAVEL					
Mileage				\$0	Cost of mileage at 57.5 cents per mile
Lodging				\$0	Lodging for 2 people to attend 2 conferences (\$125 x 2 x 2 = \$500)
Conference Fees				\$0	\$25 registration fee for 2 people for 2 conferences
			Total Travel	\$0	
SUBCONTRACTORS					
Subcontractor Name				\$0	Description of activities of subcontractor (i.e., activities to be performed from Scope of Work) Please provide which activities in the SOW the subcontractor will be responsible for. Subcontracts that exceed \$50,000 will need a detailed, itemized budget.
			Total Subcontractor	\$0	
OTHER COSTS					
				\$0	Please itemize and provide justification.
INDIRECT COSTS					
		12.00%		\$9,965	Program share of supplies, postage, photocopying, etc based on quarterly FTE for program. Rate should not exceed the approved negotiated rate for the LHJ for the fiscal year
Budget Total				\$93,003	

NOTES:

1. The Indirect Cost Rate is negotiated between CDPH and the local health jurisdiction and CDPH on an annual basis. A copy of the current rates is included in the email with your templates for use in the budget and budget justifications.