

	A	D	I	Q	R	S	T
1	BUDGET FORMS						Appendix B, pg. 1
2							7/31/2020
3	HUMAN SERVICES AGENCY - DEPARTMENT OF AGING AND ADULT SERVICES						
4							
5	Grantee's Name: SELF-HELP FOR THE ELDERLY						Grant Term
6	(Check One) New <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Modification <input type="checkbox"/> X						
7	Effective Date of Mod: 7/1/2020		No. of Mod:		7/1/17 to 12/31/20		
8	Program: Cong-AWD	REVISED BUDGET	Revised Budget	Revised Budget	6 Months Budget	TOTAL	Average cost/meal
9	Annual #Meals Contracted	3,433	2,579	4,640	1,720	12,372	
10	Program Term	7/1/17 to 6/30/18	7/1/18 to 6/30/19	7/1/19 to 6/30/20	7/1/20-12/31/20	7/1/17 to 12/31/20	
11	DAAS Expenditures						
12	Salaries & Benefits	\$24,657	\$19,631	\$22,118	\$7,601	\$74,007	\$5.98
13	Operating Expense	\$361	\$704	\$7,623	\$3,422	\$12,110	\$0.98
14	Subtotal	\$25,018	\$20,335	\$29,741	\$11,023	\$86,117	\$6.96
15	Indirect Percentage (max 10%)					10%	
16	Indirect Cost (Line 15 X Line 14, check Gen.Guidance regarding indirect exclusion)	\$2,502	\$2,033	\$2,973	\$1,101	\$8,609	\$0.70
17	Capital Expenditure						
18	TOTAL DAAS EXPENDITURES	\$27,520	\$22,368	\$32,714	\$12,124	\$94,726	\$7.66
20	Non-DAAS Expenditures						
21	Salaries & Benefits						
22	Operating Expense	\$17,190	\$13,124	\$16,299	\$4,799	\$51,412	\$4.16
23	Capital Expenditure						
24	TOTAL Non-DAAS EXPENDITURES	\$17,190	\$13,124	\$16,299	\$4,799	\$51,412	\$4.16
26	TOTAL DAAS & Non-DAAS EXPENDITURES	\$44,710	\$35,492	\$49,013	\$16,923	\$146,138	\$11.81
28	HSA-DAAS Revenues						
29	Meals	\$27,520	\$22,368	\$32,715	\$12,124	\$94,726	\$7.66
34	TOTAL HSA-DAAS REVENUES	\$27,520	\$22,368	\$32,715	\$12,124	\$94,726	\$7.66
35	PER MEAL COST, HSA-DAAS	\$8.02	\$8.67	\$7.05	\$7.05	\$7.66	
36	Per MEAL & COMPLIANCE COST	\$8.02	\$8.67	\$7.05	\$7.05	\$7.66	
37	Non-DAAS Revenues						
38	Project Income	5,360	2,010	\$2,512	\$1,500	\$11,382	\$0.92
39	Agency Cash - Fundraising	11,830	11,114	\$13,787	\$3,299	\$40,030	\$3.24
40	Agency In-Kind Volunteer	11,504	11,504	\$11,504		\$34,512	\$2.79
41	Nutrition Compliance Revenues						
43	TOTAL NON HSA-DAAS REVENUES	\$28,694	\$24,628	\$27,803	\$4,799	\$85,924	\$6.95
44	PER MEAL COST, NON HSA-DAAS	\$8.36	\$9.55	\$5.99	\$2.79	\$6.95	
45	TOTAL REVENUES	\$56,214	\$46,996	\$60,518	\$16,923	\$156,472	
46	PER MEAL COST, TOTAL	\$16.37	\$18.22	\$13.04	\$9.84	\$12.65	
47	Full Time Equivalent (FTE)						
49	Prepared by: Leny Nair						Date: 7/31/2020
50	HSA-CO Review Signature: _____						
51	HSA #1						

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52	TOTAL Non-DAAS SALARIES & BENEFITS	\$ -																																																																																																																																																																																																																																																																																																																										
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54	TOTAL DAAS & Non-DAAS SALARIES & BENEFITS	\$ 231,176				\$24,657	\$19,631	\$74,007																																																																																																																																																																																																																																																																																																																				
55	HSA #2	Form Rev. 12/22/16																																																																																																																																																																																																																																																																																																																										

	A	B	C	D	G	L	Q	R	S
1	Grantee's Name: SELF-HELP								Appendix B, p
2	Program Name:								7/31/20
3	CONG-AWD								
4									
5	Operating Expense Detail								
6					Revised Budget	Revised Budget	Revised Budget	6 Months Budget	TOTAL
7	H.S.A-DAAS	Annual #Meals Contracted:			3,433	2,659	4,640	1,720	\$9,531
8	Expenditure Category	Term:			7/1/17 to 6/30/18	7/1/18 to 6/30/19	7/1/19 to 6/30/20	7/1/20-12/31/20	7/1/17 to 12/31/20
9	Rental of Property								
10	Utilities(Elec, Water, Gas, Phone, Scavenger)						\$1,212		\$1,212
11	Office Supplies, Postage								
12	Building Maintenance Supplies and Repair						\$831		\$831
13	FOOD COSTS								
14	Raw Food	per meal \$ -							
15	Cong Food Svc Supplie	per meal \$ 3.98			\$310	\$653	\$5,529	\$3,422	\$9,914
16	HDM Food Svc Supplie	per meal \$ -							
17	Catered Meals	per meal \$ -							
18	CONSULTANT/SUBCONTRACTOR Descriptive Title								
19	Registered Dietitian								
20									
21	OTHER COSTS:								
22	Insurance								
23	Staff Training & Travel								
24	Rental of Equipment				\$51	\$51	\$51		\$153
25	Small equipment & Supplies								
26	Auto - Fuel & Insurance								
27	Repair/Maintenance								
30	TOTAL DAAS OPERATING EXPENSE				\$361	\$704	\$7,623	\$3,422	\$12,110
32	Non-DAAS								TOTAL
33	Expenditure Category								
34	Rental of Property				\$1,822	\$1,372	\$1,822	\$500	\$5,516
35	Utilities(Elec, Water, Gas, Phone, Scavenger)				\$1,212	\$912		\$750	\$2,874
36	Office Supplies, Postage								
37	Building Maintenance Supplies and Repair				\$150	\$150	\$150		\$450
38	FOOD COSTS								
39	Raw Food				per meal \$ -				
40	Cong Food Svc Supplie				per meal \$ 3.98	\$13,353	\$9,930	\$13,687	\$3,424
41	HDM Food Svc Supplie				per meal \$ -				\$40,394
42	Catered Meals				per meal \$ -				
43	CONSULTANT/SUBCONTRACTOR Descriptive Title								
44	Registered Dietitian								
45									
46	OTHER COSTS:								
47	Insurance				\$370	\$390	\$370	\$100	\$1,230
48	Staff Training & Travel								
49	Rental of Equipment								
50	Rental of Equipment				\$245	\$345	\$245		\$835
51	Small equipment & Supplies								
52	Auto - Fuel & Insurance								
53	Repair/Maintenance								
54	Bank Charges				\$38	\$25	\$25	\$25	\$113
56	TOTAL Non-DAAS OPERATING EXPENSE				\$17,190	\$13,124	\$16,299	\$4,799	\$51,412
57									
58	TOTAL DAAS & Non-DAAS OPERATING EXPENSE				\$17,551	\$13,828	\$23,922	\$8,221	\$63,522
63	HSA #3				Form Rev. 12/22/16				

	A	B	C	D	E	F
1	Grantee's Name: SELF-HELP FOR THE ELDERLY				Appendix B, Page	
2	Program Name:				Document Date: 7/31/20	
3	CONG-AWD					
4						
5	Capital Expenditure Detail					
6	(Equipment and Remodeling Cost)					
7	TOTAL					
8	H.S.A-DAAS		7/1/17 to 6/30/18	7/1/18 to 6/30/19	7/1/19 to 6/30/20	7/1/17 to 12/31/20
9	No.	ITEM/DESCRIPTION				
10						
11						
12						
13						
14						
15						
16						
17						
18	TOTAL DAAS-OOA EQUIPMENT & REMODELING COST					
19						
20	Non-DAAS					
21	No.	ITEM/DESCRIPTION				
22						
23						
24						
25						
26						
27	TOTAL NON DAAS-OOA EQUIPMENT & REMODELING COST					
28						
29	TOTAL DAAS & NON-DAAS CAPITAL EXPENDITURE					
30	(Equipment and Remodeling Cost)					
31	HSA #4 Form Rev. 12/22/16					
32						
33	Allocation Methodology: (If you have multiple programs, describe how you allocate among shared program costs.)					
34	Indicate DAAS and non-DAAS-OOA funding above.					
35	NOTE: Green highlighted cells have formulas that link data to Budget Summary page					
36	Equipment is defined as \$5000 or more a unit					
37	NOTE: Cells with formulas are protected to avoid accidental changes. To unprotect, go to Toolbar, "Review", select "Unprotect sheet". No pass					
38						
39						
40						