

FISCAL YEAR	INVOICE TYPE	BUDGET	BUDGET	STATUS	BALANCE	
2020-2021	QUARTERLY	ORIGINAL	ACT	IVE		
Rev. 8/8/20					-	
PURPOSE:	CHVP SGF Innovation			FUNDING S	OURCE, PCA	
CONTRACTOR:	San Francisco			CHVP - S	GF, 51023	
AGREEMENT #:	CHVP SGF INV 20-38		(1)	(2)	(3)	
SUBK:			TOTAL FUNDING	%	\$	
	FUNDI	NG TOTALS	1,000,000		1,000,000	
EXPENSE CATEGOR	RY					
PERSONNEL			\$232,549	100.00%	\$232,549	
FRINGE BENEFITS			\$97,671	100.00%	\$97,671	
OPERATING						
EQUIPMENT						
TRAVEL						
SUBCONTRACTS			\$600,000	100.00%	\$600,000	
OTHER COSTS						
INDIRECT COST			\$69,780	100.00%	\$69,780	
	BUDG	ET TOTALS	\$1,000,000	100.00%	\$1,000,000	
			BALANCES	=====>		
	Maximum Amount Pa	vable:		\$1.00	0.000	

Maximum Amount Payable.	<b>Φ1,000,000</b>

I CERTIFY THAT	THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCAH ADMINISTR PROGRAM POLICIES.	ATIVE AND
Signature over		
Printed Name	Joshua Nossiter	DATE
	Fiscal Officer	

FUNDING SOURCE	SOURCE CHVP - SGF	
PCA CODE		51023
		232,549
		97,671
		600,000
		69,780
1,000,000		1,000,000
	PCA CODE	PCA CODE

## ORIGINAL BUDGET

California Department				
PURPOSE:	CHVP SGF Innovation		FUNDING S	OURCE, PCA
CONTRACTOR:	San Francisco		CHVP - S	GF, 51023
AGREEMENT #:	CHVP SGF INV 20-38	(1)	(2)	(3)
SUBK:		TOTAL FUNDING	%	\$
	FUNDING TOTALS	1,000,000		1,000,000

EXPENSE CATEGORY		

DEDS	ONNEL					Remainir	ng Funds
FERS	ONNEL					100.00%	232,549
			TOTAL F	PERSONNEL COSTS	232,549		232,549
				TOTAL WAGES	232,549		232,549
	INITIALS	TITLE OR CLASS.	FTE %	ANNUAL SALARY	TOTAL WAGES		
1	MV	2322 Nurse Manager	10.0%	198,640	19,864	100.00%	19,864
2	MS	2830 Public Health Nurse - Charge	20.0%	182,826	36,565	100.00%	36,565
3	SY	2830 Public Health Nurse - Charge	10.0%	189,836	18,984	100.00%	18,984
4	EF	2830 Public Health Nurse	20.0%	154,336	30,867	100.00%	30,867
5	Vacant	1406 Senior Clerk	20.0%	65,650	13,130	100.00%	13,130
6	MG	2830 Public Health Nurse	20.0%	162,628	32,526	100.00%	32,526
7	NM	2830 Public Health Nurse	20.0%	185,307	37,061	100.00%	37,061
8	TG	2830 Public Health Nurse	20.0%	174,304	34,861	100.00%	34,861
9	VK	2119 Health Care Analyst	10.0%	86,909	8,691	100.00%	8,691
10							

FRINGE BENEFITS		Remainir	ng Funds
		100.00%	97,671
TOTAL FRINGE BENEFITS	97,671		97,671

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California Departn	nent of ORIGINAL BUDGET			
PURPOSE:	CHVP SGF Innovation	FUNDING SOURCE, PCA		
CONTRACTOR:	San Francisco		CHVP - S	GF, 51023
AGREEMENT #:	CHVP SGF INV 20-38	(1)	(2)	(3)
ѕивк:		TOTAL FUNDING	%	\$
	FUNDING TOTALS	1,000,000		1,000,000
EXPENSE CATE	GORY			
OPERATING			Remaini	ng Funds
OI EINATINO		1		1

OPERATING		Remainii	ng Funds	
	TOTAL OPERATING EXPENSES			
1				
2				
3				
4				
5				

EQUIPMENT		Remaining Funds		
	TOTAL EQUIPMENT EXPENSES			
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2				
3				
4				
5				

TRAVEL			Remainir	ng Funds
	TOTAL TRAVEL EXPENSES			
1				
2				
3				
4				
5				

SHR	CONTRACTS		Remainii	Remaining Funds	
<u> </u>	100		100.00%	600,000	
	TOTAL SUBCONTRACT EXPENSE	600,000		600,000	
1	Sonoma County	400,000	100.00%	400,000	
2	Napa County	200,000	100.00%	200,000	
3					
4					
5					

OTHER COSTS			Remaining Funds	
	TOTAL OTHER COSTS			
1				
2				
3				
4				
5				

INDIRECT COST		Remainir	ng Funds
INDIKEOT COST		100.00%	69,780
TOTAL INDIRECT COSTS	69,780		69,780
21.13% of Total Personnel and Benefits	69,780	100.00%	69,780

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	Original Budget Justification Section								
CHVP	SG	F INV 20-38 San Francisco						1	
						ACTIVE			
PERS	ON	NFI							
LINO	<u> </u>	TOTALS	150.00%	1,400,436	232,549		97,671		
	ν.	TOTALO	130.0070		<u> </u>		FRINGE	Land To a Com-	
	INITIALS	TITLE OR CLASS.	FTE %	ANNUAL SALARY	TOTAL WAGES	FRINGE BENEFIT RATE %	BENEFIT AMOUNT	Justification	
1		2322 Nurse Manager	10.000%	198,640	19,864	42.00%	8,343	Required to deliver the program	
2	MS	2830 Public Health Nurse - Charge	20.00%	182,826	36,565	42.00%	15,357	Required to deliver the program	
3	SY	2830 Public Health Nurse - Charge	10.00%	189,836	18,984	42.00%	7,973	Required to deliver the program	
4	EF	2830 Public Health Nurse	20.00%	154,336	30,867	42.00%	12,964	Required to deliver the program	
5	acar	1406 Senior Clerk	20.00%	65,650	13,130	42.00%	5,515	Required to deliver the program	
		2830 Public Health Nurse	20.00%	162,628	32,526	42.00%	13,661	Required to deliver the program	
		2830 Public Health Nurse	20.00%	185,307	37,061	42.00%	15,566	Required to deliver the program	
		2830 Public Health Nurse	20.00%	174,304	34,861	42.00%	14,642	1 - 1	
	VK	2119 Health Care Analyst	10.00%	86,909	8,691	42.00%	3,650	Required to deliver the program	
10									
FRING	iF	BENEFITS							
								Justification	
	TOTAL FRINGE BENEFITS 97,671								
OPER	ΑT	ING		1				Justification	
			тот	AL OPERATING					
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EQUIF	MI	ENT							
		TOTA	LECHIDME	ENT EXPENSES				Justification	
1		1012	CE EQUIT WIL	INT EXI ENGLO					
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TRAV	ΞL							Justification	
		Т	OTAL TRA	VEL EXPENSES					
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4									
5									
SUBC	ON	ITRACTS							
		TOTAL S	UBCONTRA	ACT EXPENSES			600,000	Justification	
1	Sono	oma County					400,000	Regional partner	
2	Napa	a County					200,000	Regional partner	
3									
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OTUE	D /	COSTS							
OTHE	, (	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						Justification	
			TOTAL	OTHER COSTS					
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Original Budget Justification Section					
CHVP SGF INV 20-38 San Francisco	1	1			
	ACTIVE				

INDIRECT COST	Justification	
TOTAL INDIRECT COSTS	69,780	
21.13% of Total Personnel and Benefits	69,780	Per CDPH approved ICR.



FISCAL YEAR	INVOICE TYPE	BUDGET	BUDGET	STATUS	BALANCE
2021-2022	QUARTERLY	ORIGINAL	ACT	VE	
Rev. 8/8/20					
PURPOSE:	CHVP SGF Innovation			FUNDING S	OURCE, PCA
CONTRACTOR:	San Francisco			CHVP - S	GF, 51023
AGREEMENT #:	CHVP SGF INV 20-38		(1)	(2)	(3)
SUBK:			TOTAL FUNDING	%	\$
	FUI	NDING TOTALS	1,000,000		1,000,000
EXPENSE CATEGO	RY				
PERSONNEL			\$232,549	100.00%	\$232,549
FRINGE BENEFITS			\$97,671	100.00%	\$97,67
OPERATING					
EQUIPMENT					
TRAVEL					
SUBCONTRACTS			\$600,000	100.00%	\$600,00
OTHER COSTS					
INDIRECT COST			\$69,780	100.00%	\$69,780
	BL	JDGET TOTALS	\$1,000,000	100.00%	\$1,000,000
		Ц	BALANCES	======>	

	Maximum Amount Payable:	\$1,000,000
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Signature over
Printed Name

Joshua Nossiter
Fiscal Officer

State Use Only	FUNDING SOURCE	CHVP	- SGF
	PCA CODE		51023
PERSONNEL			232,549
FRINGE BENEFITS			97,671
OPERATING			
EQUIPMENT			
TRAVEL			
SUBCONTRACTS			600,000
OTHER COSTS			
INDIRECT COST		1	69,780
Totals for PCA Codes	1,000,000		1,000,000
1089 CHVP SGF INV 21-38 Budget CCSF FY2021-2022 1 of 3		Printed: 12/23/2020	) 1:32 PM

## ORIGINAL BUDGET

California Departmen				
PURPOSE:	CHVP SGF Innovation		FUNDING S	OURCE, PCA
CONTRACTOR:	San Francisco		CHVP - S	GF, 51023
AGREEMENT #:	CHVP SGF INV 20-38	(1)	(2)	(3)
SUBK:		TOTAL FUNDING	%	\$
	FUNDING TOTALS	1,000,000		1,000,000

EXPENSE CATEGORY		

DEDS	ONNEL					Remainir	ng Funds
FLNS	ONNEL					100.00%	232,549
			TOTAL P	ERSONNEL COSTS	232,549		232,549
				TOTAL WAGES	232,549		232,549
	INITIALS	TITLE OR CLASS.	FTE %	ANNUAL SALARY	TOTAL WAGES		
1	MV	2322 Nurse Manager	10.0%	198,640	19,864	100.00%	19,864
2	MS	2830 Public Health Nurse - Charge	20.0%	182,826	36,565	100.00%	36,565
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8	TG	2830 Public Health Nurse	20.0%	174,304	34,861	100.00%	34,861
9	VK	2119 Health Care Analyst	10.0%	86,909	8,691	100.00%	8,691
10							

FRINGE RENEFITS		Remainir	ng Funds
TRINGE BENEFITS		100.00%	97,671
TOTAL FRINGE BENEFITS	97,671		97,671

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California Depart	ment of ORIGINAL BUDGET			
PURPOSE:	CHVP SGF Innovation		FUNDING S	OURCE, PCA
CONTRACTOR:	San Francisco		CHVP - S	GF, 51023
AGREEMENT #:	CHVP SGF INV 20-38	(1)	(2)	(3)
SUBK:		TOTAL FUNDING	%	\$
	FUNDING TOTALS	1,000,000		1,000,000
<b>EXPENSE CATE</b>	GORY			
OPERATING			Remaini	ng Funds
	TOTAL OPERATING EXPENSES			
1				
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EQUII	EQUIPMENT Rema			
	TOTAL EQUIPMENT EXPENSES			
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TRAV	EL	Remainii	ng Funds
	TOTAL TRAVEL EXPENSES		
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SUR	CONTRACTS		Remainir	ng Funds
3000	CONTRACTS		100.00%	600,000
	TOTAL SUBCONTRACT EXPENSES	600,000		600,000
1	Sonoma County	400,000	100.00%	400,000
2	Napa County	200,000	100.00%	200,000
3				
4				
5				

OTHE	ER COSTS		Remainir	ng Funds
	TOTAL OTHER	R COSTS		
1				
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INDIRECT COST		Remainir	ng Funds
INDIKEOT COST		100.00%	69,780
TOTAL INDIRECT COSTS	69,780		69,780
21.13% of Total Personnel and Benefits	69,780	100.00%	69,780

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Original Budget Justification Section								
CHVP	SG	F INV 20-38 San Francisco						1
						ACTIVE		
PERS	ON	NFI						
LINO	<u> </u>	TOTALS	150.00%	1,400,436	232,549		97,671	
	ν.	TOTALO	130.0070		<u> </u>		FRINGE	Land To a Com-
	INITIALS	TITLE OR CLASS.	FTE %	ANNUAL SALARY	TOTAL WAGES	FRINGE BENEFIT RATE %	BENEFIT AMOUNT	Justification
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	VK	2119 Health Care Analyst	10.00%	86,909	8,691	42.00%	3,650	Required to deliver the program
10								
FRING	iF	BENEFITS						
								Justification
			TOTAL FRI	NGE BENEFITS			97,671	
OPER	ΑT	ING		1				Justification
			тот	AL OPERATING				
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EQUIF	MI	ENT						
		TOTA	LECHIDME	ENT EXPENSES				Justification
1		1012	CE EQUIT WIL	INT EXI ENGLO				
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TRAV	ΞL							Justification
		Т	OTAL TRA	VEL EXPENSES				
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SUBC	ON	ITRACTS						
		TOTAL S	UBCONTRA	ACT EXPENSES			600,000	Justification
1	Sono	oma County					400,000	Regional partner
2	Napa	a County					200,000	Regional partner
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OTUE	D /	COSTS						
OTHE	, (	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						Justification
			TOTAL	OTHER COSTS				
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Orig	ginal Budget Justification Section	on
CHVP SGF INV 20-38 San Francisco		
	ACTIVE	
		•

INDIRECT COST		Justification	
TOTAL INDIRECT COSTS	69,780		
21.13% of Total Personnel and Benefits	69,780	Per CDPH approved ICR.	



FISCAL YEAR	INVOICE TYPE	BUDGET	BUDGET	STATUS	BALANCE
2022-2023	QUARTERLY	ORIGINAL	ACTI	VE	
Rev. 8/8/20					
PURPOSE:	CHVP SGF Innovation			FUNDING S	OURCE, PCA
CONTRACTOR:	San Francisco			CHVP - S	GF, 51023
AGREEMENT #:	CHVP SGF INV 20-38		(1)	(2)	(3)
SUBK:			TOTAL FUNDING	%	\$
	FU	NDING TOTALS	1,000,000		1,000,000
EXPENSE CATEGOR	RY				
PERSONNEL			\$232,549	100.00%	\$232,549
RINGE BENEFITS		\$97,671	100.00%	\$97,67	
OPERATING					
EQUIPMENT					
TRAVEL					
SUBCONTRACTS			\$600,000	100.00%	\$600,000
OTHER COSTS INDIRECT COST			\$69,780	100.00%	\$69,780
	В	UDGET TOTALS		100.00%	
			BALANCES	=====>	

Maximum Amount Payable: \$1,000,000
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I CERTIFY THAT THIS BUDG	GET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCAH ADN PROGRAM POLICIES.	IINISTRATIVE AND
Signature over		
Printed Name	Joshua Nossiter	DATE
	Fiscal Officer	

FUNDING SOURCE	CHVP	- SGF
PCA CODE		51023
		232,549
		97,671
		600,000
		69,780
1,000,000		1,000,000
	PCA CODE	PCA CODE

## ORIGINAL BUDGET

California Departmen				
PURPOSE:	CHVP SGF Innovation		FUNDING S	OURCE, PCA
CONTRACTOR:	San Francisco		CHVP - S	GF, 51023
AGREEMENT #:	CHVP SGF INV 20-38	(1)	(2)	(3)
SUBK:		TOTAL FUNDING	%	\$
	FUNDING TOTALS	1,000,000		1,000,000

EXPENSE CATEGORY		

DEDS	ONNEL					Remainir	ng Funds
FERS	ONNEL					100.00%	232,549
			TOTAL F	PERSONNEL COSTS	232,549		232,549
				TOTAL WAGES	232,549		232,549
	INITIALS	TITLE OR CLASS.	FTE %	ANNUAL SALARY	TOTAL WAGES		
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9	VK	2119 Health Care Analyst	10.0%	86,909	8,691	100.00%	8,691
10							

FRINGE BENEFITS		Remainir	ng Funds
		100.00%	97,671
TOTAL FRINGE BENEFITS	97,671		97,671

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California Departn	ORIGINAL BUDGET			
PURPOSE:	CHVP SGF Innovation		FUNDING S	OURCE, PCA
CONTRACTOR:	San Francisco		CHVP - S	GF, 51023
AGREEMENT #:	CHVP SGF INV 20-38	(1)	(2)	(3)
SUBK:		TOTAL FUNDING	%	\$
	FUNDING TOTALS	1,000,000		1,000,000
EXPENSE CATE	GORY			
OPERATING			Remaini	ng Funds
J. 2.3711110				1

<b>EXPEN</b>	SE CATEGORY			
OPER	OPERATING		Remaining Funds	
	TOTAL OPERATING EXPENSES			
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EQUII	EQUIPMENT Remaining Fur			ng Funds
	TOTAL EQUIPMENT EXPENSES			
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TRAV	RAVEL Remaining Fun		
	TOTAL TRAVEL EXPENSES		
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SHR	CONTRACTS		Remainir	ng Funds	
<u> </u>	CONTINACTO	1	100.00%	600,000	
	TOTAL SUBCONTRACT EXPENSE	S 600,000		600,000	
1	Sonoma County	400,000	100.00%	400,000	
2	Napa County	200,000	100.00%	200,000	
3					
4					
5					

OTHER COSTS Remaining Fur				ng Funds
	TOTAL OTHER	COSTS		
1				
2				
3				
4	_			
5				

INDIRECT COST	Remaining Funds		
INDIKEOT COST		100.00%	69,780
TOTAL INDIRECT COSTS	69,780		69,780
21.13% of Total Personnel and Benefits	69,780	100.00%	69,780

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	Original Budget Justification Section							
CHVP SGF INV 20-38 San Francisco								
						ACTIVE		
PERS	$\sim$	INICI						
PERS	UN	TOTALS	450.000/	4 400 400	200 540		07.074	
	S	IOTALS	150.00%	1,400,436	232,549		97,671	
	INITIALS	TITLE OR CLASS.	FTE %	ANNUAL SALARY	TOTAL WAGES	FRINGE BENEFIT RATE %	FRINGE BENEFIT AMOUNT	Justification
1	MV	2322 Nurse Manager	10.000%	198,640	19,864	42.00%	8,343	Required to deliver the program
2	MS	2830 Public Health Nurse - Charge	20.00%	182,826	36,565	42.00%	15,357	Required to deliver the program
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9	VK	2119 Health Care Analyst	10.00%	86,909	8,691	42.00%	3,650	Required to deliver the program
10								
EDIM	,_	BENEFITS						
LKING	<u> </u>	DENEFII 5						Justification
			TOTAL FRI	NGE BENEFITS			97,671	
<b>OPER</b>	AT	ING						lundification.
			тот	AL OPERATING				Justification
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EQUII	PM.	ENT						Justification
		TOTA	L EQUIPME	ENT EXPENSES				
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TD AV								
IKAV	RAVEL					Justification		
		Т	OTAL TRAV	VEL EXPENSES				
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2								
3								
4								
5								
SUBC	10:	NTRACTS						
			UBCONTRA	ACT EXPENSES			600,000	Justification
1	Son	oma County					400,000	Regional partner
2	Nap	a County					200,000	Regional partner
3								
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	_							
OTHE	R	COSTS						Justification
			TOTAL	OTHER COSTS				oustinoution.
1								
2								
3								
4								

Original Budget Justification Section					
CHVP SGF INV 20-38 San Francisco					
	ACTIVE	]			

INDIRECT COST	Justification	
TOTAL INDIRECT COSTS	69,780	
21.13% of Total Personnel and Benefits	69,780	Per CDPH approved ICR.