

Budget Worksheet Instructions

Information provided in the Budget Worksheet should reflect the county's plans to implement the triage personnel grant including the type of staff to be hired, and the anticipated expenditures for personnel, evaluation and administration. For the Budget Worksheet the county should provide its best estimate in terms of types of staff being sought for triage grant positions and anticipated expenditures. Please provide one Budget Worksheet for each Fiscal Year in the grant cycle: FY 2013-14 (5 months), FY 2014-15 (12 months), FY 2015-16 (12 months) and 2016-17 (12 months).

The following instructions are in worksheet order, for each line item identified on the Budget Worksheet.

A. EXPENDITURES

1. Personnel Costs

- **Identify each type of staff position to be hired.** (Example: Such as clinical social worker, peer service provider, mental health worker, supervisor, etc.) [Line "A," Number 1: "Personnel Costs"]
- **Identify the number of county staff and contract staff to be hired for each type of position in full time equivalents (FTEs).** For instance, if you intend to hire one full-time mental health worker and one half-time mental health worker, the FTEs would reflect 1.5 for mental health workers. [Columns titled: "County Staff FTEs" and "Contract Staff FTEs"]
- **Identify grant costs for staff salaries in total, for each type of staff position to be hired.** [Columns titled: "County Staff" and "Contract Staff"]
- **Total the FTEs and Salaries for all county staff and all contract staff.** [Line titled: "Total FTEs and Salaries"]
- **Total for employee benefits for all county staff and all contract staff.** [Line titled: "Total Employee Benefits"]
- **Total Personnel Costs for all county staff and all contract staff.** Add the salaries and benefits. [Line titled: "Total Personnel Costs"]

2. Total Personnel Expenditures

- **Add county staff and contract staff totals from above.** [Line titled: "Total Personnel Expenditures"]

3. Evaluation Costs

- **Identify grant costs associated with collecting and reporting “process,” “encounter based” and “local” evaluation information required by this grant.** [Line titled: “Evaluation Costs”]

4. Direct Costs

- **Identify direct costs associated with this grant.** (The total of Direct Costs, Indirect Costs and County Administration shall not exceed 15%.) [Line titled: “Direct Costs”]

5. Indirect Costs

- **Identify indirect costs associated with this grant.** (The total of Direct Costs, Indirect Costs and County Administration shall not exceed 15%.) [Line titled: “Indirect Costs”]

6. County Administration Costs

- **Identify grant costs for county administration.** (The total of Direct Costs, Indirect Costs and County Administration shall not exceed 15%.) [Line titled: “County Administration Costs”]

7. Subtotal

- **Add Personnel (line 2), Evaluation (line 3), Direct Costs (line 4), Indirect Costs (line 5) and County Administration (line 6) Costs.** [Line titled: “Subtotal”]

B. EXPECTED REVENUE

1. **Identify expected revenue from Medi-Cal (FFP only).** [Line titled: “Medi-Cal FFP only”]
2. **Identify any other revenue expected.** [Line titled: “Other Revenue”]
3. **Identify Total revenue expected.** [Line titled: “Total Revenue”]

C. TOTAL GRANT FUNDING REQUESTED

1. **Identify total grant funding requested in application.** Subtract line 3, Section B from line 7, Section A to get Section C, Total Grant Funding Requested. [Line titled: “Total Grant Funding Requested”]