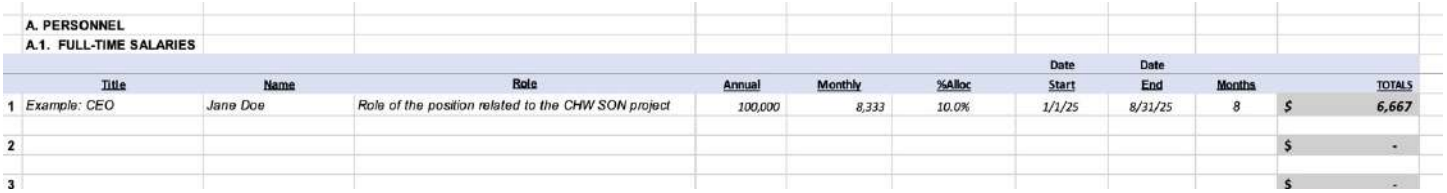
CHW SON Budget Template Instructions

General Instructions:

- The budget template is based on federal American Recovery Act budget guidelines and regulations.
- Read the Budget Instructions tab in its entirety before you begin.
- Read the RFP section of the budget before you begin.
- If you have further questions on the budget template, check the website FAQs for responses to questions received from applicants on the budget template.
- Do not alter the formulas in the colored cells.
- Do not alter the formulas in Budget Summary tab.
- The numbers/costs currently populated in the template are there as examples. The numbers will change once you populate your own costs.
- If you have problems with formulas, contact DPH_CHWSON@risingcommunities.org
- Check the website for a schedule of Office Hours where we may assist you in this budget template prior to the application submission deadline.

A. Personnel Section

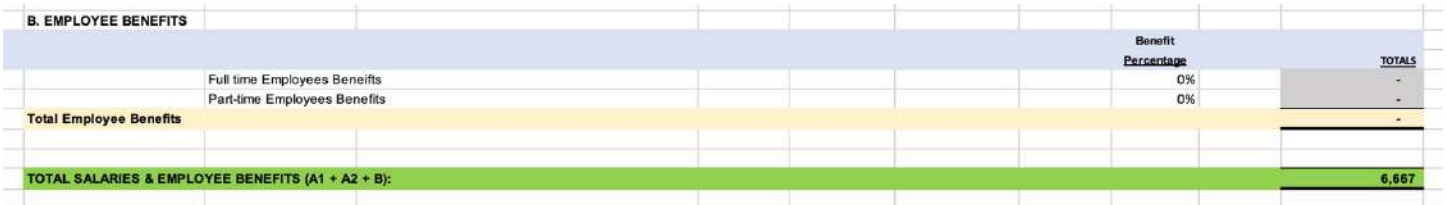
A. Fill out the personnel section per the example provided below.
B. All columns must be filled out, including Column A.
C. Provide a justification for the position's role in the CHW SON project in "Role" column.
D. Totals will be automatically calculated per the formula in the grey cell:
   I. "Totals" = "Monthly" x "%Alloc" x "Months"



	A. PERSONNEL										
	A.1. FULL-TIME SALARIES										
	Title	Name	Role	Annual	Monthly	%Alloc	Date Start	Date End	Months		TOTALS
1	Example: CEO	Jane Doe	Role of the position related to the CHW SON project	100,000	8,333	10.0%	1/1/25	8/31/25	8	$	6,667
2										$	-
3										$	-

B. Employee Benefits

i. In column I, provide the employee benefit percentage rate for <u>each</u> full time and part time employees.
ii. Enter the estimated total full-time and part-time employee benefits percentage (%) rate for which the Applicant organization is responsible (e.g. FICA, SUI, Workers' Compensation, retirement, etc.).
iii. The total amount of full-time employee benefits will automatically be calculated in the Total column: Full-time Employee Benefits Rate x Subtotal Full-time Salaries.



B. EMPLOYEE BENEFITS			
		Benefit Percentage	TOTALS
	Full time Employees Benefits	0%	-
	Part-time Employees Benefits	0%	-
Total Employee Benefits			-
TOTAL SALARIES & EMPLOYEE BENEFITS (A1 + A2 + B):			6,667

C. Operating Expenses

a. Identify the type of expense (e.g., office or facility rent/lease, software licenses, cell phones, tablets, hotspots for Wi-Fi, office supplies, printing/reproduction, general liability insurance, equipment, computers, telephone expenses, etc.) that will be required for the provision of services under the proposed project.
b. Separate the operational expenses (office or agency/CBO-related expenses) from the programmatic expenses (costs supporting the project only). See example below for office lease space. This should be done for printing expenses, software expenses, lease payments, etc.
c. Applicant organization must also provide a short description of the expense and methodology for arriving at the expense amount in columns C and D.
d. Enter the total cost of the expense item in the Total column. The Total amount must be computed by a formula (i.e. do not include a number in this cell – the number must be derived by a formula). The total amount must match the formula described in the Formula Justification column.
e. The costs for operating expenses should conform to the proposed project's objectives.
f. Please note, there will be no reimbursement for mortgage expenses for property owned by the Applicant organization.
g. **Further examples of how to calculate various types of Operational Costs on a "Shared FTE" or "Programmatic/Direct" allocation have been provided by DPH and can be found in the Appendix section of this document.**

C. OPERATING EXPENSES

Expense Type	Description	Formula Justification	Monthy Costs	Months/ Units	Allocation%	Allocation Type	Totals
Example: Org Office Rent/Lease	*Space use for program staff to work, conference, and hold external meetings. 555 Los Angeles Street, Suite 55, Los Angeles, CA, ZIP*	*Excluded from direct costs for IDC calculation. 9% ORG FTEs on this budget, which equates to ~19% of ORG staff (19% = 9 divided by 50 of total ORG staff)* *Lease rate = $1200/month x 19% Shared FTE rate*	$ 1,200	12	19%	Shared FTE	**2,736**
Example 2: Programmatic Office Space Lease/Rent	*Space use rented for CHWs to meet with residents for convenience*	*Lease rate $300/month x 12 months*	$ 300	12		Programmatic	**3,600**
TOTAL C. OPERATING EXPENSES							**6,336**

D. TRAVEL AND MILEAGE

- IDENTIFY THE COSTS OF MILEAGE REQUIRED FOR THE PROVISION OF SERVICES UNDER THE PROPOSED PROJECT. THIS MAY BE CALCULATED BY MULTIPLYING THE ESTIMATED NUMBER OF MILES EACH EMPLOYEE WILL BE REQUIRED TO TRAVEL BY THE LOWER OF THE APPLICANT ORGANIZATION'S CURRENT MILEAGE RATE OR THE COUNTY'S PREVAILING RATE (LOS ANGELES COUNTY MILEAGE REIMBURSEMENT RATE IS CURRENTLY 63 CENTS PER MILE).
- APPLICANT ORGANIZATION MUST ALSO IDENTIFY THE TRAVEL COSTS REQUIRED FOR THE PROPOSED PROJECT (E.G., PARKING FEES, LODGING, PER DIEM, ETC).
- PROVIDE A SHORT DESCRIPTION OF THE EXPENSE AND/OR METHODOLOGY FOR ARRIVING AT THE EXPENSE AMOUNT (E.G., INDICATE THE TOTAL NUMBER OF MILES AND MILEAGE RATE USED) AND ENTER THE TOTAL COST OF THE EXPENSE ITEM IN THE AMOUNT COLUMN.

C. OPERATING EXPENSES

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Example: Org Office Rent/Lease	*Space use for program staff to work, conference, and hold external meetings. 555 Los Angeles Street, Suite 55, Los Angeles, CA, ZIP*	*Excluded from direct costs for IDC calculation. 9% ORG FTEs on this budget, which equates to ~19% of ORG staff (19% = 9 divided by 50 of total ORG staff) Lease rate = $1200/month x 19% Shared FTE rate*	*$ 1,200*	*12*	*19%*	*Shared FTE*	***2,736***
Example 2: Programmatic Office Space Lease/Rent	*Space use rented for CHWs to meet with residents for convenience*	*Lease rate $300/month x 12 months*	*$ 300*	*12*		*Programmatic*	***3,600***
TOTAL C. OPERATING EXPENSES							**6,336**

E. OTHER PARTICIPATION COSTS

- CBOS HAVE THE FLEXIBILITY TO ALLOCATE FUNDS ACCORDINGLY TO MEET THE NEEDS OF PARTICIPANTS AND REDUCE BARRIERS TO PARTICIPATION IN CBO ACTIVITIES AND SERVICES.
- THIS SECTION CAN INCLUDE COSTS RELATED TO CHILDCARE, TRANSPORTATION SERVICES (E.G. BUS TOKENS, RIDE SHARING, ETC.), AND/OR INTERPRETATION SERVICES FOR LANGUAGE ACCESS TO INCREASE PARTICIPATION AND ENSURE ACCESS TO SERVICES BY COMMUNITY MEMBERS.
- THE ESTIMATED COSTS FOR THIS CATEGORY SHOULD BE SUFFICIENT TO ENSURE PROGRAM IMPLEMENTATION.
- THE "ALLOCATION TYPE COLUMN" SHOULD STATE EITHER "PROGRAMMATIC/DIRECT" OR "SHARED FTE"
    - PROGRAMMATIC COSTS INDICATE THE COST IS FOR PROGRAMMATIC EXPENSES RELATED TO CHW SON
    - "SHARED FTE" REFER TO OPERATIONAL CALCULATIONS JUSTIFIED BY TOTAL FTES IN CHW SON BUDGET DIVIDED BY TOTAL NUMBER OF FTES EMPLOYED AT CBO.
- MORE EXAMPLES OF "OTHER PARTICPATION COSTS" ARE PROVIDED BY DPH IN THE APPENDIX SECTION OF THIS DOCUMENT.

E. OTHER PARTICIPATION COSTS

Expense Type	Description	Other Info	Monthy Costs	Months/ Units	Rate/Allocation%	Allocation Type	Totals
Example: Translation Services: Translation Ventures LLC	*Translation of materials into multiple languages Cost based on average/estimated $.23/word X 43,478 words = ~$10,000*	*n/a*		*43,478*	*$ 0.23*	*Direct*	***$ 10,000***
							$ -
							$ -
							$ -
							$ -

F. DIRECT COSTS

a. THE TOTAL DIRECT COSTS WILL AUTOMATICALLY CALCULATE IN THE AMOUNT COLUMN. (THE TOTAL AMOUNTS OF CATEGORIES A THROUGH F SHOULD BE AUTOMATICALLY ADDED.)

B. APPLICANT ORGANIZATION MUST ENSURE THAT FORMULAS/CALCULATIONS ARE ACCURATE.

G. INDIRECT COSTS

a. ENTER INDIRECT COSTS REQUIRED FOR THE PROVISION OF SERVICES UNDER THE PROPOSED PROJECT.

b. INDIRECT COSTS ARE COSTS THAT ARE INCURRED FOR A COMMON OR JOINT PURPOSE BENEFITING

MORE THAN ONE COST OBJECTIVE, AND NOT READILY ATTRIBUTABLE TO ANY PROJECT OR SERVICE.

c. THESE COSTS MAY INCLUDE SALARIES, WAGES, AND FRINGE BENEFITS OF ADMINISTRATIVE PERSONNEL WHOSE EFFORT BENEFITS MORE THAN ONE COST OBJECTIVE; OPERATIONAL AND MAINTENANCE COSTS THAT BENEFIT MORE THAN ONE COST OBJECTIVE; AND/OR EXPENSES SUCH AS RENT FOR PERCENTAGE OF SPACE OCCUPIED BY ADMINISTRATIVE PERSONNEL, ETC.

D. INDIRECT COSTS SHOULD NOT EXCEED 10% OF TOTAL DIRECT COSTS.

TOTAL EXPENSES

a. The total program budget is over 2 years and must not exceed $960,000
b. Please check the Budget Summary total and balance rows to ensure the project remains within budget.

APPENDIX

DPH EXAMPLES OF COST FORMULAS AND JUSTIFICATIONS

OPERATIONAL COSTS

OFFICE RENT/LEASE/COST OF OWNED BUILDING

Justification: Office rent/lease/cost of owned building covers the cost of the space required to house the staff and materials needed to carry out the objectives outlined in the Scope of Work. This includes cubicle space, meeting rooms, common rooms, and bathrooms.

Cost Allocation Formula for Average Cost of Office Space/Rent per FTE:

Single Line Total Formula: a / b = c

a	b	c
Total Agency Monthly Cost of Rent/Monthly Cost of Owned Building	Total number of FTEs in agency	Monthly Cost per FTE

The Budgeted Amount is Calculated as Follows: B x C x D = E

A	B	C	D	E
Location Name/Addres s	CHW SON FTEs total	Monthly Cost per FTE (c)	# of Months	Annual Cost
				$

OFFICE SUPPLIES AND EXPENSES

Justification: The budgeted amount will cover office supplies for the staff assigned to this project.

The Budgeted Amount is Calculated as Follows: D x E = F

A	B	C	D	E	F
Item Name	Justification	Total FTE	Cos t per Ite m	# of items	Annual Cost
Office Furniture	Items (# and name): To be used for office-based work for staff assigned to this project.				$
Printer Ink/Toner	For printing materials required to implement CHW SON strategies for staff assigned to this project.				$
General Office Supplies *Not to exceed $75 per FTE per month on average	General office supplies to include but not limited to; pens, papers, folders, staples, paper clips, tape, envelopes, etc. necessary to meet SOW deliverables for staff				$

	assigned to this project.				
Other:					$
				Total	$
				Cost per Item (Total F/Total E)	$

IT EQUIPMENT

Justification: To be used in fulfilling administrative and programmatic requirements (e.g., required reports, budgets, email correspondence, PEARS entries, and to present virtual nutrition education and physical activity etc.).

The Budgeted Amount is Calculated as Follows: Sub-Total + Sub-Total = IT Total

Single Line Total Formula: E x F = G

A	B	C	D	E	F	G
Item Name	Justification	Position Title(s)-Person Name(s)	Total FTE	Cost per Item	# of items	Annual Cost
IT Equipment- NON-Theft Sensitive/Tech Equipment						
Computer Monitor(s)						$
Computer Accessories						$
Software Licenses and Subscriptions						$
Other						$
				Sub-Total		$
IT Equipment- Theft Sensitive/Tech Equipment						
Desktop Computer(s) Written Approval Threshold: $1,200 each per FTE basis	Laptops and Desktops are not purchased for staff more than once in a three-year period unless written approval is provided.					$
Laptop Computer(s) Written Approval Threshold:	Laptops and Desktops are not purchased for staff					$

$1,500 each per FTE basis	more than once in a three-year period unless written approval is provided.					
Laptop Docking Station						$
Printer(s) <u>Written Approval Threshold:</u> $675 each 3 per agency, requires justification						$
Projector(s)						$
Projector screen(s)						$
Scanner(s)						$
Tablet(s)						$
Television(s)						$
Other: All IT equipment not listed above (Requires list of items and justification for each item)						$
					Sub-Total	$
					IT TOTAL (Sub-Total + Sub-Total)	$

<u>GENERAL SUPPLIES (I.E., PERSONAL PROTECTIVE EQUIPMENT)</u>

Justification: PPE will include items such as disposable face coverings, face shields, hand sanitizer, disinfectant wipes, and disposable gloves for staff assigned to this project. PPE will ensure the safety of staff and participants when planning, administering, and conducting CPHT TPA activities.

<u>Cost Allocation Formula for General Supplies</u>

Single Line Total Formula: b x c = d

a	b	c	d
Item Name	Cost per	# of items	Annual

	Item		Cost
			$
			$
		Total	$

The Budgeted Amount per FTE is Calculated as Follows: A / B = C

A	B	C
Annual Cost	# of FTE	Annual Cost per FTE
		$

STORAGE SPACE RENT/LEASE

Justification: Rental of storage space will be used to store nutrition education materials, SNAP-Ed-approved (CPHT TPA, Champions for Change) cookbooks and other printed materials, event materials, food demos and/or taste test materials, and physical activity materials.

Cost Allocation Formula for Monthly Cost of Storage Space Rent/Lease per FTE:

Single Line Total Formula: a / b = c

a	b	c
Total Cost of Storage Space Rent/Lease per Month *Written Approval Threshold: $400/month	CPHT TPA FTE	Monthly Cost per FTE
		$

The Budgeted Amount is Calculated as Follows: B x C x D = E

A	B	C	D	E
Location Name/Address	CPHT TPA FTE	Monthly Cost per FTE (c)	# of Months	Annual Cost
				$

TELECOMMUNICATION COSTS

Justification: The budgeted amount will cover telecommunication costs, such as office telephone lines, internet service fees, facsimile, and cell phone monthly fees for staff assigned to the project. The staff will require these services to coordinate activities required by the Scope of Work.

Cost Allocation Formula for Telecommunication Cost per FTE:

Single Line Total Formula: a / b = c

a	b	c
Total Agency Telecommunication Costs per Month	Total Number of FTEs in Agency	Monthly Cost per FTE
		$

The Budgeted Amount is Calculated as Follows: B x C x D = E

A	B	C	D	E
Position Title(s)- Person Name(s)	CPHT TPA FTE	Monthly Cost per FTE (c)	Number of M	Annual Cost

			on ths	
				$

UTILITIES COSTS

Justification: The budgeted amount will cover utilities cost, such as electric, gas, and water fees for the staff assigned to the project. The staff will require these services to coordinate activities required by the Scope of Work.

Cost Allocation Formula for Utilities Costs per FTE:

Single Line Total Formula: a / b = c

a	b	c
Total Agency Utilities Costs per Month	Total Number of FTEs in Agency	Monthly Cost per FTE
		$

The Budgeted Amount is Calculated as Follows: B x C x D = E

A	B	C	D	E
Position Title(s)- Person Name(s)	CPHT TPA FTE	Monthly Cost per FTE (c)	Number of Months	Annual Cost
				$

BUILDING MAINTENANCE FEES

Justification: Building maintenance fees may include items not included in the rent or lease agreement, such as security, common area and landscaping upkeep, and janitorial services.

Cost Allocation Formula for Building Maintenance Fees Cost per FTE:

Single Line Total Formula: a / b = c

A	b	c
Total Agency Building Maintenance Costs per Month	Total number of FTEs in agency	Monthly Cost per FTE
		$

The Budgeted Amount is Calculated as Follows: B x C x D = E

A	B	C	D	E
Position Title(s)- Person Name(s)	CPHT TPA FTE	Monthly Cost per FTE (c)	Number of Months	Annual Cost
				$

INSURANCE

Justification: Insurance fees are required to meet requirements of the contract with the LA County Department of Public Health

Cost Allocation Formula for Insurance Costs per FTE:

Single Line Total Formula: a / b = c

a	b	c

Total Agency Insurance Costs per Month	Total number of FTEs in agency	Monthly Cost per FTE
		$

The Budgeted Amount is Calculated as Follows: B x C x D = E

A	B	C	D	
Position Title(s)- Person Name(s)	CPHT TPA FTE	Monthly Cost per FTE (c)	Number of Months	Annual Cost
				$

IT SUPPORT SERVICE

Justification: IT support services are needed to maintain the information technology infrastructure of the program to complete administrative work and implementation of CPHT TPA program strategies and activities.

Cost Allocation Formula for IT Support Service per FTE:

Single Line Total Formula: a / b = c

a	b	c
Total Agency IT support Services Costs per Month	Total number of FTEs in agency	Monthly Cost per FTE
		$

The Budgeted Amount is Calculated as Follows: B x C x D = E

A	B	C	D	E
Position Title(s)- Person Name(s)	CPHT TPA FTE	Monthly Cost per FTE (c)	Number of Months	Annual Cost
				$

ROOM/VENUE RENTAL

Justification: Room/Venue rentals will be used to conduct focus groups and needs assessments. Focus groups and needs assessments will be conducted to identify community wants and needs for nutrition education and sub-strategy implementation.

Cost Allocation Formula for Average Cost of Room/Venue Rental

Single Line Total Formula: b x c = d

a	b	c	d
Location Name/Address	Cost per Rental	# of Rentals	Annual Cost
	$2000	10	** Expression is faulty **
			$
Total			$
Average Cost per Rental (d / c)			$

Cost Allocation Formula for Average Cost of Room/Venue Rental per FTE

Single Line Total Formula: e / f = g

e	f	g
Average Cost per Rental (d)	CPHT TPA FTE	Average Cost per Rental per FTE
		$

The Budgeted Amount is Calculated as Follows: A x B x C = D

A	B	C	D
Average Cost per Rental per FTE (g)	# of Rentals	CPHT TPA FTE	Annual Cost
			$

PRINTING AND DUPLICATION (I.E., FLYERS, POSTERS, BANNERS ETC.)

Justification: This will cover the cost of printing/duplication of surveys, flyers, meeting announcements, newsletters, meeting handouts, training handouts, reports, banners, and other files necessary to meet the goals of the project.

The Budgeted Amount is Calculated as Follows:

Single Line Total Formula: B x C = D

A	B	C	D
Item Name	Cost per Item	# of items	Annual Cost
Black/White copies			$
Color copies			$
Poster Printing			$
Banner Printing			$
	Total		$
	Cost per Item (Total D/Total C)		$

OTHER PARTICIPATION COSTS

TRANSLATION AND INTERPRETATION SERVICES

Justification: Translation and live interpretation from English to languages appropriate for the target audience such as Spanish, Korean, and Mandarin. These services will be utilized for nutrition education classes, food or ReThink Your Drink demonstrations, partner meetings, and meetings required to facilitate stakeholder engagement and implement CHW SON program activities.

The Budgeted Amount is Calculated as Follows:
Single Line Total Formula: B x C = D

A	B	C	D
Item	Cost per Unit	# of Units	Annual Cost
Live Interpretation			$
Translation			$
		Total	$

PUBLIC HEALTH MATERIALS

Justification:

The Budgeted Amount is Calculated as Follows: A x B = C

A	B	C
Average Cost per Participant	# of Participants	Annual Cost
$50	200	$0

VENUE/EVENT MATERIALS

Justification: Venue/Event materials include folding chairs, tables, carts, canopies, mesh walls, and display materials. Venue/Event materials will be purchased and used to conduct nutrition education classes and implement sub-strategies.

The Budgeted Amount is Calculated as Follows: A x B = C

A	B	C
Cost per Event	# of Events	Annual Cost
		$

LIGHT REFRESHMENTS FOR TRAININGS

Justification: Light refreshments costs for recipients of CHW SON trainings are allocated to fulfill Scope of Work requirements and train partners in topics related to implementation of CHW SON program activities.

Cost Allocation Formula for Average Cost per Training:
Single Line Total Formula: b x c = d

a	b	c	d
Item Name	Cost per Item	# of Items per Training	Average Cost Per Training
Healthy snack			$
			$
		Total	$

The Budgeted Amount is Calculated as Follows: A x B = C

A	B	C
Average Cost Per Training	# of Training(s)	Annual Cost

		$

CONSULTANT, JOHN DOE, FACILITATION

Justification: Facilitator for convenings, on-boarding meetings, and any facilitation required between individual CHWs. A facilitator is used as a third-party support mechanism to ensure quality meeting facilitation and neutral and unbiased perspectives to support CHWs to address issues, identify and co-create solutions, and ensure efforts are leveraged to maximize impact.

The Budgeted Amount is Calculated as Follows: B X C = D

A	B	C	D
Meeting type	# of Meetings	Cost Per Meeting	Annual Cost
Convenings	4	$4,000	$16,000
On-boarding meetings	4	$4,000	$16,000
Ad-hoc facilitation meetings	1	$1,150	$1,150
		Total	$33,150

CONSULTANT, INTERNAL AUDITING

Justification: Works closely with finance and contracts teams to assure compliance (primary focus on fiscal/invoice with additional administrative support as needed)

The Budgeted Amount is Calculated as Follows: A X B X C = D

A	B	C	D
Average Hours Per Month	Cost Per Hour	# of Months	Annual Cost
25	$33.04	8	$6,608

LEGAL COUNSEL: LEGALEASE. LLC

Justification: Legal Counsel, subcontract template drafting, agency contractual document review and negotiations.

The Budgeted Amount is Calculated as Follows: A X B X C = D

A	B	C	D
Average Hours Per Month	Cost Per Hour	# of Months	Annual Cost
20	$72.76	8	$11,642

HR CONSULTANTS

Justification: To support the aggressive acquisition of new talent. Cost is based on per employee hired.

The Budgeted Amount is Calculated as Follows: A X B = C

A	B	C
Cost per employee hired	# of Employees to hire	Annual Cost
$16,666	4	$66,642