|  |
| --- |
| **Request for Proposals #HSS-18-01:**  **Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) for Older Adults** |
| **ATTACHMENT C – BUDGET AND BUDGET NARRATIVE** |
| **Proposer Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

The Budget Worksheet must be prepared according to the Budget Worksheet Instructions. The total cost on the Budget Worksheet must equal or be less than the amount of the annual budget listed in the RFP.

**BUDGET SUMMARY**

**RFP # HSS-18-01**

**PREVENTION AND EARLY INTERVENTION SERVICES FOR OLDER ADULTS**

APPLICANT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| COST CATEGORY | Start Up Budget  Yr 1 Only | Dates: 10/1/18 – 6/30/19 | Dates: 7/1/19 – 6/30/20 |
| A. Personnel |  |  |  |
| B. Operating Expenses |  |  |
| C. Subcontractor |  |  |
| D. Indirect Costs |  |  |
| **TOTAL** |  |  |  |

**START UP BUDGET YEAR 1 ONLY**

**RFP # HSS-18-01**

**PREVENTION AND EARLY INTERVENTION SERVICES FOR OLDER ADULTS**

**Year 1: 10/1/2018 - XXXX**

|  |  |
| --- | --- |
| Expense Category | Budget Amount |
|  |  |
|  |  |
|  |  |
|  |  |
| **TOTAL** |  |

**\*Start up costs should include one time only expenses and not program staff. If including staff time, please explain staff specifics and justification as to why the cost is considered start up.**

**Year 1: 10/1/2018-6/30/2019**

(budget will be prorated based on start date of contract)

|  |  |  |
| --- | --- | --- |
| Line Item | FTE | Budget Amount |
| Personnel Expenses  *Identify Staff Member title in each line* |  |  |
| Staff Member 1 |  |  |
| Staff Member 2 |  |  |
| Staff Member 3 |  |  |
| Staff Member 4 |  |  |
| Benefits include percentage rate |  |  |
| SUBTOTAL PERSONNEL |  |  |
| Operating Expenses  ***Below are examples only*** *– please list all expected operating expenses in budget proposal* |  |  |
| Rent & Utilities |  |  |
| Office Supplies |  |  |
| Telephone & Communication |  |  |
| Postage/Mailing |  |  |
| Reproduction/Copying |  |  |
| Travel |  |  |
| Training/Conferences |  |  |
| Client supports |  |  |
| XXXXXX |  |  |
| SUBTOTAL OPERATING EXPENSES |  |  |
| Subcontractors (only as needed) |  |  |
| Subcontractor 1 (provide specifics) |  |  |
| Subcontractor 2 (provide specifics) |  |  |
| SUBTOTAL SUBCONTRACTORS |  |  |
| Indirect Cost |  |  |
| Indirect Costs |  |  |
| SUBTOTAL INDIRECT COST |  |  |
| GRAND TOTAL EXPENSES |  |  |

**Year 2: 7/1/2019-6/30/2020**

|  |  |  |
| --- | --- | --- |
| Line Item | FTE |  |
| Personnel Expenses  *Identify Staff Member title in each line* |  |  |
| Staff Member 1 |  |  |
| Staff Member 2 |  |  |
| Staff Member 3 |  |  |
| Staff Member 4 |  |  |
| Benefits include percentage rate |  |  |
| SUBTOTAL PERSONNEL |  |  |
| Operating Expenses  ***Below are examples only*** *– please list all expected operating expenses in budget proposal* |  |  |
| Rent & Utilities |  |  |
| Office Supplies & Material |  |  |
| Telephone & Communication |  |  |
| Postage/Mailing |  |  |
| Reproduction/Copying |  |  |
| Travel |  |  |
| Training/Conferences |  |  |
| Client Supports |  |  |
| XXXXXX |  |  |
| SUBTOTAL OPERATING EXPENSES |  |  |
| Subcontractors (only as needed) |  |  |
| Subcontractor 1 |  |  |
| Subcontractor 2 |  |  |
| SUBTOTAL SUBCONTRACTORS |  |  |
| Indirect Costs |  |  |
| Indirect Costs |  |  |
| SUBTOTAL INDIRECT COSTS |  |  |
| GRAND TOTAL EXPENSES |  |  |

|  |  |  |
| --- | --- | --- |
| **Budget Narrative** | | |
| Please provide the following budget narrative related to your proposed budget: (3 Pages Maximum) | | |
|  | **Staff Salaries:** For each staff position listed on the Budget Worksheet, explain how the salaries were determined and provide support for the stated salary. For example, state the classification and provide the salary range for the employee in the stated classification. Describe how each position will contribute to the activities outlined in the Program Narrative. |
|  | **Employee Benefits:** Explain what is included in the employee benefits costs and how were the costs determined. Provide support for the costs including a statement regarding percentage of salary or actual dollars used for employee benefits, including medical, retirement, taxes, etc. |
|  | **Operating Expenses:** For each proposed operational line item provide detail regarding exactly what expense will be captured under said line item and how the cost was arrived at. Describe how the cost will contribute to the activities outlined in the Program Narrative |
|  | **Subcontractors (if Applicable):** Identify the subcontractor, outline the budget of the subcontractor, and proposed activities the subcontractor will perform. Attach a letter of commitment from each subcontractor stating their commitment and role in the program. |
|  | **Indirect and Administrative Costs:** Describe what is included in the the indirect cost rate and how it was determined. If the Indirect Cost Rate is over 10% of Salaries, Benefits, and Operating Expenses, please attach the organization’s Cost Allocation Plan. |

|  |  |
| --- | --- |
| **Please provide a response or description for each of the following financial oversight/internal control questions: (1 Page Maximum)** | |
|  | **Include the name and title of the individual responsible for cost control** **and how long they have held this position.** |
|  | **Describe the fiscal and operational infrastructure and experience to support this program.** |
|  | **A statement as to whether, in the last ten years, the Proposer has filed (or had filed against it) any bankruptcy or insolvency proceeding.** |