**Request for Qualifications #2020-BH02:**

**Solano County Health & Social Services:**

**Behavioral Health Division**

**EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (EPSDT)**

**MENTAL HEALTH SERVICES FOR YOUTH AGES 6-21**

**ATTACHMENT C: BUDGET WORKSHEET**

The Budget Worksheet (ATTACHMENT C) must be prepared according to the Budget Worksheet Instructions found on page 11. The total cost on the Budget Worksheet must equal or be less than the amount of the annual budget listed in the RFQ as described on page 2.

***NOTE: A separate budget must be completed for each Outpatient Program component being applied for. Please note that the proposed budget will be used to determine the contract cap for a fee for service budget structure.***

Please check only one box:

* Outpatient Counseling
* Therapeutic Visitation Services

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

**BUDGET SUMMARY**

|  |  |  |  |
| --- | --- | --- | --- |
| COST CATEGORY | Dates: **2020-2021** | Dates: **2021-2022** | Dates: **2022-2023** |
| A. Personnel |  |  |  |
| B. Operating Expenses |  |  |  |
| C. Subcontractor |  |  |  |
| D. Indirect Costs |  |  |  |
| **TOTAL** |  |  |  |

**BUDGET YEAR 1**

**RFP # 2020-BH02**

**EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (EPSDT)**

**MENTAL HEALTH SERVICES FOR CHILDREN AGES 6-21**

**Year 1: 2020-2021**

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

|  |  |  |
| --- | --- | --- |
| Line Item | FTE |  |
| Personnel Expenses |  |  |
| Staff Member 1 |  |  |
| Staff Member 2 |  |  |
| Staff Member 3 |  |  |
| Staff Member 4 |  |  |
| Benefits include percentage rate |  |  |
| SUBTOTAL PERSONNEL |  |  |
| Operating Expenses  *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 |  |  |
| Other |  |  |
| SUBTOTAL OPERATING EXPENSES |  |  |
| Subcontractors (only as needed) |  |  |
| Subcontractor 1 |  |  |
| Subcontractor 2 |  |  |
| SUBTOTAL SUBCONTRACTORS |  |  |
| Indirect Costs |  |  |
| Indirect Costs |  |  |
| SUBTOTAL INDIRECT COSTS |  |  |
| GRAND TOTAL EXPENSES |  |  |

**Year 2\*\*: 2021-2022**

|  |  |  |
| --- | --- | --- |
| Line Item | FTE |  |
| Personnel Expenses |  |  |
| Staff Member 1 |  |  |
| Staff Member 2 |  |  |
| Staff Member 3 |  |  |
| Staff Member 4 |  |  |
| Benefits include percentage rate |  |  |
| SUBTOTAL PERSONNEL |  |  |
| Operating Expenses  *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 |  |  |
| Other |  |  |
| SUBTOTAL OPERATING EXPENSES |  |  |
| Subcontractors (only as needed) |  |  |
| Subcontractor 1 |  |  |
| Subcontractor 2 |  |  |
| SUBTOTAL SUBCONTRACTORS |  |  |
| Indirect Costs |  |  |
| Indirect Costs |  |  |
| SUBTOTAL INDIRECT COSTS |  |  |
| GRAND TOTAL EXPENSES |  |  |

**Year 3\*\*: 2022-2023**

|  |  |  |
| --- | --- | --- |
| Line Item | FTE |  |
| Personnel Expenses |  |  |
| Staff Member 1 |  |  |
| Staff Member 2 |  |  |
| Staff Member 3 |  |  |
| Staff Member 4 |  |  |
| Benefits include percentage rate |  |  |
| SUBTOTAL PERSONNEL |  |  |
| Operating Expenses  *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 |  |  |
| Other |  |  |
| SUBTOTAL OPERATING EXPENSES |  |  |
| Subcontractors (only as needed) |  |  |
| Subcontractor 1 |  |  |
| Subcontractor 2 |  |  |
| SUBTOTAL SUBCONTRACTORS |  |  |
| Indirect Costs |  |  |
| Indirect Costs |  |  |
| SUBTOTAL INDIRECT COSTS |  |  |
| GRAND TOTAL EXPENSES |  |  |