

**Mental Health Services Act Community Services and Supports Staffing Detail Worksheet**

County(ies): <u>0</u>	Fiscal Year: <u>2005-06</u>
Program Work Plan #: <u>0</u>	Date: <u>1/0/00</u>
Program Work Plan Name: <u>0</u>	Page <u>    </u> of <u>    </u>
Type of Funding <u>1. Full Service Partnership</u>	Months of Operation <u>12</u>
Proposed Total Client Capacity of Program/Service: <u>0</u>	New Program/Service or Expansion <u>New</u>
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>0</u>
Client Capacity of Program/Service Expanded through MHSA: <u>0</u>	Telephone Number: <u>0</u>

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries, Wages and Overtime	
<b>A. Current Existing Positions</b>					\$0	
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
		<b>Total Current Existing Positions</b>	0.00	0.00		\$0
<b>B. New Additional Positions</b>					\$0	
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
		<b>Total New Additional Positions</b>	0.00	0.00		\$0
<b>C. Total Program Positions</b>		0.00	0.00		\$0	

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.  
b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.