

Exhibit B Attachment I-II – Budget – Sample

**Exhibit B Attachment I or II etc.
Budget**

(Year X) [Retain if multiple budgets are present]

(XX/XX/XX through XX/XX/XX) [Retain if multiple budgets are present]

Personnel [Itemize all expenses]

Position Title	# of Staff	Monthly Salary Range	FTE %	Annual Cost
Project Director	1	\$XXX,XXX - \$XXX,XXX	25%	\$ 30,125
Project Analyst	1	\$XXX,XXX - \$XXX,XXX	50%	\$ 35,000
Administrative Assistant	1	\$XXX,XXX - \$XXX,XXX	25%	\$ 12,500
Project Coordinator	1	\$XXX,XXX - \$XXX,XXX	100%	\$ 92,875
		Total Salary		\$ 170,500
		Fringe Benefits (25%)		\$ 42,625
		Total Personnel		\$ 213,125

Operating Expenses [Itemize all expenses including minor equipment with a Unit cost under \$5,000]

Expendable supplies & minor equip < \$5,000	\$3,500
Communications	\$1,000
Reproduction/printing	\$500
Total Operating Expenses	\$ 5,000

Equipment [Itemize equipment expenses i.e., items with a Unit cost of \$5,000 or more]

Portable dental equipment	\$16,800
Total Equipment Expenses	\$ 16,800

Travel (At CalHR reimbursement rates) **Total Travel** \$ 5,000

Subcontracts [Itemize all subcontracts. A subcontractor budget should be included for all subcontractors and must be included for each subcontractor whose total costs under a contract will equal \$50,000 or more. If a subcontractor budget is required and cannot be supplied, an explanation must accompany the STD 215. DHCS can require additional budget detail for any and all subcontractors and other line items]

ABC Health Care Quality Improvement Consultants	Personnel	Operating Expenses	Travel	Subcontracts	Indirect Costs	Total Costs
	\$2,000	\$500	\$300	\$0	\$420	\$3,220
Program Assessment Evaluation – Contractor TBD						\$16,800
Total Subcontracts						\$ 20,020

Other Costs [Itemize each expense]

Training and Training Materials	\$1,000
A/V equipment rental + setup / tear down	\$350
Database Software	\$2,000
Total Other Costs	\$ 3,350

Indirect Costs (the lower of 20% of Total Personnel Salary excluding Fringe Benefits or indirect costs computed based on the organization's approved federal indirect cost rate or methodology) **Indirect Costs** \$ 34,100

Annual Budget Total \$ 297,395

Note: The Annual Budget Total should exclude any expenditures that would otherwise be paid for by other funding sources such as Denti-Cal reimbursement.