

**CDPH Immunization Branch
Funding Application for Immunization Subvention Grant Funds**

RFA: #17-10072
Date: 04/27/2017

**Exhibit B - Budget
Year 1
(07/01/2017 - 06/30/2018)**

Form 5A

	Budget (*Year 1) 07/01/2017 to 06/30/2018	Budget (**Year 2) 07/01/2018 to 06/30/2019	Budget (**Year 3) 07/01/2019 to 06/30/2020	Budget (**Year 4) 07/01/2020 to 06/30/2021	Budget (**Year 5) 07/01/2021 to 06/30/2022
I. County of Mendocino_____	\$ 52,204.00	\$ 52,204.00	\$ 52,204.00	\$ 52,204.00	\$ 52,204.00
II. (Subgrantee, if any) _____	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$ 52,204.00	\$ 52,204.00	\$ 52,204.00	\$ 52,204.00	\$ 52,204.00

**Year 1 Budget, FY 2017-18 is 100% Prevention and Public Health Funds (PPHF) Funded*

***Program will provide funding source as it becomes available for the subsequent fiscal years.*

Total Funding for 5-Year Term:	\$ 261,020.00
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RFA: #17-10072
Date: 04/27/2017

**Exhibit B - Budget
Year 1
(07/01/2017 - 06/30/2018)**

Form 5A

	% of time or hours on project	Monthly salary range or hourly rate	Total
I. Personnel			
Supervising PH Nurse	10.0%	\$ 34.52	\$ 7,180.16
LVN	61.6%	\$ 22.23	\$ 28,504.12
		\$	-
		\$	-
		\$	-
		\$	-
		\$	-
		\$	-
		\$	-
		\$	-
		\$	-
Total Personnel Expenses		\$	35,684.28
II. Fringe Benefits (40% of Personnel)		\$	14,273.71
III. Operating Expenses or General Expenses		\$	996.00
Office/Clinic Supplies		\$	236.00
Printing		\$	260.00
Health Education		\$	500.00
Other		\$	-
IV. Equipment Expenses		\$	-
V. Travel Expenses		\$	1,250.00
In-State Travel		\$	1,250.00
Out-of-State Travel			
(The Grantee shall be reimbursed for the actual claimed and invoiced)			
VI. Subgrantee Expenses (if any)		\$	-
_____ (Name of Subgrantee)			
VII. Indirect Costs (Approved ___% of total Personnel Costs or total Direct Costs)		\$	-
<input type="checkbox"/> Approved ___% of total Personnel Costs			
<input type="checkbox"/> Approved ___% of total Direct Costs			
VIII. Total Expenses		\$	52,204.00

**CDPH Immunization Branch
Funding Application for Immunization Subvention Grant Funds**

RFA: #17-10072
Date: 04/27/2017

**Exhibit B - Budget
Year 2
(07/01/2018 - 06/30/2019)**

Form 5B

	% of time or hours on project	Monthly salary range or hourly rate	Total
I. Personnel			
Supervising PH Nurse	10.0%	\$ 34.52	\$ 7,180.16
LVN	61.6%	\$ 22.23	\$ 28,504.12
		\$	-
		\$	-
		\$	-
		\$	-
		\$	-
		\$	-
		\$	-
		\$	-
Total Personnel Expenses		\$	35,684.28
II. Fringe Benefits (40% of Personnel)		\$	14,273.71
III. Operating Expenses or General Expenses		\$	996.00
Office/Clinic Supplies		\$	236.00
Printing		\$	260.00
Health Education		\$	500.00
Other		\$	-
IV. Equipment Expenses		\$	-
V. Travel Expenses		\$	1,250.00
In-State Travel		\$	1,250.00
Out-of-State Travel		\$	-
(The Grantee shall be reimbursed for the actual claimed and invoiced)			
VI. Subgrantee Expenses (if any)		\$	-
_____ (Name of Subgrantee)			
VII. Indirect Costs (Approved ___% of total Personnel Costs or total Direct Costs)		\$	-
<input type="checkbox"/> Approved ___% of total Personnel Costs			
<input type="checkbox"/> Approved ___% of total Direct Costs			
VIII. Total Expenses		\$	52,204.00

**CDPH Immunization Branch
Funding Application for Immunization Subvention Grant Funds**

RFA: #17-10072
Date: 04/27/2017

**Exhibit B - Budget
Year 3
(07/01/2019 - 06/30/2020)**

Form 5C

	% of time or hours on project	Monthly salary range or hourly rate	Total
I. Personnel			
Supervising PH Nurse	10.0%	\$ 34.52	\$ 7,180.16
LVN	61.6%	\$ 22.23	\$ 28,504.12
		\$	-
		\$	-
		\$	-
		\$	-
		\$	-
		\$	-
		\$	-
		\$	-
Total Personnel Expenses		\$	35,684.28
II. Fringe Benefits (40% of Personnel)		\$	14,273.71
III. Operating Expenses or General Expenses		\$	996.00
Office/Clinic Supplies		\$	236.00
Printing		\$	260.00
Health Education		\$	500.00
Other		\$	-
IV. Equipment Expenses		\$	-
V. Travel Expenses		\$	1,250.00
In-State Travel		\$	1,250.00
Out-of-State Travel		\$	-
(The Grantee shall be reimbursed for the actual claimed and invoiced)			
VI. Subgrantee Expenses (if any)		\$	-
_____ (Name of Subgrantee)			
VII. Indirect Costs (Approved ___% of total Personnel Costs or total Direct Costs)		\$	-
<input type="checkbox"/> Approved ___% of total Personnel Costs			
<input type="checkbox"/> Approved ___% of total Direct Costs			
VIII. Total Expenses		\$	52,204.00

**CDPH Immunization Branch
Funding Application for Immunization Subvention Grant Funds**

RFA: #17-10072
Date: 04/27/2017

**Exhibit B - Budget
Year 4
(07/01/2020 - 06/30/2021)**

Form 5D

	% of time or hours on project	Monthly salary range or hourly rate	Total
I. Personnel			
Supervising PH Nurse	10.0%	\$ 34.52	\$ 7,180.16
LVN	61.6%	\$ 22.23	\$ 28,504.12
		\$	-
		\$	-
		\$	-
		\$	-
		\$	-
		\$	-
		\$	-
		\$	-
Total Personnel Expenses		\$	35,684.28
II. Fringe Benefits (40% of Personnel)		\$	14,273.71
III. Operating Expenses or General Expenses		\$	996.00
Office/Clinic Supplies		\$	236.00
Printing		\$	260.00
Health Education		\$	500.00
Other		\$	-
IV. Equipment Expenses		\$	-
V. Travel Expenses		\$	1,250.00
In-State Travel		\$	1,250.00
Out-of-State Travel		\$	-
(The Grantee shall be reimbursed for the actual claimed and invoiced)			
VI. Subgrantee Expenses (if any)		\$	-
_____ (Name of Subgrantee)			
VII. Indirect Costs (Approved ___% of total Personnel Costs or total Direct Costs)		\$	-
<input type="checkbox"/> Approved ___% of total Personnel Costs			
<input type="checkbox"/> Approved ___% of total Direct Costs			
VIII. Total Expenses		\$	52,204.00

**CDPH Immunization Branch
Funding Application for Immunization Subvention Grant Funds**

RFA: #17-10072
Date: 04/27/2017

**Exhibit B - Budget
Year 4
(07/01/2020 - 06/30/2021)**

Form 5D

**CDPH Immunization Branch
Funding Application for Immunization Subvention Grant Funds**

RFA: #17-10072
Date: 04/27/2017

**Exhibit B - Budget
Year 5
(07/01/2021 - 06/30/2022)**

Form 5E

	% of time or hours on project	Monthly salary range or hourly rate	Total
I. Personnel			
Supervising PH Nurse	10.0%	\$ 34.52	\$ 7,180.16
LVN	61.6%	\$ 22.23	\$ 28,504.12
		\$	-
		\$	-
		\$	-
		\$	-
		\$	-
		\$	-
		\$	-
		\$	-
Total Personnel Expenses		\$	35,684.28
II. Fringe Benefits (40% of Personnel)		\$	14,273.71
III. Operating Expenses or General Expenses		\$	996.00
Office/Clinic Supplies		\$	236.00
Printing		\$	260.00
Health Education		\$	500.00
Other		\$	-
IV. Equipment Expenses		\$	-
V. Travel Expenses		\$	1,250.00
In-State Travel		\$	1,250.00
Out-of-State Travel		\$	-
(The Grantee shall be reimbursed for the actual claimed and invoiced)			
VI. Subgrantee Expenses (if any)		\$	-
_____ (Name of Subgrantee)			
VII. Indirect Costs (Approved ___% of total Personnel Costs or total Direct Costs)		\$	-
<input type="checkbox"/> Approved ___% of total Personnel Costs			
<input type="checkbox"/> Approved ___% of total Direct Costs			
VIII. Total Expenses		\$	52,204.00

CDPH Immunization Branch
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Date: 04/27/2017

Exhibit B - Budget

Form 5F

	Budget (Year 1) 07/01/2017 to 06/30/2018	Budget (Year 2) 07/01/2018 to 06/30/2019	Budget (Year 3) 07/01/2019 to 06/30/2020	Budget (Year 4) 07/01/2020 to 06/30/2021	Budget (Year 5) 07/01/2021 to 06/30/2022
I. County of Mendocino_____	\$ 52,204.00	\$ 52,204.00	\$ 52,204.00	\$ 52,204.00	\$ 52,204.00
II. (Subgrantee, if any) _____	\$ -	\$ -	\$ -	\$ -	\$ -
Total	\$ 52,204.00	\$ 52,204.00	\$ 52,204.00	\$ 52,204.00	\$ 52,204.00

OBJECTIVE:

Estimate of project time to be spent per objective for the year.	Year 1	Year 2	Year 3	Year 4	Year 5
1. Vaccine Accountability and Management	5.0%	5.0%	5.0%	5.0%	5.0%
2. Improving Vaccine Access and Coverage Rates	10.0%	10.0%	10.0%	10.0%	10.0%
3. Immunization Information Systems	10.0%	10.0%	10.0%	10.0%	10.0%
4. Perinatal Hepatitis B Prevention	5.0%	5.0%	5.0%	5.0%	5.0%
5. Education, Information, Training and Partnerships	15.0%	15.0%	15.0%	15.0%	15.0%
6. Prevention, Surveillance and Control of Vaccine Preventable Disease	25.0%	25.0%	25.0%	25.0%	25.0%
7. Assess and Improve Compliance with Childcare and School Immunization Entry Requirements	20.0%	20.0%	20.0%	20.0%	20.0%
8. Improve and Maintain Preparedness for an Influenza Pandemic	10.0%	10.0%	10.0%	10.0%	10.0%
TOTAL	100.0%	100%	100%	100%	100%