Form 5A

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

	(*Year 1) (* 07/01/2017 to 07/		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) /01/2021 to 6/30/2022	
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

Form 5A

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

	% of time or			
	hours on	Monthly salary range		
I. Personnel	project	or hourly rate		Total
Supervising PH Nurse	10.0%			7,180.16
LVN	61.6%	\$ 22.23		28,504.12
			\$	-
			ን ድ	-
			Գ Տ	-
			\$	-
			\$ \$ \$ \$ \$ \$ \$ \$	-
			\$	-
			\$	-
				-
Total Personnel Expenses			\$	35,684.28
II. Fringe Benefits (40% of Personnel)			\$	14,273.71
č				,
			^	000.00
III. Operating Expenses or General Expenses Office/Clinic Supplies			\$	996.00 236.00
Printing			\$ ¢	236.00
Health Education			\$ \$	500.00
Other			\$ \$	-
			Ŧ	
IV. Equipment Expenses			\$	-
			·	
V. Travel Expenses			¢	1,250.00
In-State Travel			\$ \$	1,250.00
Out-of-State Travel			Ψ	1,200.00
(The Grantee shall be reimbursed for the actual c	laimed and invoice	ed)		
			¢	
VI. Subgrantee Expenses (if any)(Name of Subgrantee)		\$	-
)			
VII. Indirect Costs (Approved% of total Person	nel Costs or total	Direct Costs)	\$	-
Approved 0/ of total Deresenal Ocata				
 Approved% of total Personnel Costs Approved% of total Direct Costs 				
VIII. Total Expenses			\$	52,204.00

Form 5B

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

	% of time or			
	hours on	Monthly salary r	ange	
I. Personnel	project	or hourly rat		Total
Supervising PH Nurse	10.0%		34.52 \$	7,180.16
LVN	61.6%	\$	22.23 \$	28,504.12
			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
			ን	-
			\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	-
Total Personnel Expenses			э \$	35,684.28
I otari ersonner Expenses			φ	55,004.20
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			Φ	-
IV. Equipment Expenses			\$	-
V. Travel Expenses			\$	1,250.00
In-State Travel			\$	1,250.00
Out-of-State Travel	aimed and invaio	ad)	\$	-
(The Grantee shall be reimbursed for the actual cl	aimed and invoice	eu)		
VI. Subgrantee Expenses (if any)			\$	-
(Name of Subgrantee)				
VII. Indirect Costs (Approved% of total Person	nel Costs or tota	I Direct Costs)	\$	-
Approved% of total Personnel Costs				
□ Approved% of total Direct Costs				
VIII. Total Expenses			\$	52,204.00

Form 5C

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

	% of time or			
	hours on	Monthly salary r	ange	
I. Personnel	project	or hourly rat		Total
Supervising PH Nurse	10.0%		34.52 \$	7,180.16
LVN	61.6%	\$	22.23 \$	28,504.12
			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
			\$	-
			ን	-
			\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	-
Total Personnel Expenses			э \$	35,684.28
I otari ersonner Expenses			φ	55,004.20
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			Φ	-
IV. Equipment Expenses			\$	-
V. Travel Expenses			\$	1,250.00
In-State Travel			\$	1,250.00
Out-of-State Travel	aimed and invaio	ad)	\$	-
(The Grantee shall be reimbursed for the actual cl	aimed and invoice	eu)		
VI. Subgrantee Expenses (if any)			\$	-
(Name of Subgrantee)				
VII. Indirect Costs (Approved% of total Person	nel Costs or tota	I Direct Costs)	\$	-
Approved% of total Personnel Costs				
□ Approved% of total Direct Costs				
VIII. Total Expenses			\$	52,204.00

Form 5D

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

	% of time or			
	hours on	Monthly salary range		
I. Personnel	project	or hourly rate		Total
Supervising PH Nurse	10.0%			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			\$	
W. Equipment Expenses			φ	-
V. Travel Expenses			\$	1,250.00
In-State Travel			\$	1,250.00
Out-of-State Travel			\$	-
(The Grantee shall be reimbursed for the actual cl	aimed and invoice	ed)	Ŧ	
VI. Subgrantee Expenses (if any)			\$	-
(Name of Subgrantee)				
VII. Indirect Costs (Approved% of total Person	nel Costs or total	Direct Costs)	\$	-
Approved% of total Personnel Costs				
Approved% of total Direct Costs				
VIII. Total Expenses			\$	52,204.00

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

Form 5D

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

Form 5E

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

	0/			
I. Personnel	% of time or hours on project	Monthly salary i or hourly ra		Total
Supervising PH Nurse	10.0%		34.52 \$	
LVN	61.6%	\$	22.23 \$	28,504.12
			\$	-
			\$	-
			\$ \$	-
				-
			\$ \$ \$ \$	-
			¢	-
			φ Φ	-
			Ψ \$	_
Total Personnel Expenses			\$	35,684.28
			Ŧ	
II. Fringe Benefits (40% of Personnel)			\$	14,273.71
III. Operating Expenses or General Expenses			\$	996.00
Office/Clinic Supplies			Ψ \$	236.00
Printing				260.00
Health Education			\$ \$	500.00
Other			\$	-
			Ŧ	
IV. Equipment Expenses			\$	-
			¢	4 050 00
V. Travel Expenses In-State Travel			\$	1,250.00
Out-of-State Travel			\$ \$	1,250.00
(The Grantee shall be reimbursed for the actual c	laimed and invoice	d)	φ	-
		,		
VI. Subgrantee Expenses (if any)			\$	-
(Name of Subgrantee)			
VII. Indirect Costs (Approved% of total Person	nel Costs or total	Direct Costs)	\$	-
		,		
Approved% of total Personnel Costs				
Approved% of total Direct Costs				
VIII. Total Expenses			\$	52,204.00

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) 7/01/2021 to 16/30/2022
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 Acess 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%