

Tab Name

[Instructions](#)[DIS Workforce Development Grant Funding](#)[Summary Budget](#)[FY 2025-2026](#)[Subcontractor Budget](#)

PH - STDCB TABLE OF CONTENTS

Tab Description

This tab details the budget preparation and submission process, specifying the necessary

This tab provides the annual funding totals for each of the LHJs.

The summary budget tab calculates budget category costs for the fiscal year.

This tab provides a blank budget template for the LHJ for fiscal year 2025-2026.

This tab provides a blank budget template for subcontracts in fiscal year 2025-2026.

STEP-BY-STEP GUIDE: BUDGET AND BUDGET REVISION INSTRUCTIONS

STEP 1 - Budget Preparation

- The Local Assistance Funding Specialist (LAFS) will email Local Health Jurisdictions (LHJs) the Award Letter and budget template.
- The LHJs must submit a complete budget to LAFS by the deadline specified in the Award Letter, prior to conducting Grant Activities. Grant Activities undertaken without prior budget approval may not be eligible for reimbursement.
- LHJs must complete the fiscal year budget tab.
- LHJs must provide the LHJ name, Grant Agreement number, name and fiscal year (FY).
- LHJs must fill out the budget categories for each FY. The budget categories are Personnel, Operating Expenses, Major Equipment, Travel, Subcontractors, Other Costs, Indirect Cost Rate (ICR), and Budget Grand Total.
 - ♦ [The Guide to Non-Allowable and Allowable Use of Funds is available at: STI/HCV Local Assistance Funding SharePoint.](#)
 - ♦ The Total Cost column requires no action (auto-populates once information is provided).
- LHJs must submit their finalized budget via email to LAFS, with a cc to STDLHJContracts@cdph.ca.gov by the deadline in the Award Letter.

STEP 2 - Budget Submission and Approval

- LAFS will review the budget and may reach out to LHJs with questions or requests for corrections during the two-week review period. Budgets will be reviewed in the order they are received.
- Once approved, LAFS will email LHJs the finalized budget along with the Electronic Invoice Template (EIT) for the FY.

STEP 3 - Invoice Submission

- LHJs must submit their invoices no more than forty-five (45) calendar days after the end of each quarter unless a later or alternate deadline is agreed to in writing by LAFS.
- Completed and signed invoices must be sent via email to LAFS with a cc to STDLHJInvoices@cdph.ca.gov by the due dates outlined below:

Quarter	Budget Revision Requests Deadline (<\$10,000)	Budget Revision Requests Deadline (>\$10,000)	Invoice Due Date
Q1: July 01 - September 30	NA	Ongoing; 30 days prior to purchase and implementation.	November 15th
Q2: October 01 - December 31	NA	Ongoing; 30 days prior to purchase and implementation.	February 15th
Q3: January 01 - March 31	NA	Ongoing; 30 days prior to purchase and implementation.	May 15th
Q4: April 01 - June 30	June 15th	Ongoing; 30 days prior to purchase and implementation.	August 15th

STEP 4 - Budget Revision Requests and Approval

- LHJs must submit a formal budget revision request if adding a new line item or making a budget shift exceeding \$10,000. The request must be sent to LAFS for review and approval before purchase and implementation. Budget revisions that do not involve a new line item or a shift over \$10,000 do not require formal submission until two months before the Q4 invoice due date (June 15th for the August 15th deadline). LHJs must follow the outlined steps to submit their budget revision requests.
 - ♦ **IMPORTANT** - A new line item is defined as any expense not previously reviewed and approved by LAFS. LHJs must consult with LAFS before initiating contracts or procurements for services exceeding an established dollar amount (e.g., marketing, public outreach campaigns, promotional media, advertising, major equipment, etc.) or reallocating funds to these line items. Refer to the [Guide to Non-Allowable and Allowable Use of Funds](#), available at: [STI/HCV Local Assistance Funding SharePoint](#).
- LHJs must submit budget revision requests via email to LAFS with a cc STDLHJContracts@cdph.ca.gov.
- LAFS will supply LHJs with the budget revision template.
- LHJs must update the 'Current Revision' template tab to reflect new budget information by changing outdated text from black to bold red. The 'Description of Expense' section must also be revised to reflect the updates and must include a detailed explanation of why funds are being added, deleted, or shifted.
- LHJs must email the budget revision to LAFS with a cc to STDLHJContracts@cdph.ca.gov.
- LAFS will review the budget revision and issue final approval within two weeks of receipt.
- Once the review is complete, LAFS will email LHJs the approved budget and revised EIT.

Exhibit A1
Funding Allocation List
For DIS Workforce Development

County/City	Year 1 Award (50%)	Year 2 Annual Award	Year 3 Annual Award	Year 4 Annual Award	Year 5 Annual Award	Total Five-Year Allocation
Alameda County* (excluding Berkeley)	\$151,477	\$302,953	\$302,953	\$302,953	\$302,953	\$1,363,289
Alpine County**	\$50,072	\$100,143	\$100,143	\$100,143	\$100,143	\$450,644
Amador County	\$52,575	\$105,149	\$105,149	\$105,149	\$105,149	\$473,171
City of Berkeley	\$58,217	\$116,434	\$116,434	\$116,434	\$116,434	\$523,953
Butte County	\$65,365	\$130,729	\$130,729	\$130,729	\$130,729	\$588,281
Calaveras County	\$53,139	\$106,278	\$106,278	\$106,278	\$106,278	\$478,251
Colusa County	\$51,238	\$102,475	\$102,475	\$102,475	\$102,475	\$461,138
Contra Costa County	\$121,677	\$243,353	\$243,353	\$243,353	\$243,353	\$1,095,089
Del Norte County	\$51,488	\$102,976	\$102,976	\$102,976	\$102,976	\$463,392
El Dorado County	\$60,168	\$120,336	\$120,336	\$120,336	\$120,336	\$541,512
Fresno County	\$126,319	\$252,638	\$252,638	\$252,638	\$252,638	\$1,136,871
Glenn County	\$51,739	\$103,477	\$103,477	\$103,477	\$103,477	\$465,647
Humboldt County	\$58,484	\$116,968	\$116,968	\$116,968	\$116,968	\$526,356
Imperial County	\$65,258	\$130,516	\$130,516	\$130,516	\$130,516	\$587,322
Inyo County	\$51,240	\$102,480	\$102,480	\$102,480	\$102,480	\$461,160
Kern County	\$112,648	\$225,296	\$225,296	\$225,296	\$225,296	\$1,013,832
Kings County	\$60,040	\$120,080	\$120,080	\$120,080	\$120,080	\$540,360
Lake County	\$54,245	\$108,490	\$108,490	\$108,490	\$108,490	\$488,205
Lassen County	\$51,415	\$102,830	\$102,830	\$102,830	\$102,830	\$462,735
City of Long Beach	\$84,584	\$169,168	\$169,168	\$169,168	\$169,168	\$761,256
Madera County	\$60,726	\$121,451	\$121,451	\$121,451	\$121,451	\$546,530
Marin County	\$64,953	\$129,905	\$129,905	\$129,905	\$129,905	\$584,573
Mariposa County	\$51,192	\$102,384	\$102,384	\$102,384	\$102,384	\$460,728
Mendocino County	\$56,568	\$113,136	\$113,136	\$113,136	\$113,136	\$509,112
Merced County	\$68,407	\$136,814	\$136,814	\$136,814	\$136,814	\$615,663
Modoc County	\$50,561	\$101,122	\$101,122	\$101,122	\$101,122	\$455,049
Mono County	\$50,721	\$101,442	\$101,442	\$101,442	\$101,442	\$456,489
Monterey County	\$80,704	\$161,408	\$161,408	\$161,408	\$161,408	\$726,336
Napa County	\$60,274	\$120,548	\$120,548	\$120,548	\$120,548	\$542,466
Nevada County	\$56,335	\$112,670	\$112,670	\$112,670	\$112,670	\$507,015
Orange County	\$281,829	\$563,657	\$563,657	\$563,657	\$563,657	\$2,536,457
City of Pasadena	\$62,215	\$124,429	\$124,429	\$124,429	\$124,429	\$559,931
Placer County	\$72,639	\$145,278	\$145,278	\$145,278	\$145,278	\$653,751
Plumas County	\$51,441	\$102,882	\$102,882	\$102,882	\$102,882	\$462,969
Riverside County	\$210,045	\$420,089	\$420,089	\$420,089	\$420,089	\$1,890,401
Sacramento County	\$157,158	\$314,315	\$314,315	\$314,315	\$314,315	\$1,414,418
San Benito County	\$53,869	\$107,738	\$107,738	\$107,738	\$107,738	\$484,821
San Bernardino County	\$189,238	\$378,476	\$378,476	\$378,476	\$378,476	\$1,703,142
San Diego County	\$261,726	\$523,452	\$523,452	\$523,452	\$523,452	\$2,355,534
San Joaquin County	\$105,371	\$210,741	\$210,741	\$210,741	\$210,741	\$948,335
San Luis Obispo County	\$68,134	\$136,267	\$136,267	\$136,267	\$136,267	\$613,202
San Mateo County	\$98,628	\$197,256	\$197,256	\$197,256	\$197,256	\$887,652
Santa Barbara County	\$81,529	\$163,058	\$163,058	\$163,058	\$163,058	\$733,761
Santa Clara County	\$168,935	\$337,870	\$337,870	\$337,870	\$337,870	\$1,520,415
Santa Cruz County	\$67,652	\$135,303	\$135,303	\$135,303	\$135,303	\$608,864
Shasta County	\$60,413	\$120,826	\$120,826	\$120,826	\$120,826	\$543,717
Sierra County	\$50,246	\$100,492	\$100,492	\$100,492	\$100,492	\$452,214
Siskiyou County	\$53,145	\$106,289	\$106,289	\$106,289	\$106,289	\$478,301
Solano County	\$77,710	\$155,420	\$155,420	\$155,420	\$155,420	\$699,390
Sonoma County	\$83,360	\$166,720	\$166,720	\$166,720	\$166,720	\$750,240
Stanislaus County	\$89,018	\$178,035	\$178,035	\$178,035	\$178,035	\$801,158
Sutter County	\$56,378	\$112,756	\$112,756	\$112,756	\$112,756	\$507,402
Tehama County	\$53,900	\$107,799	\$107,799	\$107,799	\$107,799	\$485,096
Trinity County	\$50,991	\$101,982	\$101,982	\$101,982	\$101,982	\$458,919

Exhibit A1
Funding Allocation List
For DIS Workforce Development

County/City	Year 1 Award (50%)	Year 2 Annual Award	Year 3 Annual Award	Year 4 Annual Award	Year 5 Annual Award	Total Five-Year Allocation
Tulare County	\$84,401	\$168,801	\$168,801	\$168,801	\$168,801	\$759,605
Tuolumne County	\$53,419	\$106,838	\$106,838	\$106,838	\$106,838	\$480,771
Ventura County	\$108,138	\$216,276	\$216,276	\$216,276	\$216,276	\$973,242
Yolo County	\$64,028	\$128,056	\$128,056	\$128,056	\$128,056	\$576,252
Yuba County	\$54,803	\$109,606	\$109,606	\$109,606	\$109,606	\$493,227
Los Angeles	\$3,299,258	\$6,598,516	\$6,598,516	\$6,598,516	\$6,598,516	\$29,693,322
San Francisco	\$1,123,180	\$2,246,359	\$2,246,359	\$2,246,359	\$2,246,359	\$10,108,616
Total	\$9,324,626.00	\$18,649,231	\$18,649,231	\$18,649,231	\$18,649,231	\$83,921,550

LOCAL HEALTH JURISDICTION NAME:
GRANT AGREEMENT NUMBER AND NAME:
FISCAL YEAR:

SECTIONS

- 1. PERSONNEL**
- 2. OPERATING EXPENSES**
- 3. MAJOR EQUIPMENT**
- 4. TRAVEL**
- 5. SUBCONTRACTORS I**
- 6. SUBCONTRACTORS II**
- 7. OTHER**
- 8. INDIRECT COST RATE**

9. TOTAL

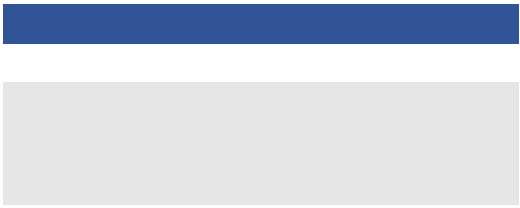
SECTIONS

- 1. PERSONNEL**
- 2. OPERATING EXPENSES**
- 3. MAJOR EQUIPMENT**
- 4. TRAVEL**
- 5. SUBCONTRACTORS I**
- 6. SUBCONTRACTORS II**
- 7. OTHER**
- 8. INDIRECT COST RATE**

9. TOTAL

SUMMARY BUDGET (Auto Fills, Do Not Enter Data)**COUNTY OF HUMBOLDT
25-10593- DIS WF Development Grant
2025-2026****2025-2026****\$ 47,455****\$ -****\$ -****\$ 1,099****\$ -****\$ -****\$ -****\$ 9,930****\$ 58,484****2025-2026 Revised****\$ -****\$ -****\$ -****\$ -****\$ -****\$ -****\$ -****\$ -****\$ -**





LOCAL HEALTH JURISDICTION NAME:
GRANT AGREEMENT NUMBER AND NAME:
FISCAL YEAR:

1	PERSONNEL <i>(Description: An LHJ employee responsible for carrying out)</i>
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	Position Title/Classification	Monthly Salary
1.1	HES - Peach Green	\$ 4,899
1.2	Position Title/Classification	\$ -
1.3	Position Title/Classification	\$ -
1.4	Position Title/Classification	\$ -
1.5	Position Title/Classification	\$ -
1.6	Position Title/Classification	\$ -
1.7	Position Title/Classification	\$ -
1.8	Position Title/Classification	\$ -
1.9	Position Title/Classification	\$ -
1.10	Position Title/Classification	\$ -
1.11	Position Title/Classification	\$ -
1.12	Position Title/Classification	\$ -
1.13	Position Title/Classification	\$ -
1.14	Position Title/Classification	\$ -
1.15	Position Title/Classification	\$ -
1.16	Position Title/Classification	\$ -
1.17	Position Title/Classification	\$ -
1.18	Position Title/Classification	\$ -
1.19	Position Title/Classification	\$ -
1.20	Position Title/Classification	\$ -
1.21	Position Title/Classification	\$ -
1.22	Position Title/Classification	\$ -
1.23	Position Title/Classification	\$ -
1.24	Position Title/Classification	\$ -
1.25	Position Title/Classification	\$ -
1.26	Position Title/Classification	\$ -
1.27	Position Title/Classification	\$ -
1.28	Position Title/Classification	\$ -
1.29	Position Title/Classification	\$ -
1.30	Position Title/Classification	\$ -

2	OPERATING EXPENSES <i>(Description: Costs incurred by the LHJ to su</i>
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	Item Name
2.1	Item Name
2.2	Item Name
2.3	Item Name
2.4	Item Name
2.5	Item Name
2.6	Item Name
2.7	Item Name
2.8	Item Name
2.9	Item Name
2.10	Item Name
2.11	Item Name
2.12	Item Name
2.13	Item Name
2.14	Item Name
2.15	Item Name
2.16	Item Name
2.17	Item Name
2.18	Item Name
2.19	Item Name
2.20	Item Name
2.21	Item Name
2.22	Item Name
2.23	Item Name
2.24	Item Name
2.25	Item Name
2.26	Item Name
2.27	Item Name
2.28	Item Name
2.29	Item Name
2.30	Item Name

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3	MAJOR EQUIPMENT <i>(Description: Any equipment purchase exceeding</i>
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	Unit Name
3.1	Item Name
3.2	Item Name
3.3	Item Name
3.4	Item Name
3.5	Item Name

3.6	Item Name
3.7	Item Name
3.8	Item Name
3.9	Item Name
3.10	Item Name

4	TRAVEL <i>(Description: Travel expenses for trainings or conferences related to the project.)</i>
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	Item Name
4.1	Mileage
4.2	Conference Registration Fees
4.3	Airfare Fees
4.4	Lodging Fees
4.5	Per Diem Fees
4.6	Training Fees
4.7	Item Name
4.8	Item Name
4.9	Item Name
4.10	Item Name

5	SUBCONTRACTORS I <i>(Description: Any agreement with a nonprofit contractor for the project. Budget template included in this document.)</i>
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	Subcontractor Name
5.1	
5.2	
5.3	
5.4	
5.5	
5.6	
5.7	
5.8	
5.9	
5.10	

6	SUBCONTRACTOR II <i>(Description: Any agreement with a for profit organization for the project.)</i>
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	Subcontractor Name
6.1	
6.2	
6.3	
6.4	
6.5	
6.6	
6.7	
6.8	
6.9	
6.10	

7OTHER (Description: Expenses not categorized under previous budget s

	Item Name
7.1	Media
7.2	Printing/Office Supplies
7.3	Software - Canva Pro
7.4	Testing Supplies
7.5	Item Name
7.6	Item Name
7.7	Item Name
7.8	Item Name
7.9	Item Name
7.10	Item Name

8INDIRECT COST RATE (Description: The Indirect Cost Rate (ICR) must

8.1	

9BUDGET GRAND TOTAL (Description: The sum of direct and indirect co

9.1	

2025-2026

Percent of Time	Months on Project	Fringe Benefit Rate **For benefit rates that exceed 50%, please provide an itemized justification for the rate.
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[illegible]

Support the completion of one or more Grant Activities.)

[illegible]

2. OPERATING EXPENSES SUBTOTAL

(\$5,000 necessary for the completion of one or more Grant Activities.)

	Cost Per Unit	Number of Units
	\$ -	0
	\$ -	0
	\$ -	0
	\$ -	0
	\$ -	0

\$	-	0
\$	-	0
\$	-	0
\$	-	0
\$	-	0

3. MAJOR EQUIPMENT SUBTOTAL

ted to one or more Grant Activities. Reimbursement for necessary travel, meals, and incidenta

	Rate	Number of People/ Miles/Nights/Days
\$	0.70	580
\$	-	0
\$	-	0
\$	150	2
\$	131	3
\$	-	0
\$	-	0
\$	-	0
\$	-	0
\$	-	0

4. TRAVEL SUBTOTAL

munity-based organization or nonprofit healthcare provider (e.g., CBO, community clinic, fec

	Type of Organization	Subcontractor Selection Method
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5. SUBCONTRACTORS I SUBTOTAL

nization (e.g., consultants, jail medical services contractors, private organizations, etc.) to cor

	Type of Organization	Subcontractor Selection Method
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6. SUBCONTRACTORS II SUBTOTAL

sections. The unit of measure will vary based on the item or service.)

	Cost per Item	Number of Items
	\$ -	0
	\$ -	0
	\$ -	0
	\$ -	0
	\$ -	0
	\$ -	0
	\$ -	0
	\$ -	0
	\$ -	0
	\$ -	0

7. OTHER SUBTOTAL

not exceed the approved negotiated rate for the LHJ for the fiscal year. The ICR applied to the

ICR
20.93%

8. ICR SUBTOTAL

osts.)

	TOTAL
\$	

\$ -
 \$ -
 \$ -
 \$ -
 \$ -

\$ -

als will follow the current rates established

Total Cost	Grant Activities Reference
------------	----------------------------

\$ 406
 \$ -
 \$ -
 \$ 300
 \$ 393
 \$ -
 \$ -
 \$ -
 \$ -
 \$ -

\$ 1,099

derally qualified health center [FQHC]) to

Total Cost	Grant Activities Reference
------------	----------------------------

\$ -
 \$ -
 \$ -
 \$ -
 \$ -
 \$ -
 \$ -
 \$ -
 \$ -
 \$ -

\$ -

mplete one or more Grant Activities. Each

Hard Grant Activities. For fringe benefit rates exceeding 50%, a justification for the rate must be

Description of Expense

(Provide a detailed description of how this budget line directly supports the Grant Activities)

Duties and Responsibilities: Fringe Rate Justification: Since the benefit rate is over 50% the justification for the rate is as follows: Health (21%), Life/Dental (1%), Unemployment (0.2%),

Duties and Responsibilities:

Duties and Responsibilities:

Duties and Responsibilities:

Duties and Responsibilities:

Duties and Responsibilities:

Duties and Responsibilities:

Duties and Responsibilities:

Duties and Responsibilities:

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Duties and Responsibilities:

Duties and Responsibilities:

Duties and Responsibilities:

Duties and Responsibilities.

Description of Expense

(Provide a detailed description of how this budget line directly supports the Grant Activities)

Description of Expense

(Provide a detailed description of how this budget line directly supports the Grant Activities)

and by the California Department of Human Resources (CalHR).)

Description of Expense

(Provide a detailed description of how this budget line directly supports the Grant Activities)

Sacramento CA - 2nd Annual Sexual Health Summit

Hotel Stay in Sacramento CA - 2nd Annual Sexual Health Summit
2nd Annual Sexual Health Summit

complete one or more Grant Activities. Each subcontractor must complete the subcontractor

Description of Expense

(Provide a detailed description of how this budget line directly supports the Grant Activities)

Each subcontractor must complete the subcontractor budget template included in this document.)

Description of Expense

(Provide a detailed description of how this budget line directly supports the Grant Activities)

Description of Expense

(Provide a detailed description of how this budget line directly supports the Grant Activities)

Description of Expense

(Provide a detailed description of how this budget line directly supports the Grant Activities)

Explanation should detail what costs are built into the Indirect Cost Rate.

SUBCONTRACTOR NAME:
GRANT AGREEMENT NUMBER AND NAME:
FISCAL YEAR:

1	PERSONNEL <i>(Description: An employee responsible for carrying out on</i>
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	Position Title/Classification	Monthly Salary
1.1	Position Title/Classification	\$ -
1.2	Position Title/Classification	\$ -
1.3	Position Title/Classification	\$ -
1.4	Position Title/Classification	\$ -
1.5	Position Title/Classification	\$ -
1.6	Position Title/Classification	\$ -
1.7	Position Title/Classification	\$ -
1.8	Position Title/Classification	\$ -
1.9	Position Title/Classification	\$ -
1.10	Position Title/Classification	\$ -
1.11	Position Title/Classification	\$ -
1.12	Position Title/Classification	\$ -
1.13	Position Title/Classification	\$ -
1.14	Position Title/Classification	\$ -
1.15	Position Title/Classification	\$ -
1.16	Position Title/Classification	\$ -
1.17	Position Title/Classification	\$ -
1.18	Position Title/Classification	\$ -
1.19	Position Title/Classification	\$ -
1.20	Position Title/Classification	\$ -
1.21	Position Title/Classification	\$ -
1.22	Position Title/Classification	\$ -
1.23	Position Title/Classification	\$ -
1.24	Position Title/Classification	\$ -
1.25	Position Title/Classification	\$ -
1.26	Position Title/Classification	\$ -
1.27	Position Title/Classification	\$ -
1.28	Position Title/Classification	\$ -
1.29	Position Title/Classification	\$ -
1.30	Position Title/Classification	\$ -

2	OPERATING EXPENSES <i>(Description: Costs incurred to support the co</i>
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	Item Name
2.1	Item Name
2.2	Item Name
2.3	Item Name
2.4	Item Name
2.5	Item Name
2.6	Item Name
2.7	Item Name
2.8	Item Name
2.9	Item Name
2.10	Item Name
2.11	Item Name
2.12	Item Name
2.13	Item Name
2.14	Item Name
2.15	Item Name
2.16	Item Name
2.17	Item Name
2.18	Item Name
2.19	Item Name
2.20	Item Name
2.21	Item Name
2.22	Item Name
2.23	Item Name
2.24	Item Name
2.25	Item Name
2.26	Item Name
2.27	Item Name
2.28	Item Name
2.29	Item Name
2.30	Item Name

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3	MAJOR EQUIPMENT <i>(Description: Any equipment purchase exceeding</i>
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	Unit Name
3.1	Item Name
3.2	Item Name
3.3	Item Name
3.4	Item Name
3.5	Item Name
3.6	Item Name

3.7	Item Name
3.8	Item Name
3.9	Item Name
3.10	Item Name

4

TRAVEL *(Description: Travel expenses for trainings or conferences related to the project.)*

	Item Name
4.1	Mileage
4.2	Conference Registration Fees
4.3	Airfare Fees
4.4	Lodging Fees
4.5	Per Diem Fees
4.6	Training Fees
4.7	Item Name
4.8	Item Name
4.9	Item Name
4.10	Item Name

5

SUBCONTRACTORS I *(Description: Any agreement with a nonprofit contractor to complete the subcontractor budget template included in this document.)*

	Subcontractor Name
5.1	
5.2	
5.3	
5.4	
5.5	
5.6	
5.7	
5.8	
5.9	
5.10	

6

SUBCONTRACTOR II *(Description: Any agreement with a for profit organization to complete the subcontractor budget template included in this document.)*

	Subcontractor Name
6.1	
6.2	
6.3	
6.4	
6.5	
6.6	
6.7	
6.8	
6.9	
6.10	

--	--

7	OTHER <i>(Description: Expenses not categorized under previous budget sections)</i>
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	Item Name
7.1	Item Name
7.2	Item Name
7.3	Item Name
7.4	Item Name
7.5	Item Name
7.6	Item Name
7.7	Item Name
7.8	Item Name
7.9	Item Name
7.10	Item Name

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8	INDIRECT COST RATE <i>(Description: It is recommended that LHJs negotiate indirect costs with their subcontractors. If an LHJ must notify their LAFS to obtain a revised budget template to properly allocate indirect costs, the indirect cost rate should be 10%.)</i>
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8.1	

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9	BUDGET GRAND TOTAL <i>(Description: The sum of direct and indirect costs)</i>
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9.1	

XXXXXX

25-10XXX - DIS WF Development Grant

2025-2026

one or more Grant Activities, including newly funded personnel under this Grant and personnel

[illegible]

1. PERSONNEL SUBTOTAL

Completion of one or more Grant Activities.)

\$	-	0
\$	-	0
\$	-	0
\$	-	0

3. MAJOR EQUIPMENT SUBTOTAL

ted to one or more Grant Activities. Reimbursement for necessary travel, meals, and incidenta

	Rate	Number of People/ Miles/Nights/Days
\$	-	0
\$	-	0
\$	-	0
\$	-	0
\$	-	0
\$	-	0
\$	-	0
\$	-	0
\$	-	0
\$	-	0

4. TRAVEL SUBTOTAL

mmunity-based organization or nonprofit healthcare provider (e.g., CBO, community clinic, fec

	Type of Organization	Subcontractor Selection Method
--	----------------------	--------------------------------

5. SUBCONTRACTORS I SUBTOTAL

anization (e.g., consultants, jail medical services contractors, private organizations, etc.) to cor

	Type of Organization	Subcontractor Selection Method
--	----------------------	--------------------------------

6. SUBCONTRACTORS II SUBTOTAL

sections. The unit of measure will vary based on the item or service.)

	Cost per Item	Number of Items
	\$ -	0
	\$ -	0
	\$ -	0
	\$ -	0
	\$ -	0
	\$ -	0
	\$ -	0
	\$ -	0
	\$ -	0
	\$ -	0

7. OTHER SUBTOTAL

otiate a reasonable rate with their subcontractors, and rates should not exceed 15 percent of p
rly calculate this cost on the budget.)

ICR

0.00%

8. ICR SUBTOTAL

osts.)

TOTAL

\$

Total Cost

[illegible]

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Total Cost

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Total Cost

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Total Cost

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Total Cost

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Total Cost

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\$	-
\$	-

\$ -

personnel and be

Total Cost

\$ -

\$ -

-

Description of Expense

(Provide a detailed description of how this budget line directly supports the Grant Activities)

Description of Expense

(Provide a detailed description of how this budget line directly supports the Grant Activities)

current rates established by the California Department of Human Resources (CalHR).)

Description of Expense

(Provide a detailed description of how this budget line directly supports the Grant Activities)

health center [FQHC]) to complete one or more Grant Activities. Each subcontractor must

Description of Expense

(Provide a detailed description of how this budget line directly supports the Grant Activities)

re Grant Activities. Each subcontractor must complete the subcontractor budget template include

Description of Expense

(Provide a detailed description of how this budget line directly supports the Grant Activities)

Description of Expense

(Provide a detailed description of how this budget line directly supports the Grant Activities)

enefits; OR 15 percent of Total Allowable Direct Costs. If using Total Allowable Direct Costs, the

Description of Expense

(Provide a detailed description of how this budget line directly supports the Grant Activities)

Explanation should detail what costs are built into the Indirect Cost Rate.