

**Future of Public Health (FoPH) Spend Plan - Attachment
Spend Plan Instructions**

Personnel

Local Health Jurisdiction Name	Please select the name of your Local Health Jurisdiction. This will autopopulate throughout the document and your Expenditure report tab.
Position Title	Please include the title of the position within this cell. please also include their name. If unknown, please insert "N/A".
Annual Salary	The annual salary should be the employee's true annual percentage and the number of months they will work on the Future of Public Health Funding.
Budgeted Months	Please indicate the number of months the employee will be funded on Public Health Funding. The term of the funding is July 1 to June 30, 12 months.
FTE %	The FTE % will auto-populate based on the number of months the employee is working on the Future of Public Health Funding.
Total Salary	The Total Salary will auto-populate based on the Annual Salary and the number of months the employee is working on the Future of Public Health Funding.
Benefit Rate	Please indicate the percentage Benefit Rate for each employee.
Total Benefits	The Total Benefits will auto-populate based on the Total Salary and the Benefit Rate for each employee.
Combined Salary and Benefits	The Combined Salary and Benefits will auto-populate based on the Total Salary and Total Benefits.
Annual Salary and Benefits	The Combined Salary and Benefits will auto-populate based on the Combined Salary and Benefits on an annual basis.
Position Filled	Please select Yes or No from the drop-down menu.
Program Area	Please select a Program Area from the drop-down menu.
Disparate Health Outcome Focus	Please select Yes or No from the drop-down menu if the program has a disparate health outcome focus.
Job Classification Category	Please select the Job Classification Category from the drop-down menu.

Supplies

	General office supplies may be shown by an estimated number of months in this budget category. Major supplies should be related to specific program objectives and personnel should be related to specific program objectives.
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Travel

	Provide details of what the travel is intended to accomplish.
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	<p>review panels, etc.). Include details such as airfare, mileage, hotel, per diem, etc. Provide justification for both in-state and out-of-state travel.</p>
Equipment	
	<p>Useful life of more than one year AND a cost of ≥\$5,000. All equipment costs in budget. Provide justification which includes the program objectives.</p>
Other	
	<p>Contains items not included in previous budget categories. Provide justification which includes the use and relationship to the specific program objectives and quantities when applicable.</p>
Subcontracts	
	<p>Include the Subcontractor name(s) if known or you can provide a brief description of the work they will perform. List all Subcontractors to the Activity within your Workplan.</p>
Total Direct Costs	
	<p>Direct Costs Include: Combined total of Personnel, Supplies, and Subcontracts. Should your Agency require a forecast, please reach out to the Future of Public Health Funding mailbox for assistance.</p>
Indirect Cost	
	<p>Please enter your Indirect Cost Rate (ICR) percentage and the amount that your ICR should calculate from; this is not Direct Costs. Your Agency has an approved rate on file with the State. If you do not have your Agency's approved ICR, please reach out to Future of Public Health Funding (FoPHfunding@cdph.ca.gov) for assistance.</p>

Attachment #4

tion from the drop-down menu. This total allocation amount under the

If you know who the incumbent is, indicate TBD or Vacant.

annual salary regardless of their FTE on the Future of Public Health

is projected to work on the Future of Public Health from July 1, 2022 to June 30, 2023 which is

of months the employee is working on

annual Salary and FTE % the employee

position.

total Salary and Benefit Rate % for the

based on the Total Salary + Total

based on the Total Salary + Total

menu.

the position has a disparate health

the drop-down menu.

ed amount per month times the monthly items (<\$5,000) should be justified in detail. Provide justification and relate it

to accomplish. (e.g., advisory committees,

em, etc.
travel.

000 per unit. Consider maintenance
he use and relationship to the specific

gories. Provide justification which
ram objectives. Give unit cost and

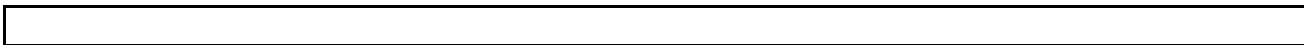
an put TBD; and you will also need to
m. If possible, please tie your

supplies, Travel, Equipment, Other,
mula for Modified Direct Costs, please
lbox (FoPHfunding@cdph.ca.gov) for

ge within cell E138. Please enter the
ormally Total Personnel or Total Direct
n CDPH. If you don't know your
of Public Health Funding mailbox

Local Health Jurisdiction Name:

0



Local Health Jurisdiction Name:

0

Combined Strategy	Total Award
	#N/A

Budget		
Budget Category	Budgeted Amount	July 2023
Salary	\$ -	
Supplies	\$ -	
In State Travel or Out-of-State Travel	\$ -	
Equipment	\$ -	
Other & Subcontracts	\$ -	
Total Direct Costs	\$ -	\$ -
Total Indirect Costs	\$ -	\$ -

	Budget	Expenditures
Totals	\$ -	\$ -

1st Quarter			
August 2023	September 2023	Q1 Total	October 2023
		\$ -	
		\$ -	
		\$ -	
		\$ -	
		\$ -	
		\$ -	
\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -

Balance
\$ -

2023-24 Quarterly Expenditure Report

2nd Quarter

November 2023	December 2023	Q2 Total	January 2024
		\$ -	
		\$ -	
		\$ -	
		\$ -	
		\$ -	
		\$ -	
\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -



3rd Quarter			
February 2024	March 2024	Q3 Total	April 2024
		\$ -	
		\$ -	
		\$ -	
		\$ -	
		\$ -	
\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -

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4th Quarter		
May 2024	June 2024	Q4 Total
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
\$ -	\$ -	\$ -
\$ -	\$ -	\$ -
