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Tab Description

This tab details the budget preparation and submission process, specifying the necessary
This tab outlines current STD Core funding, STD Prevention and Collaboration funding, the
total combined STI Prevention and Collaboration funding, and the allocated amount LHJs must
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 2026-2027.
This tab provides a blank budget template for subcontracts in fiscal year 2026-2027.

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 Allocation Letter, workplan, and budget template.
- The LHJs must submit a complete workplan and budget to LAFS by the deadline specified in the Allocation Letter, prior to conducting activities. 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, allocation award 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.](#)
 - ♦ No less than 50% of the STI Prevention and Collaboration funds allocated to LHJs shall be provided to, or used to support activities in partnership with, CBOs or nonprofit health care providers. If in-kind support is provided to CBOs or nonprofit health care providers, LHJs must check the box in column I. Once the box is checked, this will automatically populate the Total Amount Allocated to the CBO calculation in the table at the bottom of the page. The Subcontractor line item consists of two parts:
 - * **Subcontractor I:** Agreements with 501(c) nonprofit CBOs and nonprofit healthcare providers. **Subcontractor II:** Agreements with non-501(c) organizations supporting LHJ or CBO activities. LHJs must select the organization type and subcontractor selection method from the dropdown menu. For Subcontractors I, a copy of the IRS letter confirming the organization's 501(c) designation must be included with this budget and any budget revision request (if not previously submitted). A subcontractor budget template, included in the budget document, must be completed for each subcontractor in Subcontractor I and Subcontractor II.
 - ♦ The Total Cost column requires no action (auto-populates once information is provided).
 - ♦ The Total Amount Allocated to the LHJ and CBO table requires no action (auto-populates once information is provided).
- LHJs must submit their finalized workplan and budget via email to LAFS, with a cc to STDLHJInvoices@cdph.ca.gov by the deadline in the Allocation 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 assessed 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.

	Local Health Jurisdiction	Current Combined Awards (FY 25/26)	STI Core Funds (FY 26/27)
1	ALAMEDA HD	\$ 599,359.00	\$ 124,777.00
2	BUTTE	\$ 305,836.00	\$ 60,931.00
3	CALAVERAS	\$ -	\$ 14,364.00
4	CONTRA COSTA	\$ 492,532.00	\$ 102,118.00
5	DEL NORTE	\$ -	\$ 12,971.00
6	FRESNO	\$ 712,065.00	\$ 148,920.00
7	GLENN	\$ -	\$ 13,063.00
8	HUMBOLDT	\$ -	\$ 20,495.00
9	IMPERIAL	\$ 310,942.00	\$ 61,281.00
10	KERN	\$ 644,154.00	\$ 143,349.00
11	KINGS	\$ 303,832.00	\$ 59,209.00
12	LAKE	\$ -	\$ 19,953.00
13	LONG BEACH	\$ 429,756.00	\$ 90,145.00
14	LOS ANGELES HD	\$ 2,499,063.00	\$ 560,152.00
15	MENDOCINO	\$ -	\$ 17,468.00
16	MERCED	\$ 338,423.00	\$ 67,217.00
17	ORANGE	\$ 953,450.00	\$ 201,322.00
18	RIVERSIDE	\$ 874,920.00	\$ 196,108.00
19	SACRAMENTO	\$ 654,742.00	\$ 146,757.00
20	SAN BERNARDINO	\$ 892,529.00	\$ 200,056.00
21	SAN DIEGO	\$ 1,082,319.00	\$ 242,596.00
22	SAN FRANCISCO	\$ 638,420.00	\$ 143,098.00
23	SAN JOAQUIN	\$ 548,680.00	\$ 114,725.00
24	SAN MATEO	\$ 394,300.00	\$ 81,002.00
25	SANTA BARBARA	\$ 357,859.00	\$ 74,068.00
26	SANTA CLARA	\$ 649,957.00	\$ 135,775.00
27	SANTA CRUZ	\$ 20,539.00	\$ 27,853.00
28	SHASTA	\$ 292,586.00	\$ 57,866.00
29	SISKIYOU	\$ -	\$ 15,221.00
30	SOLANO	\$ 353,426.00	\$ 73,223.00
31	SONOMA	\$ 352,112.00	\$ 72,490.00
32	STANISLAUS	\$ 425,207.00	\$ 91,984.00
33	SUTTER	\$ -	\$ 18,916.00
34	TEHAMA	\$ -	\$ 15,433.00
35	TULARE	\$ 394,820.00	\$ 82,446.00
36	VENTURA	\$ 426,879.00	\$ 88,157.00
37	YUBA	\$ 263,080.00	\$ 51,491.00
	TOTAL	\$ 16,211,787.00	\$ 3,647,000.00

**Alameda Health Department (HD) excludes City of Berkeley. Los Angeles HD e*

**Community Based Organization (CBO) support can be provided via funding or ii*

STI Prevention and Collaboration Funds (FY 26/27)	Total Combined STI Prevention and Collaboration Allocation (Beginning FY 26/27)	Total Combined Allocations (FY 26/27-30/31)
\$ 465,305.00	\$ 590,082.00	\$ 2,950,410.00
\$ 227,218.00	\$ 288,149.00	\$ 1,440,745.00
\$ 53,566.00	\$ 67,930.00	\$ 339,650.00
\$ 380,808.00	\$ 482,926.00	\$ 2,414,630.00
\$ 48,372.00	\$ 61,343.00	\$ 306,715.00
\$ 555,338.00	\$ 704,258.00	\$ 3,521,290.00
\$ 48,711.00	\$ 61,774.00	\$ 308,870.00
\$ 76,430.00	\$ 96,925.00	\$ 484,625.00
\$ 228,523.00	\$ 289,804.00	\$ 1,449,020.00
\$ 534,561.00	\$ 677,910.00	\$ 3,389,550.00
\$ 220,797.00	\$ 280,006.00	\$ 1,400,030.00
\$ 74,408.00	\$ 94,361.00	\$ 471,805.00
\$ 336,158.00	\$ 426,303.00	\$ 2,131,515.00
\$ 2,088,855.00	\$ 2,649,007.00	\$ 13,245,035.00
\$ 65,138.00	\$ 82,606.00	\$ 413,030.00
\$ 250,659.00	\$ 317,876.00	\$ 1,589,380.00
\$ 750,746.00	\$ 952,068.00	\$ 4,760,340.00
\$ 731,307.00	\$ 927,415.00	\$ 4,637,075.00
\$ 547,270.00	\$ 694,027.00	\$ 3,470,135.00
\$ 746,025.00	\$ 946,081.00	\$ 4,730,405.00
\$ 904,662.00	\$ 1,147,258.00	\$ 5,736,290.00
\$ 533,627.00	\$ 676,725.00	\$ 3,383,625.00
\$ 427,819.00	\$ 542,544.00	\$ 2,712,720.00
\$ 302,062.00	\$ 383,064.00	\$ 1,915,320.00
\$ 276,206.00	\$ 350,274.00	\$ 1,751,370.00
\$ 506,318.00	\$ 642,093.00	\$ 3,210,465.00
\$ 103,868.00	\$ 131,721.00	\$ 658,605.00
\$ 215,788.00	\$ 273,654.00	\$ 1,368,270.00
\$ 56,759.00	\$ 71,980.00	\$ 359,900.00
\$ 273,056.00	\$ 346,279.00	\$ 1,731,395.00
\$ 270,320.00	\$ 342,810.00	\$ 1,714,050.00
\$ 343,015.00	\$ 434,999.00	\$ 2,174,995.00
\$ 70,540.00	\$ 89,456.00	\$ 447,280.00
\$ 57,553.00	\$ 72,986.00	\$ 364,930.00
\$ 307,450.00	\$ 389,896.00	\$ 1,949,480.00
\$ 328,746.00	\$ 416,903.00	\$ 2,084,515.00
\$ 192,016.00	\$ 243,507.00	\$ 1,217,535.00
\$ 13,600,000.00	\$ 17,247,000.00	\$ 86,235,000.00

xcludes Cities of Long Beach and Pasadena

n-kind support. Per H&SC Section 120511, 50% of STI Prevention and Collaboration funds must

Amount of Allocation that Must Support CBOs	
\$	232,652.50
\$	113,609.00
\$	26,783.00
\$	190,404.00
\$	24,186.00
\$	277,669.00
\$	24,355.50
\$	38,215.00
\$	114,261.50
\$	267,280.50
\$	110,398.50
\$	37,204.00
\$	168,079.00
\$	1,044,427.50
\$	32,569.00
\$	125,329.50
\$	375,373.00
\$	365,653.50
\$	273,635.00
\$	373,012.50
\$	452,331.00
\$	266,813.50
\$	213,909.50
\$	151,031.00
\$	138,103.00
\$	253,159.00
\$	51,934.00
\$	107,894.00
\$	28,379.50
\$	136,528.00
\$	135,160.00
\$	171,507.50
\$	35,270.00
\$	28,776.50
\$	153,725.00
\$	164,373.00
\$	96,008.00
\$	6,800,000.00

· support CBOs.

LOCAL HEALTH JURISDICTION NAME:
ALLOCATION AWARD NUMBER AND NAME:
ALLOCATION AWARD 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 XXXXXX
26-STIXX - STI PREVENTION AND COLLABORATION ALLOCATI
2026-2027**

2026-2027

\$ -

\$ -

\$ -

\$ -

\$ -

\$ -

\$ -

\$ -

\$ -

2026-2027 Revised

\$ -

\$ -

\$ -

\$ -

\$ -

\$ -

\$ -

\$ -

\$ -



ON



LOCAL HEALTH JURISDICTION NAME:	COUNTY OF X
ALLOCATION AWARD NUMBER AND NAME:	26-STIXX - STI
FISCAL YEAR:	2026-2027

1 PERSONNEL *(Description: An LHJ employee responsible for carry rate must be provided.)*

	Position Title/Classification	Monthly Salary	Percent of Time
1.1	Position Title/Classification	\$ -	0%
1.2	Position Title/Classification	\$ -	0%
1.3	Position Title/Classification	\$ -	0%
1.4	Position Title/Classification	\$ -	0%
1.5	Position Title/Classification	\$ -	0%
1.6	Position Title/Classification	\$ -	0%
1.7	Position Title/Classification	\$ -	0%
1.8	Position Title/Classification	\$ -	0%
1.9	Position Title/Classification	\$ -	0%
1.11	Position Title/Classification	\$ -	0%
1.12	Position Title/Classification	\$ -	0%
1.13	Position Title/Classification	\$ -	0%
1.14	Position Title/Classification	\$ -	0%
1.15	Position Title/Classification	\$ -	0%
1.16	Position Title/Classification	\$ -	0%
1.17	Position Title/Classification	\$ -	0%
1.18	Position Title/Classification	\$ -	0%
1.19	Position Title/Classification	\$ -	0%
1.20	Position Title/Classification	\$ -	0%



2 OPERATING EXPENSES *(Description: Costs incurred by the LHJ t*

	Item Name	Cost Per Item
2.1	Line Item Name	\$ -
2.2	Line Item Name	\$ -

2.3	Line Item Name	\$	-
2.4	Line Item Name	\$	-
2.5	Line Item Name	\$	-
2.6	Line Item Name	\$	-
2.7	Line Item Name	\$	-
2.8	Line Item Name	\$	-
2.9	Line Item Name	\$	-
2.10	Line Item Name	\$	-
2.11	Line Item Name	\$	-
2.12	Line Item Name	\$	-
2.13	Line Item Name	\$	-
2.14	Line Item Name	\$	-
2.15	Line Item Name	\$	-
2.16	Line Item Name	\$	-
2.17	Line Item Name	\$	-
2.18	Line Item Name	\$	-
2.19	Line Item Name	\$	-
2.20	Line Item Name	\$	-



3 MAJOR EQUIPMENT (Description: Any equipment purchase exceed

Unit Name	
------------------	--

3.1	Major Equipment Name
3.2	Major Equipment Name
3.3	Major Equipment Name
3.4	Major Equipment Name
3.5	Major Equipment Name
3.6	Major Equipment Name
3.7	Major Equipment Name
3.8	Major Equipment Name
3.9	Major Equipment Name
3.10	Major Equipment Name



4 TRAVEL (Description: Travel expenses for trainings or conference

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

--

5	SUBCONTRACTORS I (<i>Description: Any agreement with a 501(c) n complete the subcontractor budget template included in this docu</i>)
----------	--

Subcontractor Name	Type of Organization
---------------------------	-----------------------------

5.1
5.2
5.3
5.4
5.5
5.6
5.7
5.8
5.9
5.10
5.11
5.12
5.13
5.14
5.15

--

6	SUBCONTRACTOR II (<i>Description: Any agreement with a non-501(</i>)
----------	---

Subcontractor Name	Type of Organization
--------------------	----------------------

- 6.1
- 6.2
- 6.3
- 6.4
- 6.5
- 6.6
- 6.7
- 6.8
- 6.9
- 6.10



7 OTHER (Description: Expenses not categorized under previous bu

Item Name	Cost per Item
-----------	---------------

- 7.1
- 7.2
- 7.3
- 7.4
- 7.5
- 7.6
- 7.7
- 7.8
- 7.9
- 7.10

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



8 INDIRECT COST RATE (Description: The Indirect Cost Rate (ICR) n healthcare providers should be documented in Section 8.2.)

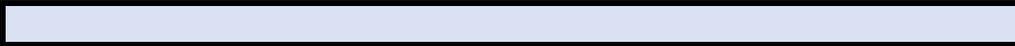
	ICR
--	-----

- 8.1
- 8.2

0%
 0%



9 BUDGET GRAND TOTAL (*Description: The sum of direct and indire*)



9.1

Total Amount Allocated to the LHJ	\$ -
Total Amount Allocated to the CBO	\$ -

XXXXX

PREVENTION AND COLLABORATION ALLOCATION

ing out one or more activities, including newly funded personnel

Months on Project	Fringe Benefit Rate **For benefit rates that exceed 50%, please provide an itemized justification for the rate	Total Cost
0	0%	\$ -
0	0%	\$ -
0	0%	\$ -
0	0%	\$ -
0	0%	\$ -
0	0%	\$ -
0	0%	\$ -
0	0%	\$ -
0	0%	\$ -
0	0%	\$ -
0	0%	\$ -
0	0%	\$ -
0	0%	\$ -
0	0%	\$ -
0	0%	\$ -
0	0%	\$ -
0	0%	\$ -
0	0%	\$ -
0	0%	\$ -
0	0%	\$ -

1. PERSONNEL SUBTOTAL \$ -

o support the completion of one or more activities.)

Number of Items	Total Cost
0	\$ -
0	\$ -

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

2. OPERATING EXPENSES SUBTOTAL \$ -

Requiring \$5,000 necessary for the completion of one or more activities.

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

3. MAJOR EQUIPMENT SUBTOTAL \$ -

Requiring \$5,000 necessary for the completion of one or more activities. Reimbursement for necessary

Subcontractor Selection Method	Total Cost
--------------------------------	------------

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

6. SUBCONTRACTORS II SUBTOTAL \$ -

budget sections. The unit of measure will vary based on the item of

Number of Items	Total Cost
-----------------	------------

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

7. OTHER SUBTOTAL \$ -

must not exceed the approved negotiated rate for the LHJ for the

--	--

\$
\$

8. ICR SUBTOTAL

ect costs.)

\$



under this allocation and personnel contributing time

In-kind Support to a CBO or nonprofit health care provider? True or False	Activities Reference
--	-----------------------------

- FALSE



In-kind Support to a CBO or nonprofit health care provider? True or False	Activities Reference
--	-----------------------------

- FALSE
- FALSE

- FALSE
- FALSE
- FALSE
- FALSE
- FALSE
- FALSE
- FALSE
- FALSE
- FALSE
- FALSE
- FALSE
- FALSE
- FALSE
- FALSE
- FALSE
- FALSE
- FALSE
- FALSE



es)

In-kind Support to a CBO or nonprofit health care provider? True or False	Activities Reference
---	----------------------

- FALSE



travel, meals, and incidentals will follow the current r

In-kind Support to a CBO or nonprofit health care provider? True or False	Activities Reference
---	----------------------

- FALSE
- FALSE
- FALSE
- FALSE
- FALSE
- FALSE

provider (e.g., CBO, community clinic, federally qualified health center, etc.) or the organization's 501(c) designation must be included with this

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

-

-

-

-

-

-

-

-

-

-

-

-

\$ -

services contractors, private organizations, etc.) to con

In-kind Support to a CBO or nonprofit health care provider? True or False	Activities Reference
---	----------------------

- FALSE



service.)

In-kind Support to a CBO or nonprofit health care provider? True or False	Activities Reference
---	----------------------

- FALSE



fiscal year. The ICR applied to this budget is for total p

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

- N/A
- N/A

\$ -

TOTAL

-

in-kind toward activities. For fringe benefit rates exceeding 50%, a justification for the

Description of Expense

(Provide a detailed breakdown of costs and units, explaining how this budget line item directly supports the workplan activities)

Duties and Responsibilities:
Duties and Responsibilities:

Description of Expense

(Provide a detailed breakdown of costs and units, explaining how this budget line item directly supports the workplan activities)



Description of Expense
(Provide a detailed breakdown of costs and units, explaining how this budget line item directly supports the workplan activities)



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

Description of Expense

(Provide a detailed breakdown of costs and units, explaining how this budget line item directly supports the workplan activities)

ed health center [FQHC]) to complete one or more activities. Each subcontractor must budget or any future budget revision requests (if not previously submitted).)

Description of Expense

(Provide a detailed breakdown of costs and units, explaining how this budget line item directly supports the workplan activities)

complete one or more activities for the LHJ or CBO or nonprofit healthcare provider.)

Description of Expense

(Provide a detailed breakdown of costs and units, explaining how this budget line item directly supports the workplan activities)

Description of Expense

(Provide a detailed breakdown of costs and units, explaining how this budget line item directly supports the workplan activities)

ersonnel costs. ICR costs associated with in-kind support to CBOs or nonprofit

Description of Expense

(Provide a detailed breakdown of costs and units, explaining how this budget line item directly supports the workplan activities)

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

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



SUBCONTRACTOR NAME:	XXXXXX
ALLOCATION AWARD NUMBER AND NAME:	26-STIXX - STI
FISCAL YEAR:	2026-2027

1 PERSONNEL *(Description: An employee responsible for carrying out the project. Justification for the rate must be provided.)*

	Position Title/Classification	Monthly Salary	Percent of Time
1.1	Position Title/Classification	\$ -	0%
1.2	Position Title/Classification	\$ -	0%
1.3	Position Title/Classification	\$ -	0%
1.4	Position Title/Classification	\$ -	0%
1.5	Position Title/Classification	\$ -	0%
1.6	Position Title/Classification	\$ -	0%
1.7	Position Title/Classification	\$ -	0%
1.8	Position Title/Classification	\$ -	0%
1.9	Position Title/Classification	\$ -	0%
1.11	Position Title/Classification	\$ -	0%
1.12	Position Title/Classification	\$ -	0%
1.13	Position Title/Classification	\$ -	0%
1.14	Position Title/Classification	\$ -	0%
1.15	Position Title/Classification	\$ -	0%
1.16	Position Title/Classification	\$ -	0%
1.17	Position Title/Classification	\$ -	0%
1.18	Position Title/Classification	\$ -	0%
1.19	Position Title/Classification	\$ -	0%
1.20	Position Title/Classification	\$ -	0%



2 OPERATING EXPENSES *(Description: Costs incurred to support the project.)*

	Item Name	Cost Per Item
2.1	Line Item Name	\$ -
2.2	Line Item Name	\$ -

2.3	Line Item Name	\$	-
2.4	Line Item Name	\$	-
2.5	Line Item Name	\$	-
2.6	Line Item Name	\$	-
2.7	Line Item Name	\$	-
2.8	Line Item Name	\$	-
2.9	Line Item Name	\$	-
2.10	Line Item Name	\$	-
2.11	Line Item Name	\$	-
2.12	Line Item Name	\$	-
2.13	Line Item Name	\$	-
2.14	Line Item Name	\$	-
2.15	Line Item Name	\$	-
2.16	Line Item Name	\$	-
2.17	Line Item Name	\$	-
2.18	Line Item Name	\$	-
2.19	Line Item Name	\$	-
2.20	Line Item Name	\$	-



3 MAJOR EQUIPMENT *(Description: Any equipment purchase exceeding \$5,000)*

Unit Name	
------------------	--

3.1	Major Equipment Name
3.2	Major Equipment Name
3.3	Major Equipment Name
3.4	Major Equipment Name
3.5	Major Equipment Name
3.6	Major Equipment Name
3.7	Major Equipment Name
3.8	Major Equipment Name
3.9	Major Equipment Name
3.10	Major Equipment Name



4 TRAVEL *(Description: Travel expenses for trainings or conferences)*

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

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5	SUBCONTRACTORS I (<i>Description: Any agreement with a 501(c) n</i> <i>Each subcontractor must complete the subcontractor budget temp</i> <i>requests (if not previously submitted).)</i>
----------	---

Subcontractor Name	Type of Organization
---------------------------	-----------------------------

5.1
5.2
5.3
5.4
5.5
5.6
5.7
5.8
5.9
5.10
5.11
5.12
5.13
5.14
5.15

--

6	SUBCONTRACTOR II (<i>Description: Any agreement with a non-501(</i>
----------	---

Subcontractor Name	Type of Organization
--------------------	----------------------

- 6.1
- 6.2
- 6.3
- 6.4
- 6.5
- 6.6
- 6.7
- 6.8
- 6.9
- 6.10

7 OTHER (Description: Expenses not categorized under previous bu

Item Name	Cost per Item
-----------	---------------

- 7.1
- 7.2
- 7.3
- 7.4
- 7.5
- 7.6
- 7.7
- 7.8
- 7.9
- 7.10

8 INDIRECT COST RATE (Description: It is recommended that LHJs / Allowable Direct Costs, the LHJ must notify their LAFS to obtain a

ICR

- 8.1

0%



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



9.1

PREVENTION AND COLLABORATION ALLOCATION

out one or more activities, including newly funded personnel und

Months on Project	Fringe Benefit Rate **For benefit rates that exceed 50%, please provide an itemized justification for the rate	Total Cost
0	0%	\$ -
0	0%	\$ -
0	0%	\$ -
0	0%	\$ -
0	0%	\$ -
0	0%	\$ -
0	0%	\$ -
0	0%	\$ -
0	0%	\$ -
0	0%	\$ -
0	0%	\$ -
0	0%	\$ -
0	0%	\$ -
0	0%	\$ -
0	0%	\$ -
0	0%	\$ -
0	0%	\$ -
0	0%	\$ -
0	0%	\$ -
0	0%	\$ -
0	0%	\$ -

1. PERSONNEL SUBTOTAL \$ -

the completion of one or more activities.)

Number of Items	Total Cost
0	\$ -
0	\$ -

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

2. OPERATING EXPENSES SUBTOTAL \$ -

Requiring \$5,000 necessary for the completion of one or more activities.

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

3. MAJOR EQUIPMENT SUBTOTAL \$ -

Requiring \$5,000 necessary for the completion of one or more activities. Reimbursement for necessary

Subcontractor Selection Method	Total Cost
--------------------------------	------------

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

6. SUBCONTRACTORS II SUBTOTAL \$ -

budget sections. The unit of measure will vary based on the item of

Number of Items	Total Cost
-----------------	------------

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

7. OTHER SUBTOTAL \$ -

negotiate a reasonable rate with their subcontractors, and rates should be revised budget template to properly calculate this cost on the budget

--	--

\$

8. ICR SUBTOTAL

ect costs.)

\$



er this allocation and person

**In-kind Support to a CBO
or nonprofit health care
provider? True or False**

- FALSE



**In-kind Support to a CBO
or nonprofit health care
provider? True or False**

- FALSE
- FALSE

- FALSE
- FALSE
- FALSE
- FALSE
- FALSE
- FALSE
- FALSE
- FALSE
- FALSE
- FALSE
- FALSE
- FALSE
- FALSE
- FALSE
- FALSE
- FALSE
- FALSE
- FALSE



es)

In-kind Support to a CBO or nonprofit health care provider? True or False

- FALSE



travel, meals, and incidenta

In-kind Support to a CBO or nonprofit health care provider? True or False

- FALSE

service.)

In-kind Support to a CBO or nonprofit health care provider? True or False

- FALSE

should not exceed 15 percent of budget.)

Total Cost

\$ -

TOTAL

-

nel contributing time in-kind toward activities. For fringe benefit rates exceeding 50%, a

Description of Expense

(Provide a detailed breakdown of costs and units, explaining how this budget line item directly supports the workplan activities)

Duties and Responsibilities:
Duties and Responsibilities:

Description of Expense

(Provide a detailed breakdown of costs and units, explaining how this budget line item directly supports the workplan activities)



Description of Expense
(Provide a detailed breakdown of costs and units, explaining how this budget line item directly supports the workplan activities)



Is will follow the current rates established by the California Department of Human

Description of Expense

(Provide a detailed breakdown of costs and units, explaining how this budget line item directly supports the workplan activities)

ity clinic, federally qualified health center [FQHC]) to complete one or more activities. tion's 501(c) designation must be included with this budget or any future budget revision

Description of Expense

(Provide a detailed breakdown of costs and units, explaining how this budget line item directly supports the workplan activities)

organizations, etc.) to complete one or more activities for the CBO or nonprofit

Description of Expense

(Provide a detailed breakdown of costs and units, explaining how this budget line item directly supports the workplan activities)

Description of Expense

(Provide a detailed breakdown of costs and units, explaining how this budget line item directly supports the workplan activities)

of personnel and benefits; OR 15 percent of Total Allowable Direct Costs. If using Total

Description of Expense

(Provide a detailed breakdown of costs and units, explaining how this budget line item directly supports the workplan activities)

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

