

# **Attachment I**

## **BUDGET FORM S**

### **Full Service Partnership Services for Adults and Older Adults**

**December 27, 2011**

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### Full Service Partnership Services for Adults and Older Adults

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**DETAILED LINE ITEM BUDGET SUMMARY (Budget Form 1)**  
**July 1, 2012 - June 30, 2013**

<b>Program: Full Service Partnership Services for Adults and Older Adults</b>	
<u>Category</u>	<u>Budget</u>
<b>Administration:</b>	
Salaries	\$ -
Benefits	\$ -
Services & Supplies	\$ -
Subcontracts	\$ -
Indirect *	\$ -
<b>Total Administration Costs:</b>	<b>\$ -</b>
<b>Program:</b>	
Salaries	\$ -
Benefits	\$ -
Services & Supplies	\$ -
Subcontracts	\$ -
<b>Total Program Costs:</b>	<b>\$ -</b>
<b>TOTAL GROSS COST:</b>	<b>\$ -</b>
<b>Revenue:</b>	
MHSA	\$ -
Medi-Cal	\$ -
Donations	\$ -
Other	\$ -
<b>TOTAL REVENUE:</b>	<b>\$ -</b>
<b>TOTAL NET COST:</b>	<b>\$ -</b>
<b>(Gross Cost - Revenue)</b>	
<b>Clients to be Served:</b>	
Direct Service Hours	0
Unduplicated Clients	0
Bed Days	0

**ADMINISTRATIVE**  
**SALARY and BENEFITS DETAIL (Budget Form 2)**  
**July 1, 2012 to June 30, 2013**

*Exclude payments to subcontractors*

**Program Name: Full Service Partnership Services for Adults and Older Adults**

Title of Position (If known, incumbent's name)	Hours Per Week	* FTE	Monthly Salary per FTE	Annual Total Salary	Monthly Benefits per FTE	Annual Total Benefits	% of Salary
<b>Administrative:</b>							
1 Name:	0	0	0	0	0	0	#DIV/0!
2 Name:	0	0	0	0	0	0	#DIV/0!
3 Name:	0	0	0	0	0	0	#DIV/0!
4 Name:	0	0	0	0	0	0	#DIV/0!
5 Name:	0	0	0	0	0	0	#DIV/0!
6 Name:	0	0	0	0	0	0	#DIV/0!
7 Name:	0	0	0	0	0	0	#DIV/0!
8 Name:	0	0	0	0	0	0	#DIV/0!
9 Name:	0	0	0	0	0	0	#DIV/0!
10 Name:	0	0	0	0	0	0	#DIV/0!
11 Name:	0	0	0	0	0	0	#DIV/0!
12 Name:	0	0	0	0	0	0	#DIV/0!
13 Name:	0	0	0	0	0	0	#DIV/0!
14 Name:	0	0	0	0	0	0	#DIV/0!
15 Name:	0	0	0	0	0	0	#DIV/0!
16 Name:	0	0	0	0	0	0	#DIV/0!
17 Name:	0	0	0	0	0	0	#DIV/0!
18 Name:	0	0	0	0	0	0	#DIV/0!
19 Name:						0	#DIV/0!
20 Name:	0	0	0	0	0	0	#DIV/0!
<b>TOTAL:</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>#DIV/0!</b>

(Transferred TOTAL to Budget Form 1)

\* 1 FTE is equivalent to 40 hours per week

**PLEASE PROVIDE JUSTIFICATION FOR EACH REQUESTED POSITION AS ATTACHMENT TO ADMINISTRATIVE SALARY & BENEFITS DETAIL (Budget Form 2).**

**PROGRAM**  
**SALARY and BENEFITS DETAIL (Budget Form 3)**  
**July 1, 2012 to June 30, 2013**

*Exclude payments to subcontractors*

**Program Name: Full Service Partnership Services for Adults and Older Adults**

Title of Position (If known, incumbent's name)	Hours Per Week	* FTE	Monthly Salary per FTE	Annual Total Salary	Monthly Benefits per FTE	Annual Total Benefits	% of Salary
<b>Program:</b>							
1 Name:	0	0	0	0	0	0	#DIV/0!
2 Name:	0	0	0	0	0	0	#DIV/0!
3 Name:	0	0	0	0	0	0	#DIV/0!
4 Name:	0	0	0	0	0	0	#DIV/0!
5 Name:	0	0	0	0	0	0	#DIV/0!
6 Name:	0	0	0	0	0	0	#DIV/0!
7 Name:	0	0	0	0	0	0	#DIV/0!
8 Name:	0	0	0	0	0	0	#DIV/0!
9 Name:	0	0	0	0	0	0	#DIV/0!
10 Name:	0	0	0	0	0	0	#DIV/0!
11 Name:	0	0	0	0	0	0	#DIV/0!
12 Name:	0	0	0	0	0	0	#DIV/0!
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15 Name:	0	0	0	0	0	0	#DIV/0!
16 Name:	0	0	0	0	0	0	#DIV/0!
17 Name:	0	0	0	0	0	0	#DIV/0!
18 Name:	0	0	0	0	0	0	#DIV/0!
19 Name:	0	0	0	0	0	0	#DIV/0!
20 Name:	0	0	0	0	0	0	#DIV/0!
21 Name:	0	0	0	0	0	0	#DIV/0!
22 Name:	0	0	0	0	0	0	#DIV/0!
23 Name:	0	0	0	0	0	0	#DIV/0!
24 Name:	0	0	0	0	0	0	#DIV/0!
25 Name:	0	0	0	0	0	0	#DIV/0!
<b>TOTAL:</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>#DIV/0!</b>

(Transferred TOTAL to Budget Form 1)

\*1 FTE is equivalent to 40 hours per week

**PLEASE PROVIDE JUSTIFICATION FOR EACH REQUESTED POSITION AS ATTACHMENT TO PROGRAM SALARY AND BENEFITS DETAIL (Budget Form 3).**

**SERVICES AND SUPPLIES ("S & S") DETAIL (Budget Form 4)**  
**July 1, 2012 to June 30, 2013**

**Program Name: Full Service Partnership Services for Adults and Older Adults**

Please note the following categories are suggestions only and can be revised for a bidders specific proposal.

Category	Administrative	Program
1. Dues, Subscriptions, Licenses		
2. Equipment		
3. Insurance <b>(Complete Detail on Budget Form 6)</b>		
4. Office Expense		
5. Printing		
6. Program Supplies		
7. Rent/Mortgage <b>(Complete Detail on Budget Form 7)</b>		
8. Telephone		
9. Training/Travel (Subject to Specific Approval)		
10. Transportation *		
11. Utilities		
12. Flexible Funds:		
13. Other:		
14. Other:		
<b>TOTAL:</b>	\$ -	\$ -
<b>*Indicate your reimbursement rate per mile</b>		

(Transferred TOTAL to Budget Form 1)

**PLEASE PROVIDE JUSTIFICATION FOR EACH BUDGETED LINE ITEM AS ATTACHMENT TO S&S DETAIL (Budget Form 4).**

**SUBCONTRACTORS/CONSULTANTS DETAIL (Budget Form 5)**

July 1, 2012 to June 30, 2013

*Use extra pages if necessary.***Program Name: Full Service Partnership Services for Adults and Older Adults**

<b>ADMINISTRATIVE:</b>			
Title & Name of Subcontractor:	Total Hours	Rate/Hour	Annual Amount
		\$ -	\$ -
Duties and Minimum Qualifications:	FTE:		
Title & Name of Subcontractor:	Total Hours	Rate/Hour	Annual Amount
		\$ -	\$ -
Duties and Minimum Qualifications:	FTE:		
<b>PROGRAM:</b>			
Title & Name of Subcontractor:	Total Hours	Rate/Hour	Annual Amount
		\$ -	\$ -
Duties and Minimum Qualifications:	FTE:		
Title & Name of Subcontractor:	Total Hours	Rate/Hour	Annual Amount
		\$ -	\$ -
Duties and Minimum Qualifications:	FTE:		
Title & Name of Subcontractor:	Total Hours	Rate/Hour	Annual Amount
		\$ -	\$ -
Duties and Minimum Qualifications:	FTE:		
Total of Administrative Subcontractor(s)/Consultant(s):			\$ -
Total of Program Subcontractor(s)/Consultant(s):			\$ -
Total of All Subcontractor(s)/Consultant(s):			\$ -

**(Transferred TOTAL to Budget Form 1)**

**INSURANCE DETAIL (Budget Form 6)**  
**July 1, 2012 to June 30, 2013**

**Program Name: Full Service Partnership Services for Adults and Older Adults**

Unless contract requires a higher coverage, contractor will be required to maintain liability and other insurance coverage at a minimum of \$1,000,000. The dollar amount that you submit will be considered your cost for \$1,000,000 coverage or the required higher coverage. All insurance policies, except Workers' Compensation, must contain the following clauses:

- 1) "The County of Orange is added as an additional insured with respect to the operations of the named insured performed under contract with the County of Orange."
- 2) "It is agreed that any insurance maintained by the County of Orange shall apply in excess of and not contribute with, insurance provided by this policy."
- 3) "This insurance shall not be canceled, limited or non-renewed until after 30 days written notice has been given to the County of Orange, Health Care Agency Contract Development & Management, 405 W. 5th St, Santa Ana, California 92701."

Insurance Coverage	Expiration Date	Current Limits	Insurance Agent/Phone	Annual Projected Administrative Premiums	Annual Projected Program Premiums
Worker's Compensation (Statutory)				0	0
Employer's Liability \$1,000,000 per occurrence					
Professional Liability \$1,000,000 per occurrence					
Commercial General Liability with broad Property damage & contractual liability \$1,000,000 Combined Single limit per occurrence. \$2,000,000 Aggregate					
Automobile Liability, including coverage for owned, non-owned & hired vehicles \$1,000,000 Combined Single limit per occurrence.					
Sexual Misconduct \$1,000,000					
<b>Total Insurance Premiums:</b>				\$ -	\$ -

**(Transfer TOTAL to Budget Form 4)**

Remarks: \_\_\_\_\_  
 \_\_\_\_\_



**FACILITY EXPENSE DETAIL (Budget Form 7)**  
**July 1, 2012 to June 30, 2013**

**Program Name: Full Service Partnership Services for Adults and Older Adults**

In the space below, describe the basis for budgeting costs of program facilities and office space. Include leases, mortgages, and property tax as applicable. If an allocation is made between the program(s) applied for herein and another program, indicate the basis for this allocation. For example, if a program funded by Revenue Sharing occupies 1/3 of a leased space and the remaining space is occupied by the program(s) applied for herein, an allocation of 2/3 of the lease cost may be indicated, based upon square footage.

	<b>Total Facility</b>	<b>Proposed Allocation* for the Total Proposed Program</b>
Gross Square Footage:		
Lease/Rent Expense:	\$ -	\$ -
Mortgage Interest:	\$ -	\$ -
Property Taxes:	\$ -	\$ -
<b>Total</b>	\$ -	\$ -
	<b>Administrative</b>	<b>Program</b>
(*% )(\$ ) Allocation Above:	\$ -	\$ -

(Transfer TOTAL to Budget Form 4)

**START-UP BUDGET DETAIL (Budget Form 8)  
July 1, 2012 to June 30, 2013**

**Program Name: Full Service Partnership Services for Adults and Older Adults**

Please note the following categories are suggestions only and can be revised for a bidders specific proposal.		
<b>Category</b>	<b>Administrative</b>	<b>Program</b>
1. Equipment		
2. Furniture		
3. Lease deposits		
4. Office Expense		
5. Program Supplies		
6. Renovation/build-out Expense		
7. Rent/Mortgage		
8. Staff		
9. Telephone		
10. Utilities		
11. Other:		
12. Other:		
13 Other:		
<b>TOTAL:</b>	<b>\$</b>	<b>- \$</b>

**PLEASE PROVIDE JUSTIFICATION FOR EACH BUDGETED LINE ITEM AS ATTACHMENT TO THE START-UP SHEET.**