

BUDGET INSTRUCTIONS AND FORM

**REQUEST FOR SERVICES BID NO. DMH072516B1
LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUESTIONING, INTERSEX AND 2-SPIRIT
TRANSITION AGE YOUTH PREVENTION SERVICES**

BUDGET NARRATIVE AND JUSTIFICATION

Proposer must provide a narrative explaining **all** proposed budget costs and justifications for the costs.

GENERAL INFORMATION

Proposer must provide a budget for the proposed Mental Health Services Act (MHSA) funded Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex and 2-Spirit (LGBTQI2-S) Prevention Services for Transition Age Youth (TAY).

The proposed budgets must clearly reflect the Proposer's cost to implement and maintain the LGBTQI2-S TAY Prevention Services for three (3) Fiscal Years (FYs): 2016-17, 2017-18, and 2018-19. **The budget cannot exceed the Maximum Allocated Annual Funding of \$295,500 for each FY as stated in the RFS, Section 5.0 - Funding.**

Proposer shall provide a Budget Narrative and Justification as an attachment to the Budget Form (**Exhibit E-1**). The Budget Narrative and Justification must include the computations showing how each dollar amount that appears on the Budget Form was calculated, and must describe how each line item category will be used to fulfill the LGBTQI2-S TAY Prevention Services requirements. All amounts are to be rounded off to the nearest dollar.

The following are explanations of the allowable line item categories and examples of how line item amounts are calculated. The examples show how formulas on the required Budget Narrative and Justification should be presented. The Proposer is responsible for the accuracy of all information presented in the Budget Narrative and Justification.

I. DIRECT COSTS

A. PERSONNEL (SALARIES & EMPLOYEE BENEFITS)

1. Administrative & Support Staff

Administrative costs are related to the implementation and operation of the program. Such costs must be reasonable and include a formula describing how the cost was calculated.

- Indicate the position and salary for each staff person proposed to work in the LGBTQI2-S TAY Prevention Services program.
- Indicate the percentage of Employee/Fringe Benefits for each staff classification. This includes FICA, unemployment insurance, workers' compensation, and health insurance. List total Employee/Fringe Benefit Package costs for each staff position.
- Add the benefit dollar amount to the salary dollar amount to arrive at the combined salary/benefit for each classification.

EXAMPLE:

Salary: Project Coordinator @ \$4,000 mo. X 12 months = \$48,000

Employment Benefits: 26% X \$48,000 = \$12,480

Total Project Coordinator salary and benefits: \$48,000 + \$12,480 = \$60,480

2. Peer & Family Support Specialist

Activities for this position are limited to conducting Outreach and Engagement, Community presentations, and co-facilitating support groups as defined in the Statement of Work (Exhibit A). Any other activities will not be reimbursed without prior approval from LAC-DMH Program Manager.

- Indicate the staff position and salary for each staff person proposed to work in the LGBTQI2-S TAY Prevention Services program.
- Indicate the percentage of Employee/Fringe Benefits for each staff classification. This includes FICA, unemployment insurance, workers' compensation, and health insurance. List total Employee/Fringe Benefit Package costs for each staff position.
- Add the benefit dollar amount to the salary dollar amount to arrive at the combined salary/benefit for each classification.

EXAMPLE:

Salary: Peer & Family Support Specialist @ \$2,500 mo. X 12 months = \$30,000

Employment Benefits: 26% X \$30,000 = \$7,800

Total Peer & Family Specialist salary and benefits: \$30,000 + \$7,800 = \$37,800

B. FACILITY COSTS

Facility Rent/Lease

- Specify the gross square footage, monthly and yearly gross cost, monthly and yearly cost per square foot.
- If facility is currently being rented, attach a copy of the current lease or rental agreement. Rents and purchase costs applied to the contract will be compared to the guidelines issued by the County of Los Angeles - Internal Services Department for evaluating rent costs in the current budget.

C. SUPPLIES AND EQUIPMENT COSTS

Costs for production/re-production materials, mailing, office supplies, mileage related to the program may be included if they are not included in the overall administrative costs of the program and can be identified as such for invoicing purposes.

1. Material Production/Reproduction

Specify the cost per copy for each LGBTQI2-S TAY Toolkit and training materials such as handouts, information materials for outreach and/or community presentations, etc. needed for each fiscal year.

EXAMPLE:

Reproduction of Handouts/Brochures @ \$10 each X 25 participants per

LGBTQI2-S TAY Toolkit training X 8 trainings each fiscal year = \$2,000

2. Office Supplies

Specify the cost of items such as paper, pens, file folders, printer ink, etc. needed to support the LGBTQI2-S TAY Prevention Services each FY.

EXAMPLE:

Training and Presentation Supplies @ \$100 per training X 8 trainings = \$800

3. Mileage

Specify the projected cost per staff person who will require mileage reimbursement and the basis for computation. Mileage must be computed in accordance with the County's latest prevailing Rate Schedule.

EXAMPLE:

Rate (\$0.51) x Number of Miles = Total Mileage Cost

4. Equipment

"Equipment" means non-expendable personal property, each item of which has (a) a useful life in excess of three years, and (b) a value in excess of \$3,000.

- Purchases: Identify equipment to be purchased, justification for why the purchase is necessary, and the cost of each equipment item. Equipment purchase requests must be submitted to LAC-DMH for pre-approval and may be reportable to State authorities.
- Equipment Leases – Identify equipment to be leased, justification for why the equipment will be leased, and the cost of each lease.

II. **INDIRECT COSTS**

Administrative support and other indirect costs are those incurred for the common benefit of the organization's total contracted LGBTQI2-S TAY Prevention Services and are not directly or readily attributable to a previously specified direct cost. Allowable administrative costs include accounting, budgeting, financial screening, general administrative personnel, information system, office services, and other such similar services. These costs must be reasonable, be equitably allocated and compliant with federal cost allocation principles. Consult with your accountant. Administrative costs are allowable to the extent they are: 1) reasonable and 2) related to the services provided by the providers. ***Indirect costs shall not exceed 15% of the total cost per fiscal year.***

A. Administrative Costs

- Administrative costs are the indirect costs related to the implementation and operation of the program. Such costs must be reasonable and include a formula describing how the cost was calculated.

B. Total Other Indirect Costs

- Specify other indirect costs. Provide a justification for these costs and the benefits to the program proposed under this RFS.

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BUDGET FORM**

Proposer Name _____

BUDGET CATEGORIES	FY 1 2016-17	FY 2 2017-18	FY 3 2018-19	3 YEAR TOTAL
I. DIRECT COST				
A. PERSONNEL (Administrative/Support Staff)				
1) Project Coordinator	\$ -	\$ -	\$ -	\$ -
2) Peer & Family Specialist	\$ -	\$ -	\$ -	\$ -
(Add rows if required)				
SUBTOTAL PERSONNEL	\$ -	\$ -	\$ -	\$ -
B. FACILITY COST				
1) Facility Rent/Lease	\$ -	\$ -	\$ -	\$ -
(Add rows if required)				
SUBTOTAL FACILITY COST	\$ -	\$ -	\$ -	\$ -
C. SUPPLIES AND EQUIPMENT COSTS				
1) Material Production/Reproduction				
a. Specify number of copies and price per copy	\$ -	\$ -	\$ -	\$ -
(Add rows if required)				
2) Office Supplies				
a. Specify	\$ -	\$ -	\$ -	\$ -
(Add rows if required)				
3) Mileage				
a. Specify	\$ -	\$ -	\$ -	\$ -
(Add rows if required)				
4) Equipment				
a. Specify	\$ -	\$ -	\$ -	\$ -
(Add rows if required)				
5) Other				
(Add rows if required)				
SUBTOTAL SUPPLIES AND EQUIPMENT COSTS	\$ -	\$ -	\$ -	\$ -
TOTAL DIRECT COSTS	\$ -	\$ -	\$ -	\$ -
II. INDIRECT COSTS				
A. ADMINISTRATIVE FEE				
(Basis for Admin Fee)	\$ -	\$ -	\$ -	\$ -
B. OTHER INDIRECT COSTS				
a. Specify	\$ -	\$ -	\$ -	\$ -
TOTAL INDIRECT COSTS	\$ -	\$ -	\$ -	\$ -
TOTAL MAXIMUM BUDGET ALLOCATION	\$295,500	\$295,500	\$295,500	\$886,550