

**Office of AIDS  
Minority AIDS Initiative  
Program and Budget Guidance for  
Fiscal Years 2010 – 2013**

**Office of AIDS  
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[Minority AIDS Initiative \(MAI\) Website](#)



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## INTRODUCTION

Your Local Health Jurisdiction's (LHJ) Master Agreement (MA) contract will begin July 1, 2010 and end June 30, 2013. The MA will include, as an exhibit, the Memorandum of Understanding (MOU) for the HIV Care Program, which will include Minority AIDS Initiative (MAI) funding and activities. In order to prepare the HIV Care Program MOU, OA needs budget information for your LHJ. At this time, we need budget summaries for each of the three years of the MOU and budget detail for year 1 (FY 2010/11). Budget detail for years 2 and 3 will be requested prior to the beginning of each of those years. OA is requesting that each LHJ submit the documents described in this document, beginning on page 5.

Services are funded by the Health Resources and Services Administration's (HRSA) Ryan White Part B Grant, CFDA # 93.917. The goal of funding for MAI is to increase access to, and engagement in, HIV/AIDS medical care for HIV-positive persons of color, including access to AIDS Drug Assistance Program (ADAP), Medi-Cal, or other appropriate programs providing HIV medications. This goal is achieved by providing outreach and treatment education services to HIV-infected persons of color *who have never been in care*, despite an awareness of their HIV status, or *who have been lost to care*.

The *MAI Program and Budget Guidelines* are designed to assist Contractors to prepare their annual budgets. The guidelines describe the documents and provide instructions for completing them.

## Single Allocation Model (SAM)

SAM is an administratively streamlined model for providing OA's care and support funding, currently limited to Ryan White HIV/AIDS Program Part B funds and Minority AIDS Initiative (MAI) funds, to local providers by contracting with a single Contractor. OA will contract with either the local health department or a community-based organization (CBO) as the single Contractor in a given health jurisdiction.

## Minority AIDS Initiative (MAI)

MAI services must be targeted to persons of color and must be planned and delivered in coordination with local HIV prevention outreach services to avoid duplication of effort.

The LHJ, also known as Contractor, may provide direct client MAI services exclusively OR may subcontract all or part of the MAI outreach services. The LHJ must ensure that if all or part of the MAI client services are subcontracted to other service providers, all services provided by the subcontractor will be in accordance with the MAI funding and reporting requirements.

Contractors receiving MAI funding specifically for outreach activities to communities of

color will provide the following services:

- Identify HIV-infected persons who know their HIV status but are not accessing HIV medical care, and establish access and engagement in HIV medical care; and
- Locate and reestablish access and engagement in HIV medical care for HIV-infected persons who have been lost to care.

LHJs receiving funding for MAI outreach and treatment education services may employ MAI outreach workers or support other activities to identify HIV-infected persons who are out-of-care or lost-to-care and gradually engage them in appropriate HIV care and treatment services.

If outreach workers are utilized, it is strongly recommended that MAI outreach staff be culturally and linguistically competent “street-level” workers who reflect the communities they serve. Highly recommended is experience in two or three of the following areas: street-based outreach, HIV counseling and testing, health education or HIV case management.

MAI outreach staff are to take actions to reduce or eliminate any cultural or other barriers that prevent access to and/or continued engagement in care and treatment services. This individual links and supports the client in accessing suitable HIV care and treatment services.

In lieu of outreach positions, MAI funds can also support outreach/treatment education activities or interventions for HIV-infected persons of color, as determined at the local level and approved by OA.

## MAI SERVICE CATEGORY DEFINITIONS

In accordance with HRSA MAI guidance, OA has defined two MAI service categories: outreach and treatment education. Outreach and treatment education are the only allowable service categories for MAI funding. These service categories are designed to meet the needs of persons of color in order to ensure that minority clients can access, engage in, and remain in care; receive help in adhering to treatment; and be provided with education and support that will enable them to become active participants in their own health care and improve their overall quality of life.

For the purposes of MAI funding, outreach and treatment education services are defined as follows:

**Outreach** – Those activities typically performed by an outreach worker that results in: (1) identifying HIV-infected persons of color who know their status but have never been in care or who have been lost to HIV medical care, (2) removing barriers that

have prevented access to HIV medical care, and (3) establishing engagement in HIV medical care. Outreach services should be conducted at times and in places where there is a high probability that individuals with HIV infection will be reached. MAI outreach services do NOT include routine HIV counseling and testing or HIV prevention education. These services may be provided on a case-by-case basis for a specific MAI client only when the service is necessary to remove a barrier to care for that client.

**Treatment Education** - Providing health education, treatment adherence and risk reduction information to HIV-infected persons of color who know their HIV status but are not accessing medical care or to HIV-infected persons of color who are lost to care. Information includes educating clients living with HIV about how to communicate with medical providers, the importance of treatment adherence, how to manage medication side effects, how to understand their laboratory results, how to improve their health status, how to reduce HIV transmission, and identify medical and psychosocial support services and counseling that are available locally.

The Contractor and/or MAI outreach staff must collaborate with community resources and entities that serve as potential key points of entry into HIV medical care including, but not limited to, emergency rooms, substance abuse treatment programs, detoxification centers, adult and juvenile detention facilities, sexually transmitted disease (STD) clinics, HIV counseling and testing sites, mental health programs, homeless shelters, Federal Qualified Health Centers, jail and prison Transitional Case Management Programs, etc. to coordinate and integrate HIV care service delivery.

## ELIGIBILITY

HIV-infected persons of color who have never been in care or who have been lost-to-care are specifically eligible for MAI services. For those individuals who have never been in care, verification of serostatus should occur after entry into care. Contractors must ensure that MAI funds are payer of last resort by ensuring that service providers bill all other applicable third-party payers, including Medi-Cal, before invoicing MAI.

## INVOICING

Contractors may submit invoices and invoice detail either monthly or quarterly. Contractors must notify OA whether invoices will be submitted for monthly or quarterly billing periods. After the execution of the contract, invoices are due to OA within 45 days following the end of the billing period. Contractors will be required to submit an MAI Invoice Detail with each MAI invoice. The MAI Invoice Detail provides data required by HRSA for OA reporting and will be sent by OA once your MAI budget is approved.

## BUDGET CHANGES

Contractors have the ability to submit MAI budget changes, if needed, as follows:

### Line Item Shifts

Subject to prior review and approval of OA, line item shifts of up to 15% of the annual contract total are allowed, as long as the annual agreement total neither increases nor decreases. Contractor must submit an in-house revision to OA for approval of any line item shifts. Please contact OA for a copy of the in-house revision form.

### Budget Revisions

Revisions of dollar amounts or service categories among subcontractors are referred to as budget revisions. Because these dollar amounts are reported in the "Other Costs" line item, they are not considered line-item changes. Subcontractors must notify the Contractor of any budget shifts or changes in services or allocations. The Contractor must notify OA, via e-mail, before the changes go into effect. The e-mail must include where funds/services are reduced and where the funds/services are increased.

### Other Budget Changes

If any other changes are needed to previously approved Years 1, 2, or 3, MAI budgets that are not described above, please contact Toni Post at [toni.post@cdph.ca.gov](mailto:toni.post@cdph.ca.gov) or Carol Russell at [carol.russell@cdph.ca.gov](mailto:carol.russell@cdph.ca.gov).

## DATA COLLECTION, MONTHLY TRACKING, AND QUARTERLY REPORTING

Until MAI reporting is incorporated into the State's ARIES data reporting system, LHJs receiving MAI funds for outreach and treatment education services must track and report activities manually. Data collection forms are to be submitted on a monthly basis. OA revised two forms which were used previously for similar outreach activities. Both the *MAI Client Contact Reporting Form* and the *MAI Demographic Reporting Form* are to be completed and either faxed to OA at (916) 449-5959 or sent via email to Matthew Willis at [Matthew.Willis@cdph.ca.gov](mailto:Matthew.Willis@cdph.ca.gov). Sites may access the forms on the MAI website or may click here [MAI Client Contact Reporting Form](#) and [MAI Demographic Reporting Form](#).

LHJs receiving MAI funding must also provide a *MAI Quarterly Narrative Status Report* and *MAI Financial Report*. The *MAI Quarterly Narrative Status Report* includes program accomplishments, successful outreach strategies, challenges and lessons learned, problems or issues, and requests for training and technical assistance. Sites

may access the status report on the MAI website or may click here [MAI Quarterly Narrative Status Report Form](#) to access the narrative format.

The quarterly *MAI Financial Report* tracks expenditures to date for the contractor and any subcontractors and includes the total number of unduplicated clients served. Sites may access the [MAI Financial Report](#) on the MAI website.

The quarterly narrative reports are due as follows:

REPORTING PERIOD	DUE DATE
July 1 – September 30, 2010	November 15, 2010
October 1 – December 31, 2010	February 16, 2011
January 1 – March 31, 2011	May 14, 2011
April 1 – June 30, 2011	August 16, 2011

### CONTACTS FOR PROGRAM TECHNICAL ASSISTANCE

For further information specific to MAI outreach and treatment education services, you may contact:

Toni Post at (916) 449-5970, email [toni.post@cdph.ca.gov](mailto:toni.post@cdph.ca.gov);  
Carol Crump at (916) 449-5965, email [carol.crump@cdph.ca.gov](mailto:carol.crump@cdph.ca.gov); or  
Carol Russell at (916) 449-5962, email [carol.russell@cdph.ca.gov](mailto:carol.russell@cdph.ca.gov).

### BUDGET DOCUMENTS AND SUBMITTAL REQUIREMENTS

If your LHJ has been allocated MAI funding, your HIV Care Program MOU will include MAI funding effective July 1, 2010. After submission and approval of your MAI budget, OA will combine the MAI budget with your HIV Care Program budget to develop your total HIV Care Program MOU budget. The contract term will be for the period July 1, 2010 through June 30, 2013.

OA is changing the process for submitting your budget documents for FY 2010-2011. Budget documents will now be submitted in two phases to allow you more time to collect subcontractor detail.

#### Phase One

All Contractors are required to submit the following documents by **May 24, 2010** to [MAMOUDocs@cdph.ca.gov](mailto:MAMOUDocs@cdph.ca.gov). Contracts cannot be initiated without an approved Five Line Item budget.

- *Document Checklist*
- *Contractor Contact Information*
- *Five Line Item Budget for each of the three years*
- *Budget Overview for year 1*
- *Form A- Contractor Administrative Budget Summary for year 1*
- *Form B - Contractor Administrative Personnel Detail for year 1*
- *Form C - Needs Assessment Detail (**Form C is not required for MAI**)*
- *Form D – MAI Service Provider Budget Summary for year 1, **if the contractor is also a Service Provider***
- *Form E – MAI Service Provider Personnel Detail for year 1, **if the contractor is also a Service Provider***

All contractors are required to submit a Five Line Item budget for each of the three years of this contract. Budget details (i.e. Forms A-E) are not required for Years 2 and 3. Details for Years 2 and 3 will be submitted in subsequent years.

## Phase Two

If the LHJ subcontracts with Service Providers, the following remaining documents must be submitted by **June 7, 2010** to [MAMOUdocs@cdph.ca.gov](mailto:MAMOUdocs@cdph.ca.gov).

- *Form D – MAI Service Provider Budget Summary for year 1*
- *Form E – MAI Service Provider Personnel Detail for year 1*

All budget documents are available as a Microsoft Excel file with a tab for each of the required documents. MAI budgets are similar in format as the HCP budgets. Contractors must prepare their budgets using the forms in this file. [Click here](#) to access the MAI budget forms.

Instructions and samples of the forms are included at the end of this document.

If, due to the Request for Proposal/Request for Application process for subcontracted service providers, Forms D and E cannot be completed by the due date, please contact your OA MAI contact person for approval.

OA will host a Webinar to provide technical assistance on the program and budget guidelines. Notification of exact dates and times of the Webinar will follow.

For questions or technical assistance regarding the MAI budget forms, feel free to contact Toni Post at (916) 449-5970 or Carol Russell at (916) 449-5962.

**DEFINITIONS FOR BUDGET DOCUMENTS**

Please adhere to the following definitions when completing the Contractor and Service Provider Budget Documents. **NOTE:** Definitions for Contractors and Service Providers differ.

Budget Definition	Contractor	Service Provider
	<p>The Contractor is the entity that has entered into a contractual agreement with OA to carry out the administrative activities of MAI such as disbursing program funds, developing reimbursement and accounting systems, contract monitoring, etc.</p>	<p>The Service Provider is the Contractor or Subcontractor who provides client services.</p>
<p><b>Administrative Costs</b></p>	<p>The Contractor's Administrative Costs are the sum of Administrative Personnel, Operating, Capital, and Indirect Expenses.</p> <p>The Contractor's Administrative Cost <b>cannot exceed ten percent</b> of the total allocation.</p> <p><i>PLEASE REFER TO THE ADMINISTRATIVE COST ALLOWANCE DIAGRAM FOR ADDITIONAL INFORMATION.</i></p>	<p>The Service Provider's Administrative Costs are the sum of Administrative Personnel, Operating, Capital, and Indirect Expenses.</p> <p>The Service Provider's Administrative Costs should not exceed <b>ten percent</b> of their allocation without justification and approval from OA.</p> <p><b>NOTE:</b> If Service Provider Administrative Costs can be directly linked to the provision of services, these costs should be included within the actual outreach or treatment education service category (non-personnel costs).</p>

Budget Definition	Contractor	Service Provider
<p><b>Personnel Expenses</b></p>	<p>Personnel Expenses are the total salaries, wages, benefits, and travel paid to the Contractor's staff for <b>administrative functions</b> and the costs associated with Contractor's staff providing direct client services.</p>	<p>Administrative Personnel are the total salaries, wages, benefits, and travel paid to staff providing administrative support.</p> <p><u>NOTE:</u> If Service Provider Personnel Costs can be directly linked to the provision of services, these costs should be included within the actual outreach or treatment education service category (personnel costs).</p>
<p><b>Non-Personnel Expenses</b></p>		<p>Non-Personnel expenses include operating costs associated with the services performed (supplies, materials, equipment, lab tests, vouchers, etc.).</p>
<p><b>Operating Expenses</b></p>	<p>Operating Expenses are typically those costs that <b>can be assigned</b> to a specific program. This might include travel to meetings, office supplies, postage, facilities, telephone, etc.</p>	<p>Operating Expenses are typically those costs that <b>can be assigned</b> to a specific program but are <b>not dedicated</b> to providing direct client services.</p> <p>Examples of Operating Expenses include office supplies, postage, facilities, telephone, internet connection, encryption software, and travel.</p>
	<p>With regards to ARIES Operating Costs:</p> <p>ARIES is a custom, Web-based, centralized HIV/AIDS client management system that provides a single point of entry for clients, allows for coordination of client services among providers, meets both</p>	

Budget Definition	Contractor	Service Provider
	<p>HRSA and state care and treatment reporting requirements, and provides comprehensive data for program monitoring and scientific evaluations. More information is available by using Web link: <a href="#">ARIES</a>.</p> <p>Contractors and Subcontractors who use ARIES may use CDPH/OA funds for high-speed internet connections and purchase of encryption software. See Capital Expenses definition for computer purchases.</p> <p>Contractors and Subcontractors who do not use ARIES but import their data into AREIS <b>may not</b> use CDPH/OA funds to develop or maintain their import programs.</p>	
<b>Capital Expenses</b>	<p>Capital Expenses include computers, printers, and other types of equipment.</p> <p><b>Capital Expenses must be approved by OA prior to purchase.</b> If requesting Capital Expenses, a written justification must be provided that:</p> <ul style="list-style-type: none"> <li>• Lists the equipment that is being purchased;</li> <li>• Explains who will use the equipment and for which programs if other than MAI;</li> <li>• Explains why it is necessary to purchase the equipment; and,</li> <li>• Includes a purchase versus lease analysis for “large dollar” items.</li> </ul> <p>Additionally, any equipment purchased with MAI funds must be tagged, inventoried annually, and reported annually to OA.</p>	
<b>Other Costs</b>	<p>Other costs are unique program costs and costs not applicable to any other line item. Other costs include:</p> <ul style="list-style-type: none"> <li>• Contractor (as the service provider) non-personnel client services (i.e., vouchers, labs, etc.) and</li> <li>• All subcontracted client service provider costs.</li> </ul>	

Budget Definition	Contractor	Service Provider
<p><b>Indirect Expenses</b></p>	<p>Indirect Expenses are typically those costs that <b>cannot be assigned</b> to one program. Often this category is used when a Contractor has multiple programs and divides the rent, utilities, janitorial services, payroll accounting, etc., either equally between programs or based on the percentage of time spent on a program.</p> <p>Indirect Expenses are <b>limited to 15 percent</b> of Personnel Expenses. Contractors may take up to 15 percent of their total Administrative Personnel and Client Service Providers may take up to 15 percent of their personnel.</p>	

## ALLOCATIONS

A table is included in this document to provide information regarding contract numbers and MAI allocations for FY 2010-2011. For more information about the MAI allocation process, please [click here](#).

## INSTRUCTIONS FOR COMPLETING BUDGET DOCUMENTS

### General Instructions

- Complete forms, including all check boxes;
- Include a street address if it differs from the mailing address; and,
- Round all figures to the nearest whole dollar.

### MAI Document Checklist

The *MAI Document Checklist* is completed by the Contractor to certify that all required budget documents have been reviewed for accuracy and completed and submitted as indicated.

### MAI Contractor Contact Information

The *MAI Contractor Contact Information* form provides OA with the Contractor's staff names responsible for daily programmatic and fiscal operations.

### MAI Five Line Item Budget

All contractors are required to submit an *MAI Five Line Item Budget* for each of the three years of this contract with the understanding that the individual line item amounts for Years 2 and 3 may vary. Budget details (i.e. Forms A-E) are not required for Years 2 and 3. Details for Years 2 and 3 will be submitted in subsequent years.

The five line items are:

- **Personnel Expenses:** Personnel Expenses are LHJ staff costs and are the sum of Contractor FORM A Total Administrative Personnel and Contractor's FORM E Total Personnel Costs, ***if the Contractor is also a Service Provider.***

Please ensure that the Contractor's Administrative Costs, the Total Contractor Administrative Budget on FORM A - Contractor Administrative Budget Summary, does not exceed **ten percent** of the total allocation.

- **Operating Expenses:** Operating Expenses are LHJ costs and are the sum of Operating Costs on FORM A and Operating Costs on Contractor's FORM D, ***if the Contractor is also a Service Provider.***
- **Capital Expenses:** Capital Expenses are LHJ costs and are the sum of Capital Expenses on FORM A, and Capital Expenses on Contractor's FORM D, ***if the Contractor is also a Service Provider.***
- **Other Costs:** Other Costs are the sum of any LHJ non-personnel client services (e.g., transportation vouchers) on Contractor's FORM D and the total of any subcontracted MAI Service Provider Budgets on FORM(S) D.
- **Indirect Expenses:** Indirect Expenses are LHJ costs and are the sum of Indirect Costs on FORM A, and Indirect Costs on Contractor's FORM D, ***if the Contractor is also a Service Provider.***

### MAI Budget Overview

The *MAI Budget Overview* indicates how the total allocation is distributed between the Contractor and Client Service Provider(s). When completing the *MAI Budget Overview*, please enter the budgeted amounts for Client Service Provider Costs (whether provided by Contractor or subcontracted agency). The Contractor Costs field on this form will automatically update when FORM A is complete.

**NOTE:** *The MAI Budget Overview Form must equal the total allocation.*

### **FORM A – MAI Contractor Administrative Budget Summary**

FORM A identifies the Contractor and itemizes expenses. When completing FORM A, please:

- Complete the Total Administrative Personnel, Operating Expenses, and Indirect Expenses;
- Itemize any Indirect or Operating Expenses;
- Include a written justification if using the Capital Expenses line item;
- Ensure Indirect Expenses **do not exceed 15 percent** of total Administrative Personnel Expenses;
- The Total Administrative Personnel cost identified on FORM A is equal to the sum of the Total Personnel Expenses on FORM(S) B; and
- Ensure total Contractor administrative costs **do not exceed 10 percent** of the total allocation. The ten percent calculation for the Contractor’s Administrative Budget on FORM A will be calculated once the *Five Line Item Budget* form has been completed.

### **FORM B – MAI Contractor Administrative Personnel Detail**

FORM B identifies the personnel providing administrative services and their salaries. When completing FORM B, please:

- Complete the Contractor information;
- Describe the duties of each employee, including details about job-required travel (e.g., conference, training);
- Complete either the “Annual Salary” or “Hourly Salary” box for each employee;
- If travel is required, enter estimated travel expenses;
- Enter the fringe benefits, if any, for each employee;
- Use additional copies of this form if there are more than four employees; and,
- The Total Administrative Personnel cost identified on FORM A is equal to the sum of the Total Personnel Expenses on FORM(S) B.

### **FORM D - MAI Service Provider Budget Summary**

FORM D provides information regarding the estimated number of clients to be served, the costs of administrative and direct client services, indirect and operating expenses.

FORM D is required for each client service provider, *whether services are subcontracted or provided by the Contractor*. FORM D must include the following:

- The Client Service Costs completed with the MAI service categories. Click on the drop down box under Services and select the appropriate category. Please include the personnel and non-personnel amounts for each category;
- Estimate numbers of clients to be served for each service category;
- The Administrative Personnel Expense, Operating, Capital, and Indirect Expense categories as instructed in the Definitions for Budget Documents;
- Include written justifications if:
  - The service provider's administrative costs exceed 10 percent of the service provider's allocation;
  - The Capital Expense line item is greater than zero (see Definitions for Budget Documents), or
  - The Client Service Provider was sole sourced.
- Total Administrative Personnel is equal to the sum of FORM(S) E administrative staff salaries, travel and benefits.

#### **FORM E – MAI Service Provider Personnel Detail**

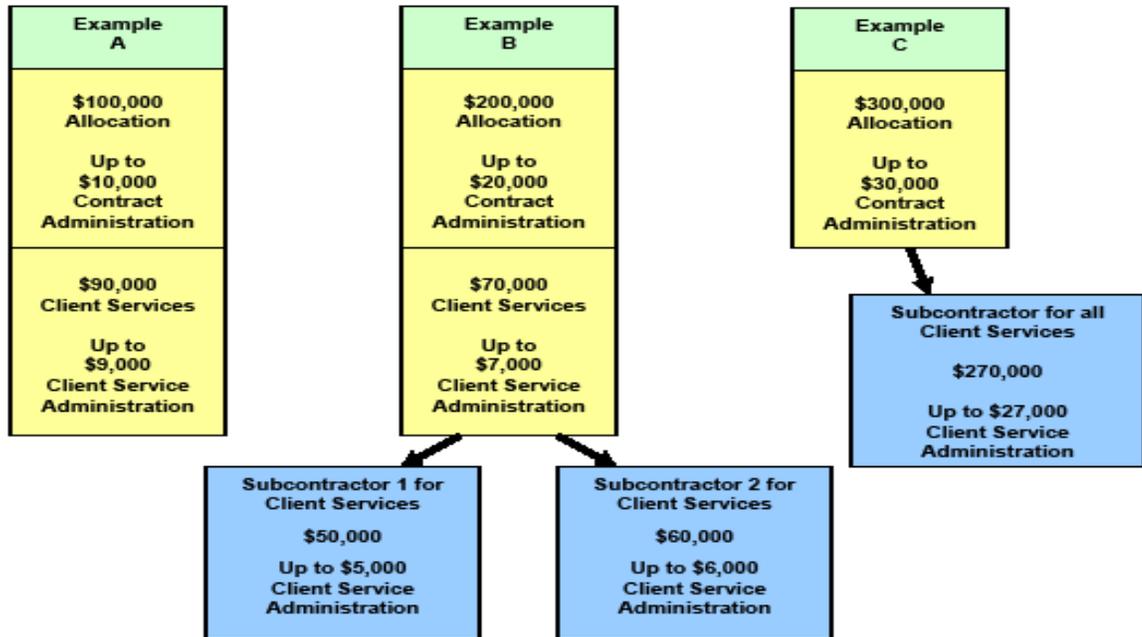
FORM E provides information about administrative and direct client service staff.

FORM E is required for each client service provider whether services are subcontracted or provided by the Contractor. When completing FORM E, please:

- Describe the duties of each employee;
- Include details about job-required travel (e.g., client related travel, training, etc.);
- If travel is required. enter estimated travel expenses;
- Complete two position sections for any staff whose duties are split between administrative and direct client service and ✓ “yes” or “no” under “Is this an administrative position?”;
- Complete either the “Annual Salary” or “Hourly Salary” box for each employee;
- Enter the fringe benefits, if any, for each employee;
- Enter the exact name of the MAI Service Category provided by employee. Click on the drop-down box next to “MAI Service Category” and select the appropriate category or click on “N/A – Administrative Position” for administrative staff; and
- Use additional copies of this form if there are more than four employees.

ADMINISTRATIVE COST ALLOWANCES

Minority AIDS Initiative (MAI)  
2010-2011



All Contractors may use up to 10 percent of their total allocation for contract administration. In addition:

**Example A:** If the Contractor provides all client services, the Contractor may take up to 10 percent of the client service allocation for client service administration.

**Example B:** If the Contractor provides client services and also subcontracts for additional client services, the Contractor may take up to 10 percent of the Contractor's client service allocation for client service administration. Each Subcontractor may also take up to 10 percent of their client service allocation for client service administration.

**Example C:** If the Contractor subcontracts for the provision of all client services, each Subcontractor may take up to 10 percent of their client service allocation for client service administration.

**NOTE:** Service provider administrative costs (whether contractor or subcontracted) should not exceed 10 percent without justification and approval by OA.

**MAI FY 2010-2011 ALLOCATION TABLE**

CONTRACTOR	CONTRACT NUMBER	MAI ALLOCATION
Alameda	10-95247	\$96,000
Contra Costa	10-95254	\$35,764
Fresno	10-95257	\$26,000
Kern	10-95262	\$34,226
Long Beach	10-95266	\$70,813
Los Angeles	10-95267	\$96,000
Marin	10-95269	\$26,000
Monterey	10-95274	\$26,000
Orange	10-95277	\$90,569
Riverside	10-95281	\$41,548
Sacramento	10-95282	\$39,837
San Bernardino	10-95284	\$70,965
San Diego	10-95285	\$96,000
San Francisco	10-95286	\$96,000
San Joaquin	10-95287	\$26,000
San Mateo	10-95289	\$26,000
Santa Clara	10-95291	\$50,278
Solano	10-95296	\$26,000
Ventura	10-95304	\$26,000
<b>TOTAL ALLOCATION</b>		<b>\$1,000,000</b>

**SAMPLE FORMS**

**MAI Document Checklist**

**Contractor and Contract Number**

XYZ County 10-12345

**Fiscal Year**

2010-2011

Check Off	Documents Required for All Contractors	Office of AIDS Use Only
X	MAI Document Checklist	
X	Contractor Contact Information	
X	Five-Line Item Budget	
X	Budget Overview	
X	FORM A - MAI Contractor Administrative Budget Summary	
X	FORM B - MAI Contractor Administrative Personnel Detail	
	In alphabetical order, attach the following for each Service Provider:	
X	Form D - MAI Service Provider Budget Summary	
X	FORM E - MAI Service Provider Personnel Detail	

**PLEASE NOTE:** This packet of sample forms represents a scenario where the Contractor subcontracts for all direct client services. Please see Example C on the Administrative Cost Allowances diagram.

**MAI Contractor Contact Information**

**Contractor and Contract Number**

xyz County 10-12345

**Fiscal Year**

2010-2011

**Agency Information**

**Website Address (if any)**

[www.XYZcounty.com](http://www.XYZcounty.com)

**Program Contact**

The Program Contact is the primary Contractor staff member responsible for program planning, policy matters, progress reports, and contract monitoring, etc.

**First and Last Name**

Eddie Marshall

**Title**

Program Coordinator

**Mailing Address**

1 State Street, Anytown, CA 95888

**Telephone Number**

(916) 123-1222

**E-Mail Address**

[eddieM@XYZcounty.com](mailto:eddieM@XYZcounty.com)

**Fax Number**

(916) 223-2333

**Invoicing Contact**

The Invoicing Contact is the primary Contractor staff member responsible for invoicing, budgets revisions, etc. If this person is the same as the Program Contact enter "Same as above" in the First and Last Name box below.

**First and Last Name**

Invoice Queen

**Title**

Fiscal Analyst

**Mailing Address**

1 State Street, Anytown, CA 95888

**Telephone Number**

(916) 123-5555

**E-Mail Address**

[invoicequeen@XYZcounty.com](mailto:invoicequeen@XYZcounty.com)

**Fax Number**

(916) 223-5555

**MAI Five-Line Item Budget**

<b>Contractor and Contract Number</b>				
<b>Year 1</b>				
<b>Fiscal Year</b>				
2010-2011				
<i>To be completed after Forms A - E are completed.</i>				
	<b>Form A</b> <i>Contractor Administrative Costs</i>	<b>Form D</b> <i>Contractor's MAI Service Provider Budget Summary (if applicable)</i>	<b>Form D</b> <i>Subcontractor's MAI Service Provider Budget Summary (if applicable)</i>	<b>Total</b>
<b>1. Personnel Expenses</b>	\$ 4,750			\$ 4,750
<b>2. Operating Expenses</b>	\$ 700			\$ 700
<b>3. Capital Expenses</b>				\$ -
<b>4. Other Costs</b>			\$ 54,000	\$ 54,000
<b>5. Indirect Expenses</b>	\$ 550			\$ 550
<b>Total Budget</b>	\$ 6,000	\$ -	\$ 54,000	\$ 60,000
<b>Year 2</b>				
<b>Fiscal Year</b>				
2011-2012				
	<b>Total</b>			
<b>1. Personnel Expenses</b>	\$ 4,750			
<b>2. Operating Expenses</b>	\$ 700			
<b>3. Capital Expenses</b>	\$ -			
<b>4. Other Costs</b>	\$ 54,000			
<b>5. Indirect Expenses</b>	\$ 550			
<b>Total Budget</b>	\$ 60,000			
<b>Year 3</b>				
<b>Fiscal Year</b>				
2012-2013				
	<b>Total</b>			
<b>1. Personnel Expenses</b>	\$ 4,750			
<b>2. Operating Expenses</b>	\$ 700			
<b>3. Capital Expenses</b>	\$ -			
<b>4. Other Costs</b>	\$ 54,000			
<b>5. Indirect Expenses</b>	\$ 550			
<b>Total Budget</b>	\$ 60,000			



**FORM A - MAI Contractor Administrative Budget Summary**

**Contractor and Contract Number**

XYZ County 10-12345

**Fiscal Year**

2010-2011

**Contractor Information**

<b>Contact Person</b>	<b>Title</b>
Eddi Marshall	Program Coordinator
<b>Mailing Address</b>	<b>Telephone Number</b>
1 State Street, Anytown, CA 95888	(916) 123-1222
<b>E-Mail Address</b>	<b>Fax Number</b>
<a href="mailto:eddieM@XYZcounty.com">eddieM@XYZcounty.com</a>	(916) 223-2333
<b>Do members of minority racial/ethnic groups constitute a majority of Board members and/or a majority of staff (volunteer or paid) providing care? (Check one)</b>	<b>Ownership Status (Check One)</b>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Public/Local <input type="checkbox"/> Public/State <input type="checkbox"/> Public/Federal <input type="checkbox"/> Private/Non-Profit <input type="checkbox"/> Private/For Profit <input type="checkbox"/> Incorporated

Expenses Category	Description	Budgeted Amount
<b>Personnel</b>	<b>Total Administrative Personnel</b>	<b>\$4,750</b>
<b>Operating</b>	Office Supplies @ \$58.33/month/12 months	\$700
	<b>Total Operating</b>	<b>\$700</b>
<b>Capital</b>		
	<b>Total Capital</b>	<b>\$0</b>
<b>Indirect</b>	Rent @ \$33/month/12 months	\$400
	Utilities @ 12.50/month/12 months	\$150
	<b>Total Indirect</b>	<b>\$550</b>
	<i>Cannot exceed 15% of Total Administrative Personnel</i>	12%
<b>Total Contractor Administrative Budget</b>		<b>\$6,000</b>
<i>(cannot exceed 10% of total Contractor allocation)</i>		10%

**FORM B - MAI Contractor Administrative Personnel Detail**

Contractor and Contract Number: XYX County 10-12345 Fiscal Year: 2010-2011

Position Title	Staff Member's First and Last Name	If vacant, what is the estimated hire date?		
Contract Manager	Racquel Sicut			
Describe Duties (include purpose and destination of any job-related travel) Provides program and contractual oversight. Conducts program review to ensure program compliance.	Annual Salary	Hourly Salary	Salary paid by this contract	
	\$65,000		\$1,300	
	If Travel is Required, Estimated Travel Expense	Benefits	Total Travel and Benefits	
	\$0	\$650	\$650	
		Subtotal	\$1,950	
Position Title	Staff Member's First and Last Name	If vacant, what is the estimated hire date?		
Fiscal Analyst	Invoice Queen			
Describe Duties (include purpose and destination of any job-related travel) Prepares budgets, invoices, and all contractual documents.	Annual Salary	Hourly Salary	Salary paid by this contract	
	\$40,000		\$2,050	
	If Travel is Required, Estimated Travel Expense	Benefits	Total Travel and Benefits	
	\$0	\$750	\$750	
		Subtotal	\$2,800	
Position Title	Staff Member's First and Last Name	If vacant, what is the estimated hire date?		
Describe Duties (include purpose and destination of any job-related travel)	Annual Salary	Hourly Salary	Salary paid by this contract	
	If Travel is Required, Estimated Travel Expense	Benefits	Total Travel and Benefits	
			\$0	
		Subtotal	\$0	
Position Title	Staff Member's First and Last Name	If vacant, what is the estimated hire date?		
Describe Duties (include purpose and destination of any job-related travel)	Annual Salary	Hourly Salary	Salary paid by this contract	
	If Travel is Required, Estimated Travel Expense	Benefits	Total Travel and Benefits	
			\$0	
		Subtotal	\$0	
			Total Personnel Expenses (this page)	\$4,750

**FORM D - MAI Service Provider Budget Summary**

**Contractor and Contract Number** XYZ County 10-12345 **Fiscal Year** 2010-2011

Service Provider Information	
<b>Service Provider Name</b> Cascade Care Clinic	<b>Bid Status (Check One)</b> <input type="checkbox"/> Sole Source (Attach Justification) <input checked="" type="checkbox"/> Competitive Bid
<b>Contact Person</b> Bernice Taylor	<b>Title</b> Clinical Administrator
<b>Mailing Address</b> 3 First Avenue, Sacramento, CA 95888	<b>Telephone Number</b> (916) 385-9999
<b>E-Mail Address</b> <a href="mailto:btaylor@cascadeclinic.org">btaylor@cascadeclinic.org</a>	<b>Fax Number</b> (916) 385-2727
<b>Website Address (if any)</b>	<b>Federal Taxpayer Identification Number</b> 06-098765
<b>Do members of minority racial/ethnic groups constitute a majority of Board members and/or a majority of staff (volunteer or paid) providing care? (Check one)</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Ownership Status (Check One)</b> <input checked="" type="checkbox"/> Public/Local <input type="checkbox"/> Public/State <input type="checkbox"/> Public/Federal <input type="checkbox"/> Private/Non-Profit <input type="checkbox"/> Private/For Profit <input type="checkbox"/> Incorporated

Client Service Costs			Estimated Clients Served	Budgeted Amount
Services <i>NOTE: The MAI service categories must be used here.</i>	Personnel Costs	Non-Personnel Costs		
Outreach	\$36,450.00	\$0.00		\$36,450
Treatment Education	\$12,000.00	\$150.00		\$12,150
				\$0
				\$0
				\$0
				\$0
<b>Totals</b>	<b>\$48,450.00</b>	<b>\$150.00</b>	<b>Total Services</b>	<b>\$48,600</b>
<b>Administrative Personnel</b>			<b>Total Administrative Personnel</b>	<b>\$5,040</b>
<b>Operating</b>			Cell phone @\$30/month/12 months	\$360
			<b>Total Operating</b>	<b>\$360</b>
<b>Capital</b>				
			<b>Total Capital</b>	<b>\$0</b>
<b>Indirect</b>				
			<b>Total Indirect</b>	<b>\$0</b>
			<i>(cannot exceed 15% of Client Service Provider Total Personnel Expenses)</i>	
			<b>Total Administrative Costs</b>	<b>\$5,400</b>
			<i>(cannot exceed 10% of the Client Service Provider total budget)</i>	10%
			<b>Total Service Provider Budget</b>	<b>\$54,000</b>

FORM E - MAI Service Provider Personnel Detail

Contractor and Contract Number: XYZ County 10-12345 Fiscal Year: 2010-2011

Service Provider Information	
<b>Service Provider Name</b> Cascade Care Clinic	<b>Contact Name and Title</b> Bernice Taylor
<b>Mailing Address</b> 3 First Avenue, Sacramento, CA 95888	<b>Telephone Number</b> (916) 385-9999
<b>E-Mail Address</b> btaylor@cascadeclinic.org	<b>Fax Number</b> (916) 385-2727

Position Title	Staff Member's First and Last Name	If vacant, what is the estimated hire date?	Is this an administrative position?
Outreach Worker	Leann Jones		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Describe Duties (include purpose and destination of any job-related travel)</b> Conducts MAI outreach to communities of color. Identifies, locates and engages individuals who are out of care or lost to care and brings them into medical care or back into medical care if previously lost to care. Travel includes the greater Sacramento County area.	<b>Annual Salary</b> \$42,600	<b>Hourly Salary</b>	<b>Salary paid by this contract</b> \$31,950
	<b>If Travel is Required, Estimated Travel Expense</b> \$750	<b>Benefits</b> \$3,750	<b>Total Travel and Benefits</b> \$4,500
<b>MAI Service Category</b>	Outreach	<b>Subtotal</b>	\$36,450

Position Title	Staff Member's First and Last Name	If vacant, what is the estimated hire date?	Is this an administrative position?
Outreach Worker	Leann Jones		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Describe Duties (include purpose and destination of any job-related travel)</b> Provides treatment education information to HIV + communities of color who have been lost to care or never in care. Travel includes the greater Sacramento County area.	<b>Annual Salary</b> \$42,600	<b>Hourly Salary</b>	<b>Salary paid by this contract</b> \$10,500
	<b>If Travel is Required, Estimated Travel Expense</b> \$250	<b>Benefits</b> \$1,250	<b>Total Travel and Benefits</b> \$1,500
<b>MAI Service Category</b>	Treatment Education	<b>Subtotal</b>	\$12,000

Position Title	Staff Member's First and Last Name	If vacant, what is the estimated hire date?	Is this an administrative position?
Program Supervisor	Terrance Gomez		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Describe Duties (include purpose and destination of any job-related travel)</b> Oversees provision of services.	<b>Annual Salary</b> \$65,000	<b>Hourly Salary</b>	<b>Salary paid by this contract</b> \$4,550
	<b>If Travel is Required, Estimated Travel Expense</b> \$150	<b>Benefits</b> \$340	<b>Total Travel and Benefits</b> \$490
<b>MAI Service Category</b>	N/A - Administrative Position	<b>Subtotal</b>	\$5,040

Position Title	Staff Member's First and Last Name	If vacant, what is the estimated hire date?	Is this an administrative position?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Describe Duties (include purpose and destination of any job-related travel)</b>	<b>Annual Salary</b>	<b>Hourly Salary</b>	<b>Salary paid by this contract</b>
	<b>If Travel is Required, Estimated Travel Expense</b>	<b>Benefits</b>	<b>Total Travel and Benefits</b>
			\$0
<b>MAI Service Category</b>		<b>Subtotal</b>	\$0

Total Personnel Expenses (this page) \$53,490