

Budget Coversheet

Contractor Name: Department of Health Care Services
 Contract Number: 14-10629

Budget Categories	FFY 14 Total	FFY 15 Total	Difference	% Difference
1 Salaries	\$108,329.00	\$0.00	-\$108,329.00	-100.00%
2 Benefits	\$44,038.99	\$0.00	-\$44,038.99	-100.00%
3 Operating	\$3,000.00	\$0.00	-\$3,000.00	-100.00%
4 Equipment	\$3,000.00	\$0.00	-\$3,000.00	-100.00%
5 Travel & Per Diem	\$15,125.00	\$0.00	-\$15,125.00	-100.00%
6 Subcontractors	\$356,826.34	\$530,319.14	\$173,492.80	48.62%
7 Other Costs		\$0.00	\$0.00	0.00%
8 Indirect Costs		\$0.00	\$0.00	0.00%
Totals:	\$530,319.33	\$530,319.14	-\$0.19	\$0.00

Budget Categories	Reason for difference greater than 5%
1 Salaries	Moved into Subcontractor due to delay in hiring State staff
2 Benefits	Moved into Subcontractor due to delay in hiring State staff
3 Operating	Moved into Subcontractor due to delay in hiring State staff
4 Equipment	Moved into Subcontractor due to delay in hiring State staff
5 Travel & Per Diem	Moved into Subcontractor due to delay in hiring State staff
6 Subcontractors	Moved into Subcontractor due to delay in hiring State staff
7 Other Costs	
8 Indirect Costs	

Prime Staffing

Contractor Name:
Contract Number:

Department of Health Care Services
14-10629

Budget Adjustment		Position Title	Position Names	Description of Job Duties		FTEs charged to SNAP-Ed	Total Annual Salary	Total SNAP-Ed Salary	Benefit Rate	Benefits *Total SNAP-Ed Salary X Benefit Rate	SNAP-Ed Salary, Benefits and Wages, Federal Dollars only	Budget Adjustment Justification
Action	Last Amt Approved			% of SNAP-Ed Time spent on Mgmt/Admin Duties	% of SNAP-Ed Time spent on Direct SNAP-Ed Delivery							
1		Medical Director (In-Kind)	Dr. Neal Kohatsu	100.00%	0.00%	0.05	\$0.00	\$0.00	0.000%	\$0.00	\$0.00	
2		Contract Manager (In-Kind)	Citra Downey	100.00%	0.00%	0.2	\$0.00	\$0.00	0.000%	\$0.00	\$0.00	
3		Program Assistant (In-Kind)	Adrienne Lowe	100.00%	0.00%	0.05	\$0.00	\$0.00	0.000%	\$0.00	\$0.00	
4		Program Assistant (In-Kind)	Tianna Morgan	100.00%	0.00%	0.05	\$0.00	\$0.00	0.000%	\$0.00	\$0.00	
5		Research Analyst (In-Kind)	Jennifer Byrne	100.00%	0.00%	0.2	\$0.00	\$0.00	0.000%	\$0.00	\$0.00	
		Totals:		500.00%	0.00%	0.55	\$0.00	\$0.00		\$0.00	\$0.00	

Definition and basis for calculations of benefit rate(s): _____

Prime Budget Justification

Contractor Name: Department of Health Care Services
 Contract Number: 14-10629

Budget Adjustment		Operating Expenses							Budget Adjustment Justification
Action	Last Amt Approved	Budget Item	Description/Justification	Unit Cost	Quantity	Months	Total	Budget Adjustment Justification	
		N/A				1.00	\$0.00		
Total Operating Expenses:							\$0.00		

Budget Adjustment		Equipment Expenses					Budget Adjustment Justification	
Action	Last Amt Approved	Budget Item	Description/Justification	Unit Cost	Quantity	FTE	Total	Budget Adjustment Justification
		N/A				1.00	\$0.00	
Total Equipment Expenses:							\$0.00	

Budget Adjustment		Travel and Per Diem											Budget Adjustment Justification		
Action	Last Amt Approved	Travel/Position Title	Location	Trips	FTE	Days	Nights	Per Diem	Lodging	Air	Miles	Reg. Fee	Other	Total	Budget Adjustment Justification
		N/A												\$0.00	
Total Travel and Per Diem:														\$0.00	

* Lodging costs include taxes. Reimbursement at CalHR rates.

Budget Adjustment		Sub Contractor(s)				Budget Adjustment Justification
Action	Approved	Name	Description/Justification	Total		Budget Adjustment Justification
		A UC Davis	Conduct formative research and develop a pilot program to reduce the risk and prevalence of overweight and obesity among SNAP-Ed eligible Medi-Cal members.	\$530,319.14		
Total Sub Grant(s):				\$530,319.14		

Budget Adjustment		Other Costs					Budget Adjustment Justification	
Action	Last Amt Approved	Budget Item	Description/Justification	Unit Cost	Quantity	Misc.	Total	Budget Adjustment Justification
		N/A				1.00	\$0.00	
Total Other Costs:							\$0.00	

Budget Adjustment		Indirect Costs				Budget Adjustment Justification
Action	Last Amt Approved	Calculation Method	%	\$ of Method	Total	Budget Adjustment Justification
		N/A			\$0.00	
Total Indirect Costs:					\$0.00	

Total Budget:					\$530,319.14	
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Sub Staffing A

Contractor Name: Department of Health Care Services
Contract Number: 14-10629
Sub Contractor A Name: UC Davis

Budget Adjustment		Position Title	Position Names	Description of Job Duties		FTEs charged to SNAP-Ed	Total Annual Salary	Total SNAP-Ed Salary	Benefit Rate	Benefits *Total SNAP-Ed Salary X Benefit Rate	SNAP-Ed Salary, Benefits and Wages, Federal Dollars only	Budget Adjustment Justification
Action	Last Amt Approved			% of SNAP-Ed Time spent on Mgmt/Admin Duties	% of SNAP-Ed Time spent on Direct SNAP-Ed Delivery							
1		Principal Investigator	Dr. Kenneth Kizer	100.00%		0.05	\$188,147.00	\$9,407.35	23.220%	\$2,184.39	\$11,591.74	
2		Co-Investigator	Dr. Desiree Backman	100.00%		0.1	\$171,042.00	\$17,104.20	42.000%	\$7,183.76	\$24,287.96	
3		Program Manager	TBN	20.00%	80.00%	1	\$75,500.00	\$75,500.00	54.225%	\$40,939.88	\$116,439.88	
4		Program Assistant	TBN	20.00%	80.00%	1	\$55,500.00	\$55,500.00	54.225%	\$30,094.88	\$85,594.88	
5		Financial Analyst	Mark Koga	100.00%		0.17	\$67,380.00	\$11,454.60	54.225%	\$6,211.26	\$17,665.86	
6		Chief Admin. Officer	Allyn Fernandez-Amy	100.00%		0.17	\$98,246.00	\$16,701.82	54.225%	\$9,056.56	\$25,758.38	
Totals:				440.00%	160.00%	2.49	\$655,815.00	\$185,667.97		\$95,670.73	\$281,338.70	

Definition and basis for calculations of benefit rate(s): _____

Sub Budget Justification A

Contractor Name: Department of Health Care Services
Contract Number: 14-10629
Sub Contractor A Name: UC Davis

Budget Adjustment		Operating Expenses							
Action	Last Amt Approved	Budget Item	Description/Justification	Unit Cost	Quantity	FTE	Total	Budget Adjustment Justification	
		Project Supplies	Project Supplies for 2.49 FTE	\$33.50	12.00	2.49	\$1,000.98		
		Communications	Brochures, Handouts, and Exhibit Supplies for 2.49 FTE	\$33.50	12.00	2.49	\$1,000.98		
		Computing & Data Processing	Computer, Software, Encryption, & Virus Protection for 2.49 FTE	\$400.00	1.00	2.49	\$996.00		
		General Operating Costs	Printing, Reproduction, Postage & Media for 2.49 FTE	\$33.50	12.00	2.49	\$1,000.98		
		Video Ethnography	Script development	\$892.75	1.00	1.00	\$892.75		
		(Production & Editing Costs)	Securing shooting location, including equipment and crew	\$3,500.00	1.00	1.00	\$3,500.00		
			Video editing	\$2,500.00	1.00	1.00	\$2,500.00		
			Video authoring and media compression	\$1,500.00	1.00	1.00	\$1,500.00		
Total Operating Expenses:							\$12,391.69		

Budget Adjustment		Travel and Per Diem													
Action	Last Amt Approved	Travel/Position Title	Location	Trips	FTE	Days	Nights	Per Diem	Lodging	Air	Miles	Reg. Fee	Other	Total	Budget Adjustment Justification
		Program Manager	In-State (TBD)	5	1	2	2	\$41.25	\$350.00	\$450.00	500.00			\$7,562.50	
		Program Assistant	In-State (TBD)	5	1	2	2	\$41.25	\$350.00	\$450.00	500.00			\$7,562.50	
Total Travel and Per Diem:														\$15,125.00	

Budget Adjustment		Sub Contractor(s)							
Action	Last Amt Approved	Name	Description/Justification				Total	Budget Adjustment Justification	
		A TBN	Subcontractor for Key Informant Interviews & Focus Groups				\$138,000.00		
Total Sub Grant(s):							\$138,000.00		

Budget Adjustment		Other Costs						
Action	Last Amt Approved	Budget Item	Description/Justification	Unit Cost	Quantity	Misc.	Total	Budget Adjustment Justification
		N/A				1.00	\$0.00	
Total Other Costs:							\$0.00	

Budget Adjustment		Indirect Costs					
Action	Last Amt Approved	Calculation Method	%	\$ of Method	Total	Budget Adjustment Justification	

Sub Budget Justification A

		25% of Modified Total Direct Costs	25.0000%	\$333,855.00	\$83,463.75	
					Total Indirect Costs:	\$83,463.75
					Total Budget:	\$530,319.14