**Request for Qualifications #2020-BH01:**

**Solano County Health & Social Services:**

**Behavioral Health Division**

**EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (EPSDT)**

**MENTAL HEALTH SERVICES FOR CHILDREN AGES 0-5**

**ATTACHMENT C: BUDGET WORKSHEET**

The Budget Worksheet (ATTACHMENT C) must be prepared according to the Budget Worksheet Instructions found in **Section 3.5** of the RFQ. The total cost on the Budget Worksheet must equal or be less than the amount of the annual budget listed in the RFQ as described on page 2.

*NOTE:* ***The proposed budget will be used to determine the contract cap for a fee for service budget structure.***

APPLICANT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BUDGET SUMMARY**

|  |  |  |  |
| --- | --- | --- | --- |
| COST CATEGORY | Dates: **2020-2021** | Dates: **2021-2022** | Dates: **2022-2023** |
| A. Personnel |  |  |  |
| B. Operating Expenses |  |  |  |
| C. Subcontractor |  |  |  |
| D. Indirect Costs |  |  |  |
| **TOTAL** |  |  |  |

**BUDGET YEAR 1**

**RFQ # 2020-BH01**

**EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT (EPSDT)**

**MENTAL HEALTH SERVICES FOR CHILDREN AGES 0-5**

**Year 1: 2020-2021**

(Budget will be prorated based on start date of contract)

|  |  |  |
| --- | --- | --- |
| Line Item | FTE |  |
| Personnel Expenses |  |  |
| Staff Member 1 |  |  |
| Staff Member 2 |  |  |
| Staff Member 3 |  |  |
| Staff Member 4 |  |  |
| Benefits include percentage rate |  |  |
| SUBTOTAL PERSONNEL |  |  |
| Operating Expenses  *examples only – please list all expected operating expenses in budget proposal* |  |  |
| Rent & Utilities |  |  |
| Office Supplies & Material |  |  |
| Telephone & Communication |  |  |
| Postage/Mailing |  |  |
| Reproduction/Copying |  |  |
| Travel |  |  |
| Training/Conferences |  |  |
| Client supports |  |  |
| Other |  |  |
| SUBTOTAL OPERATING EXPENSES |  |  |
| Subcontractors (only as needed) |  |  |
| Subcontractor 1 |  |  |
| Subcontractor 2 |  |  |
| SUBTOTAL SUBCONTRACTORS |  |  |
| Indirect Costs |  |  |
| Indirect Costs |  |  |
| SUBTOTAL INDIRECT COSTS |  |  |
| GRAND TOTAL EXPENSES |  |  |

**Year 2\*\*: 2021-2022**

|  |  |  |
| --- | --- | --- |
| Line Item | FTE |  |
| Personnel Expenses |  |  |
| Staff Member 1 |  |  |
| Staff Member 2 |  |  |
| Staff Member 3 |  |  |
| Staff Member 4 |  |  |
| Benefits include percentage rate |  |  |
| SUBTOTAL PERSONNEL |  |  |
| Operating Expenses  *examples only – please list all expected operating expenses in budget proposal* |  |  |
| Rent & Utilities |  |  |
| Office Supplies & Material |  |  |
| Telephone & Communication |  |  |
| Postage/Mailing |  |  |
| Reproduction/Copying |  |  |
| Travel |  |  |
| Training/Conferences |  |  |
| Client Supports |  |  |
| Other |  |  |
| SUBTOTAL OPERATING EXPENSES |  |  |
| Subcontractors (only as needed) |  |  |
| Subcontractor 1 |  |  |
| Subcontractor 2 |  |  |
| SUBTOTAL SUBCONTRACTORS |  |  |
| Indirect Costs |  |  |
| Indirect Costs |  |  |
| SUBTOTAL INDIRECT COSTS |  |  |
| GRAND TOTAL EXPENSES |  |  |

**Year 3\*\*: 2022-2023**

|  |  |  |
| --- | --- | --- |
| Line Item | FTE |  |
| Personnel Expenses |  |  |
| Staff Member 1 |  |  |
| Staff Member 2 |  |  |
| Staff Member 3 |  |  |
| Staff Member 4 |  |  |
| Benefits include percentage rate |  |  |
| SUBTOTAL PERSONNEL |  |  |
| Operating Expenses  *examples only – please list all expected operating expenses in budget proposal* |  |  |
| Rent & Utilities |  |  |
| Office Supplies & Material |  |  |
| Telephone & Communication |  |  |
| Postage/Mailing |  |  |
| Reproduction/Copying |  |  |
| Travel |  |  |
| Training/Conferences |  |  |
| Client Supports |  |  |
| Other |  |  |
| SUBTOTAL OPERATING EXPENSES |  |  |
| Subcontractors (only as needed) |  |  |
| Subcontractor 1 |  |  |
| Subcontractor 2 |  |  |
| SUBTOTAL SUBCONTRACTORS |  |  |
| Indirect Costs |  |  |
| Indirect Costs |  |  |
| SUBTOTAL INDIRECT COSTS |  |  |
| GRAND TOTAL EXPENSES |  |  |