



Grantee Name: El Dorado County Public Health Department						
Project Name: ACCEL Initiative						
Contract Number: 0607-15-303-702						
Contact Name & Title: Kirsten Rogers, Supervisor						
Fiscal Year: 2006-2007						
Budget Item	Total Approved Budget Amount [B]	Expenditures Year To Date [C]	Encumbered [D]	Total Expenditures [C+D=E]	Unexpended Balance [B-E=F]	% Expended [E/B=G]
Personnel:						
1) .35 FTE Program Assistant	\$13,110.00			\$0.00	\$13,110.00	0%
2) .70 FTE Health Program Specialist	\$32,483.00			\$0.00	\$32,483.00	0%
3) .35 FTE Sup. Health Ed. Coordinator	\$22,880.00			\$0.00	\$22,880.00	0%
4) .35 FTE HEC	\$18,352.00			\$0.00	\$18,352.00	0%
Benefits	\$40,060.00			\$0.00	\$40,060.00	0%
Subtotal Personnel:	\$126,885.00	\$0.00	\$0.00	\$0.00	\$126,885.00	0%
Operating Expenses:						
5) Rent and Utilities	\$2,159.00			\$0.00	\$2,159.00	0%
6) Office Supplies/Materials	\$1,076.00			\$0.00	\$1,076.00	0%
7) Telephone	\$1,750.00			\$0.00	\$1,750.00	0%
8) Postage/Mailing	\$586.00			\$0.00	\$586.00	0%
9) Reproduction/Copying	\$3,400.00			\$0.00	\$3,400.00	0%
10) Equipment Lease	\$0.00			\$0.00	\$0.00	0%
11) Travel & Mileage	\$7,000.00			\$0.00	\$7,000.00	0%
12) Training/Conferences	\$1,278.00	\$0.00		\$0.00	\$1,278.00	0%
13) Consultants	\$0.00	\$0.00		\$0.00	\$0.00	0%
14) Special Departmental	\$0.00			\$0.00	\$0.00	#DIV/0!
15) Special Departmental Projects	\$0.00			\$0.00	\$0.00	#DIV/0!
16) GAP Coverage Product	\$19,709.00			\$0.00	\$19,709.00	0%
17) Care Pathways	\$92,833.00			\$0.00	\$92,833.00	0%
Subtotal Operating:	\$129,791.00	\$0.00	\$0.00	\$0.00	\$129,791.00	0%
Indirect Expenses:						
Indirect Cost (9.0% Max)	\$11,420.00			\$0.00	\$11,420.00	0%
TOTAL COSTS	\$268,096.00	\$0.00	\$0.00	\$0.00	\$268,096.00	0%

 Print Name of Program Contact Person or Authorized Representative

Signature: Program Contact Person or Authorized Representative *DATE*

For Commission Use Only - Do Not Fill In Shaded Area		
Date Received	Signature of Authorized First 5 Staff	Date



Grantee Name: El Dorado County Public Health Department						
Project Name: ACCEL Initiative						
Contract Number: 0607-15-303-702						
Contact Name & Title: Kirsten Rogers, Supervisor						
Fiscal Year: 2007-2008						
Budget Item	Total Approved Budget Amount [B]	Expenditures Year To Date [C]	Encumbered [D]	Total Expenditures [C+D=E]	Unexpended Balance [B-E=F]	% Expended [E/B=G]
Personnel:						
1) .35 FTE Program Assistant	\$14,770.00			\$0.00	\$14,770.00	0%
2) .70 FTE Health Program Specialist	\$35,282.00			\$0.00	\$35,282.00	0%
3) .35 FTE Sup. Health Ed. Coordinator	\$23,240.00			\$0.00	\$23,240.00	0%
4) .35 FTE HEC	\$18,650.00			\$0.00	\$18,650.00	0%
Benefits	\$41,500.00			\$0.00	\$41,500.00	0%
Subtotal Personnel:	\$133,442.00	\$0.00	\$0.00	\$0.00	\$133,442.00	0%
Operating Expenses:						
5) Rent and Utilities	\$1,248.00			\$0.00	\$1,248.00	0%
6) Office Supplies/Materials	\$500.00			\$0.00	\$500.00	0%
7) Telephone	\$600.00			\$0.00	\$600.00	0%
8) Postage/Mailing	\$560.00			\$0.00	\$560.00	0%
9) Reproduction/Copying	\$250.00			\$0.00	\$250.00	0%
10) Equipment Lease	\$500.00			\$0.00	\$500.00	0%
11) Travel & Mileage	\$500.00			\$0.00	\$500.00	0%
12) Training/Conferences	\$0.00	\$0.00		\$0.00	\$0.00	#DIV/0!
13) Consultants	\$0.00	\$0.00		\$0.00	\$0.00	0%
14) Special Departmental	\$0.00			\$0.00	\$0.00	#DIV/0!
15) Special Departmental Projects	\$0.00			\$0.00	\$0.00	#DIV/0!
16) GAP Coverage Product	\$0.00			\$0.00	\$0.00	#DIV/0!
17) Care Pathways				\$0.00	\$0.00	#DIV/0!
Subtotal Operating:	\$4,158.00	\$0.00	\$0.00	\$0.00	\$4,158.00	0%
Indirect Expenses:						
Indirect Cost (9.0% Max)	\$12,400.00			\$0.00	\$12,400.00	0%
TOTAL COSTS	\$150,000.00	\$0.00	\$0.00	\$0.00	\$150,000.00	0%

 Print Name of Program Contact Person or Authorized Representative

Signature: Program Contact Person or Authorized Representative *DATE*

For Commission Use Only - Do Not Fill In Shaded Area		
Date Received	Signature of Authorized First 5 Staff	Date



Budget Revision Request Form

Grantee Name:					
Project Name:					
Contract Number:					
Budget Period:					
Proposed Effective Date:					
Budget Item	Approved Budget Amount		Proposed Budget Adjustment <i>* Amount to increase (+) or decrease (-)</i>	Proposed Local Budget	% Change
Personnel:					
1)				\$0.00	#DIV/0!
2)				\$0.00	#DIV/0!
3)				\$0.00	#DIV/0!
4)				\$0.00	#DIV/0!
Benefits				\$0.00	#DIV/0!
Subtotal Personnel:	\$0.00		\$0.00	\$0.00	#DIV/0!
Operating Expenses:					
5) Rent and Utilities				\$0.00	#DIV/0!
6) Office Supplies/Materials				\$0.00	#DIV/0!
7) Telephone				\$0.00	#DIV/0!
8) Postage/Mailing				\$0.00	#DIV/0!
9) Reproduction/Copying				\$0.00	#DIV/0!
10) Equipment Lease				\$0.00	#DIV/0!
11) Travel				\$0.00	#DIV/0!
12) Training/Conferences				\$0.00	#DIV/0!
13) Consultants				\$0.00	#DIV/0!
14) Other (specify)				\$0.00	#DIV/0!
15) Other (specify)				\$0.00	#DIV/0!
Subtotal Operating:	\$0.00		\$0.00	\$0.00	#DIV/0!
Indirect Expenses:					
Indirect Cost (9.0% max)				\$0.00	#DIV/0!
TOTAL COSTS	\$0.00		\$0.00	\$0.00	#DIV/0!

**Please attach a Revised Budget Justification Narrative explaining each budget revision by line item.*

Print Name of Program Contact Person or Authorized Representative

Signature: Program Contact Person or Authorized Representative

DATE

For Commission Use Only - Do Not Fill In Shaded Area			
Program Coordinator	Date	Executive Director	Date



**Budget Revision Request Form
Attachment VII**

Grantee Name: El Dorado County Public Health Department				
Project Name: ACCEL Initiative				
Contract Number: 0607-15-303-702				
Budget Period: FY 2007-2008				
Proposed Effective Date:				
Budget Item	Approved Budget Amount	Proposed Budget Adjustment * Amount to increase (+) or decrease (-)	Proposed Budget	% Change
Personnel:				
1) .35 FTE Program Assistant	\$14,770.00			
2) .70 FTE Health Program Specialist	\$35,282.00			
3) .35 FTE Sup. Health Ed. Coordinator	\$23,240.00			
4) .35 FTE HEC	\$18,650.00			
Benefits	\$41,500.00			
Subtotal Personnel:	\$133,442.00			
Operating Expenses:				
5) Rent and Utilities	\$1,248.00			
6) Office Supplies/Materials	\$500.00			
7) Telephone	\$600.00			
8) Postage/Mailing	\$560.00			
9) Reproduction/Copying	\$250.00			
10) Equipment Lease	\$500.00			
11) Travel & Mileage	\$500.00			
12) Training/Conferences	\$0.00			
13) Consultants	\$0.00			
14) Special Departmental	\$0.00			
15) Special Departmental Projects	\$0.00			
16) GAP Coverage Product	\$0.00			
17) Care Pathways	\$0.00			
Subtotal Operating:	\$4,158.00			
Indirect Expenses:				
Indirect Cost (9.0% max)	\$12,400.00			
TOTAL COSTS	\$150,000.00			

***Please attach a Revised Budget Justification Narrative explaining each budget revision by line item.**

Print Name of Program Contact Person or Authorized Representative

Signature: Program Contact Person or Authorized Representative

DATE

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Program Coordinator

Date

Executive Director

Date