|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Attachment C** | | | |  |  |
| **County of Marin RFP HHS 2021-23 Budget Worksheet- Nutrition Wellness Program, HEAL Collaborative** | | | | |  |
|  |  |  |  |  |  |
|  |  |  |  | NWP RFP Budget | Total Budget |
| A. Expenditures | | |  |  |  |
|  | 1. Personnel Expenditures | | |  |  |
|  |  | a. Employee Salary | |  |  |
|  |  |  | i. Employee 1 Title ($/hour, hours/week assigned to this project) |  |  |
|  |  |  | ii. Employee 2 Title ($/hour, hours/week assigned to this project) |  |  |
|  |  |  | iii. Employee 3 Title ($/hour, hours/week assigned to this project) |  |  |
|  |  | b. Subtotal of all salaries | | $ - | $ - |
|  |  | c. Employee Benefits | |  |  |
|  |  |  | i. Part time benefits |  |  |
|  |  |  | ii. Full time benefits |  |  |
|  |  |  | iii. Subtotal of benefits | $ - | $ - |
|  |  | *Subtotal of Personnel Expenditures* | | $ - | $ - |
|  | 2. Operating Expenditures | | |  |  |
|  |  | a. Rent | |  |  |
|  |  | b. Utilities | |  |  |
|  |  | c. Office Supplies | |  |  |
|  |  | d. Technology equipment and licenses | |  |  |
|  |  | e. Telephone and cell phones | |  |  |
|  |  | f. Web/internet | |  |  |
|  |  | g. Insurance | |  |  |
|  |  | h. Staff development | |  |  |
|  |  | i. Staff finger-printing/background checks | |  |  |
|  |  | j. Other – describe | |  |  |
|  |  | k. Other – describe | |  |  |
|  |  | *Subtotal of Operating Expenditures* | | $ - | $ - |
|  | 3. Start Up Costs | | |  |  |
|  |  | a. |  |  | $ - |
|  |  | b |  |  | $ - |
|  |  | a. |  |  | $ - |
|  |  | *Subtotal One-Time Start-up Costs* | | $ - | $ - |
|  | 4. Admin/Indirect rate: 15% (max.) of budget | | |  |  |
|  |  | *Subtotal Admin/Indirect Costs* | | $ - | $ - |
| B. Revenues -- if applicable | | | |  |  |
|  |  | a. Grants | |  |  |
|  |  | b. Donations | |  |  |
|  |  | c. Other Revenue | |  |  |
|  | **Total Revenues** | | | **$ -** | **$ -** |
| D. Total Proposed Operational Budget | | | | **$ -** | **$ -** |