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| **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 |  **$ -**  |  **$ -**  |