

**Future of Public Health (FoPH) Spend Plan - Attachment
Spend Plan Instructions**

| Personnel | |
|--------------------------------|--|
| Local Health Jurisdiction Name | Please select the name of your Local Health Jurisdiction. This will autopopulate throughout the document and your Expenditure report tab. |
| Position Title | Please include the title of the position within this cell. please also include their name. If unknown, please insert "N/A". |
| Annual Salary | The annual salary should be the employee's true annual percentage and the number of months they will work on the Future of Public Health Funding. |
| Budgeted Months | Please indicate the number of months the employee will be funded on Public Health Funding. The term of the funding is July 1 to June 30, 12 months. |
| FTE % | The FTE % will auto-populate based on the number of months the employee is working on the Future of Public Health Funding. |
| Total Salary | The Total Salary will auto-populate based on the Annual Salary and the number of months the employee is working on the Future of Public Health Funding. |
| Benefit Rate | Please indicate the percentage Benefit Rate for each employee. |
| Total Benefits | The Total Benefits will auto-populate based on the Total Salary and the Benefit Rate for each employee. |
| Combined Salary and Benefits | The Combined Salary and Benefits will auto-populate based on the Total Salary and Total Benefits. |
| Annual Salary and Benefits | The Combined Salary and Benefits will auto-populate based on the Combined Salary and Benefits on an annual basis. |
| Position Filled | Please select Yes or No from the drop-down menu. |
| Program Area | Please select a Program Area from the drop-down menu. |
| Disparate Health Outcome Focus | Please select Yes or No from the drop-down menu if the program has a disparate health outcome focus. |
| Job Classification Category | Please select the Job Classification Category from the drop-down menu. |
| Supplies | |
| | General office supplies may be shown by an estimated number of months in this budget category. Major supplies and related to specific program objectives and personnel are shown by the number of months related to specific program objectives. |
| Travel | |
| | Provide details of what the travel is intended to accomplish. |

| | |
|---------------------------|--|
| | <p>review panels, etc.). Include details such as airfare, mileage, hotel, per diem, etc. Provide justification for both in-state and out-of-state travel.</p> |
| Equipment | |
| | <p>Useful life of more than one year AND a cost of ≥\$5,000. All equipment costs in budget. Provide justification which includes the program objectives.</p> |
| Other | |
| | <p>Contains items not included in previous budget categories. Provide justification which includes the use and relationship to the specific program objectives and quantities when applicable.</p> |
| Subcontracts | |
| | <p>Include the Subcontractor name(s) if known or you can provide a brief description of the work they will perform. List all Subcontractors to the Activity within your Workplan.</p> |
| Total Direct Costs | |
| | <p>Direct Costs Include: Combined total of Personnel, Supplies, and Subcontracts. Should your Agency require a forecast, please reach out to the Future of Public Health Funding mailbox for assistance.</p> |
| Indirect Cost | |
| | <p>Please enter your Indirect Cost Rate (ICR) percentage and the amount that your ICR should calculate from; this is not Direct Costs. Your Agency has an approved rate on file with the State. If you do not have your Agency's approved ICR, please reach out to Future of Public Health Funding (FoPHfunding@cdph.ca.gov) for assistance.</p> |

Attachment #4

tion from the drop-down menu. This total allocation amount under the

If you know who the incumbent is, indicate TBD or Vacant.

annual salary regardless of their FTE on the Future of Public Health

is projected to work on the Future of Public Health from July 1, 2022 to June 30, 2023 which is

of months the employee is working on

annual Salary and FTE % the employee

position.

total Salary and Benefit Rate % for the

based on the Total Salary + Total

based on the Total Salary + Total

menu.

the position has a disparate health

the drop-down menu.

ed amount per month times the monthly items (<\$5,000) should be justified in detail. Provide justification and relate it

to accomplish. (e.g., advisory committees,

em, etc.
travel.

000 per unit. Consider maintenance
he use and relationship to the specific

gories. Provide justification which
ram objectives. Give unit cost and

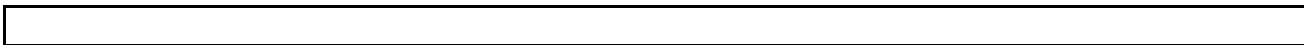
an put TBD; and you will also need to
m. If possible, please tie your

supplies, Travel, Equipment, Other,
mula for Modified Direct Costs, please
lbox (FoPHfunding@cdph.ca.gov) for

ge within cell E138. Please enter the
ormally Total Personnel or Total Direct
n CDPH. If you don't know your
of Public Health Funding mailbox

Local Health Jurisdiction Name:

0



Local Health Jurisdiction Name:

0

| Combined Strategy | Total Award |
|-------------------|-------------|
| | #N/A |

| Budget | | |
|--|-----------------|-----------|
| Budget Category | Budgeted Amount | July 2023 |
| Salary | \$ - | |
| Supplies | \$ - | |
| In State Travel or Out-of-State Travel | \$ - | |
| Equipment | \$ - | |
| Other & Subcontracts | \$ - | |
| Total Direct Costs | \$ - | \$ - |
| Total Indirect Costs | \$ - | \$ - |

| | Budget | Expenditures |
|---------------|--------|--------------|
| Totals | \$ - | \$ - |

| 1st Quarter | | | |
|-------------|----------------|----------|--------------|
| August 2023 | September 2023 | Q1 Total | October 2023 |
| | | \$ - | |
| | | \$ - | |
| | | \$ - | |
| | | \$ - | |
| | | \$ - | |
| | | \$ - | |
| \$ - | \$ - | \$ - | \$ - |
| \$ - | \$ - | \$ - | \$ - |

Balance
\$ -

2023-24 Quarterly Expenditure Report

2nd Quarter

| November 2023 | December 2023 | Q2 Total | January 2024 |
|------------------|------------------|----------|-----------------|
| | | \$ - | |
| | | \$ - | |
| | | \$ - | |
| | | \$ - | |
| | | \$ - | |
| | | \$ - | |
| \$ - | \$ - | \$ - | \$ - |
| \$ - | \$ - | \$ - | \$ - |



| 3rd Quarter | | | |
|---------------|------------|----------|------------|
| February 2024 | March 2024 | Q3 Total | April 2024 |
| | | \$ - | |
| | | \$ - | |
| | | \$ - | |
| | | \$ - | |
| | | \$ - | |
| \$ - | \$ - | \$ - | \$ - |
| \$ - | \$ - | \$ - | \$ - |

| | |
|--|--|
| | |
|--|--|

| 4th Quarter | | |
|-------------|-----------|----------|
| May 2024 | June 2024 | Q4 Total |
| | | \$ - |
| | | \$ - |
| | | \$ - |
| | | \$ - |
| | | \$ - |
| \$ - | \$ - | \$ - |
| \$ - | \$ - | \$ - |

| | | |
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