

Appendix A. Budget Template

Submit budget using the following table format. Add lines as necessary. Refer to sample calculations. Complete the budget narrative below the table.

BUDGET: EXPANDING ACCESS TO MAT IN COUNTY CRIMINAL JUSTICE SYSTEMS				
COUNTY NAME:				
PERSONNEL				
Salary				
Position Title	% FTE	Annualized Salary	Number of Months	Project Cost*
Program Administrator III	.03	\$109,897.31	12	\$3,296.92
Subtotal Salary				\$3,296.92
Fringe Benefit Cost				
Position Title	Fringe Rate			Project Cost**
Senior Accountant	36.8%			\$1,213.27
Subtotal Fringe Benefit				\$1,213.27
Total Personnel (subtotal salary + subtotal fringes)				\$4,510.19
CONTRACTOR/CONSULTANT				
Position Title	Hours/month	Number months	Hourly rate	Project Cost***
Total Contractor/Consultant				
TRAVEL EXPENSE				
	Airfare or mileage	Lodging	Meals and other	Total Travel Cost
Person and travel description				
Total Travel				
MEDICATION NAME				
Medication name	Unit cost	# Units		Total
Sublocade 100 MG/0.5 ML SYR	\$1,865.85	43		\$80,231.55
Total Medication Cost				\$80,231.55
OTHER COST				

Supplies:				
Equipment				
Other (describe) Mead Composition Notebooks				
Other (describe) MAT Workbook				\$258.26
Other (describe)				
Total Other Cost				\$258.26
INDIRECT (may not exceed 10%)	Rate			Project Cost****
TOTAL PROJECT COST^				\$85,000.00

* % (FTE x annualized salary)/12 months x # months

Example .8 FTE at \$60,000 per year for 7 months: $(.8 \times \$60,000)/12 \times 7 = \$28,000$

** Project cost for salary x fringe rate

Example \$28,000 project cost for example above with fringe rate 32% = $\$28,000 \times .32 = \$8,960$

*** Contractor project cost = hours per month x # months X hourly rate

Example 80 hours per month x 7 months \$125 per hour = \$7,000

**** Indirect cost = Indirect rate X cost to which it is applied

^ TOTAL PROJECT COST = Total of Yellow boxes: Personnel, Contractors, Travel, Medications, Other, and Indirect

Budget Narrative

PERSONNEL: Program Administrator III to process invoices, financial reporting, and records maintenance.

- .03 FTE at \$109,897.31 for 12 months = \$3,296.92
- Fringe Benefit @ 36.8% x \$3,296.92 = \$1,213.27
- Total Personnel cost = \$4,510.19

MEDICATION: Purchase 43 doses of Sublocade 100 MG/.5 ML SYR at \$1,865.85 each for a total of \$80,231.55. This will enhance Ventura County Sheriff's current MAT Program by initiating identified individuals, not already on MAT, shortly before their release in time to access further MAT and SUD treatment, by MAT team member, Ventura County Behavioral Health's Substance Services

OTHER COSTS:

- Equipment: Purchase 50 MAT Workbooks from The Change Company for use in Ventura County Sheriff's MAT Program's therapeutic intervention by Substance Use Counselor. The purchase is 50 workbooks at approximately \$5.00 each for a total of \$258.26.

Appendix B. Attestation and Signature

Do you certify that the funding received by your organization from HMA would be allocated solely for the programmatic implementation of the Expanding Access to MAT in County Jails and Drug Courts?

☒ YES ☐ NO

Do you certify that the funding received by your organization from HMA would be allocated solely to increase access to treatment for persons presenting to the jail or drug courts with Opioid or Stimulant Use Disorders?

☒ YES ☐ NO

Do you certify that the individuals listed in this application budget (including employees, independent contractors, or third-party contractors) will receive the funding as outlined?

☒ YES ☐ NO

Do you certify that to the best of your knowledge, the information included in this application form, budget form, and back-up documents are complete and accurate?

☒ YES ☐ NO

CMOR. MARK FRANKE

Name of Authorized Signatory

FRANKE/307

Signature

6-23-23

Date