AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: Rocky Mountain Health Plans Foundation; Baby & Me

Action Requested: County Manager Signature

Parties to the Agreement: BOCC & Rocky Mtn Health Plans Foundation

Term Begins: **Term Ends:** 6/30/2018 **Grant Contract #:**

Summary:

Request for approval of annual budget submittal for Baby & Me Tobacco Free program to support smoking cessation for pregnant women.

Fiscal Impact: $7,994

Submitted by: C Worrall **Submitter's Email Address:** cworrall@gunnisoncounty.org

Finance Review: (●) Required ( ) Not Required

Comments:
Continuation of current program, included in budget. No concerns. ln

Reviewed by: GUNCOUNTY1\lNienhueser Discharge Date: 6/26/2017

County Attorney Review: ( ) Required (●) Not Required

Comments:

Reveiwed by: Discharge Date: Certificate of Insurance Required

Yes ( ) No ( )

County Manager Review:

Comments:

Reveiwed by: GUNCOUNTY1\mbirnie Discharge Date: 6/27/2017

(●) Consent Agenda ( ) Regular Agenda ( ) Worksession Time Allotted: 0

Agenda Date: 7/11/2017

Revised April 2015

Rocky Mountain Health Plans Foundation (RMHPF)

How to use the Budget with Justification Form

General Instructions:

The purpose of the Budget with Justification Form is to give you the chance to explain how your agency plans to use funds provided for you to implement Baby & Me - Tobacco Free in your agency during the contract period. Expenses should be consistent with your Work Plan and within the scope of the program. Budget requests and staffing need to be aligned and provide a consistent, logical picture of what is to be accomplished, by whom, and the associated costs. In the event that this alignment does not occur, we will contact you for clarification.

The information contained in each expenditure category helps us understand how you plan to use your allowance. Please provide narrative for each category in the "Description of Work" or the "Description of Item" section.

The form is an Excel worksheet that includes instructions in various cells that can be viewed by hovering the computer mouse over the cells. The instructions below give additional guidance.

Contact Information

Complete the top portion of the form by providing your Agency Name, general administrative contact for your agency, lead contact for the Baby & Me - Tobacco Free program and fiscal contact (person who will submit budget and invoices.).

Personal Services

You are not allowed to bill two different programs for staff time. Please be sure you not "double-dipping" e.g. billing Medicaid as well as BMTF for the same time.

When filling out the Personal Services expenditure category, information in all 8 columns should appear:

Column 1: Position Title and/or Employee Name
Examples: Executive Director, Jane Smith; Nurse Practioner, Mary Johnson; Finance Director, John Williams

Column 2: Description of Work

Use the *Description of Work* column of the budget template to address the role and expected contribution of budgeted personnel. The time commitment of each individual, expressed in FTE for a year, should be justified as a reasonable estimate for the work to be performed. The salaried amount for 6 months will be automatically calculated. For hourly employees, please include hourly rate, number of hours **budgeted for the 6 month period,** and number of months budgeted.

Columns 3-5: Gross or Annual Salary / Fringe / Percent of FTE on Project

Enter the gross or annual salary, fringe, and Percent of FTE on project for each person.

For example: A full-time salaried employee is paid $42,000 a year; their fringe benefits rate is 22%; they plan to spend approximately 10% of their time on the project. Their total contribution to the Work Plan is calculated as follows:

$42,000 = annual salary
$42,000 x .22 = $9,240 fringe
$42,000 + $9,240 = $51,240.00
$51,240 x .10 = $5,124.00

ENTER ON FORM:
Gross Annual Salary: $42,000
Fringe: $9,240
Percent FTE: 40%

For hourly employees, your calculation should be based on the number of hours they plan to work on the Work Plan **DURING THE 12 MONTH PERIOD.**

For example: An hourly employee is paid $15/hour with 20% benefits; their time on the project will be for 10 hours/week for 50 weeks. Their total contribution to the Work Plan is calculated as follows:

10 hours/week x 50 weeks = 500 Hours
$15 hour x 500 hours = $7,500

ENTER ON FORM:
Hourly Rate: $15
Fringe: $3.00/hour (at 20%)
# of Hours: 500
Total: $9,000 (this automatically calculates)

Column 7: Match or In-Kind

Reporting match and in-kind allows us to understand the total cost of completing the work proposed in the Work Plan. For example, cost may include the contribution of program administrators' time (i.e., an Executive Director, Nursing Director, or Program Manager's time). Please do enter in-kind if you are not charging all expenses so we can determine how much this program actually cost your agency to administer.

Column 8: Total Amount Requested from RMHPF

This column should reflect the amount of your budget you plan to use for Salaried and Hourly Personal services to implement Baby & Me Tobacco Free for July 1, 2017 to June 30, 2018.

Total Personal Services (including fringe benefits)

This row should show the totals for each columns and reflect the total amount of Personal Services costs you are requesting from RMHPF.

Supplies & Operating Expenses

Supplies and operating expenses may include, but are not limited to office supplies, educational materials for women you serve through the BMTF program, copying and postage. With adequate justification, equipment such as a copier or computer could be included. However, our assumption is that your agency was able to obtain any needed equipment in the first year of this program. Additional equipment will be considered on a case by case basis. Use the *Description of Item* column to describe the rationale, necessity and reasonableness of the operational costs budgeted. Consider the possibility of purchasing additional CO monitoring equipment if needed, but discuss needs first with Laurie Adams, the National BMTF Executive Director. **If you are including an <u>program supplies</u> for the women enrolled in the program, the total amount must be limited to $25 per person.** Laurie Adams will provide some options for items you could order with the BMTF logo -- at a very reasonable cost so if you want to just list a total amount for now, that is acceptable. Please note that RMHPF is providing all CO monitor supplies for FY15, including supplies for any monitors you may have purchased in FY14 with your allocated funds.

Column 6: Match or in kind

This column should reflect all match and in-kind contributions for each item related to supplies and operating expenses to successfully complete the Work Plan.

Column 7: Total Amount Requested from CDPHE

This column should reflect the amounts for Supplies and Operating Expenses you are requesting from RMHPF.

Total Supplies & Operating Expenses

This row should total the amounts for Match or In-Kind and the total of the Supplies & Operating Expenses you are requesting from RMHPF.

Travel

This expenditure category should include all travel expenses. RMHPF will directly reimbure you for travel to the training event for staff who have not attended training previously. Exceptions may be made for staff who supervise the program and wish to attend with new staff. You do not have to include these costs in your own budget. Some staff do incur approved local travel in the course of implementing the program. Please separate lodging and meals, mileage, airfare, and other travel costs associated with the training. If you incur other travel expenses, such as mileage to client residence, please describe. Agencies should have established policies for reimbursmenet of travel expenses and should treat all funds from RMHPF in accordance with those policies.

Lodging - Lodging costs should be reasonable and follow the travel policies established by your agency/organization.

Meals - Budgeting with the current government per diem rates published on the U.S. General Services Administration (GSA) website is strongly recommended. Current per diem rates can be found at: http://www.gsa.gov/portal/category/21287

Mileage - Mileage may be reimbursed per the agency's policy or at the current U.S. government rate.

Airfare - Airfare may be budgeted for travel only at the coach rate.

Column 6: Match or in kind

This column should reflect all match and in-kind contributions to the project needed to successfully complete the Work Plan.

Column 7: Total Amount Requested from RMHPF

This column should reflect the total amount for travel expenses you are requesting from RMHPF

Total Travel Expenses

This row should total the amounts for Match or In-Kind and the total of the Travel Expenses you are requesting from RMHPF.

SUB-TOTAL BEFORE INDIRECT

This row should total the amount of all Direct Costs you are requesting from RMHPF.

Indirect

Please note that Indirect Costs may not be charged to RMHPF as part of this contract. However, we would like to capture all costs you incur associated with this program and recommend that you list these as In-Kind costs This expenditure category should include all Indirect or Administrative expenses. Indirect Costs are those that have been incurred for common or joint objectives and cannot be easily linked to a particular program or objective in the Work Plan. Indirect Cost rates are expressed as a percentage.

NOTE: Operational expenses that support your specific program and can be identified, yet are not included in an agency's Indirect Cost rate agreement, may be directly charged in the "Supply and Operating" category. An example would be printing costs you can track and clearly identify as associated with this program.

Column 1: Item

In listing your indirect costs you may use either **(1)** your agency's Federal or CDPHE-negotiated Indirect Cost Rate, or **(2)** in the absence of a negotiated plan you may use your agency's Indirect Cost Rate Plan, limited to 10% of total direct costs.

TOTAL OF MATCH OR IN-KIND

This row should total the amounts of Match or In-Kind expenses.

TOTAL

This row should be the TOTAL of all expenses you have budgeted from RMHPF for your project. **It may not include any Indirect Costs.**
The total should not exceed the amount you have been allocated for July 1, 2017 - June 30, 2018.

ROCKY MOUNTAIN HEALTH PLANS FOUNDATION
Baby & Me - Tobacco Free
Gunnison County Health and Human Svcs Budget
July 1, 2017 - June 30, 2018 (FY18)

Subcontractor Agency Name	Gunnison County Department of Health and Human Services	**Agency Director or Contracting Lead Name, Title, Phone and Email**	Carol Worrall, RN, BSN Director of Public Health 970-641-7912 cworrall@gunnisoncounty.org
Budget Period	July 1, 2017 - June 30, 2018	**BMTF Lead Contact Name, Title, Phone and Email**	Kim Bemis, Health Educator 970-641-7679 kbemis@gunnisoncounty.org
Project Name	Baby & Me - Tobacco Free	**Fiscal Contact Name, Title, Phone and Email**	Jody Wise Accountant 970-641-7679 jwise@gunnisoncounty.org
		Agency Address	225 N Pine St Suite E Gunnison, CO 81230
		Agency Mailing Address (if different)	

Expenditure Categories						
Personal Services						
Salaried Employees		**Gross or Annual Salary**	**Fringe ($$, not %)**	**Percent of Time on Project**	**Match or In-Kind in $$ (If Applicable)**	**Total Amount Budgeted**
Position Title/Employee Name	**Description of Work**					
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
						$0.00
Hourly Employees		**Hourly Wage**	**Hourly Fringe ($$, not %)**	**Total # of Hours on Project for 12 months**	**Match or In-Kind (If Applicable)**	**Total Amount Budgeted**
Position Title/Employee Name	**Description of Work**					
Kim Bemis Health Educator	BMTF Coordinator	$26.19	$10.57	208.00		$7,646
Susan Harrison RD	Support staff	$32.16	$2.47	5.00		$173
						$0
						$0
						$0
						$0
						$0
						$0
						$0
				Total Personal Services (including fringe benefits)	**0%**	**$0**	**$7,819**
Supplies & Operating Expenses (Please describe in detail the purpose of the expense and method for calculating cost. Note that incentives may not exceed a total of $25 for the fiscal year per enrollee. If you plan to use incentives, please describe method for tracking distribution.)						
Item	**Description of Item**		**Rate**	**Quantity**	**Match or In kind (if applicable)**	**Total Amount Budgeted**
Incentives	$25 massage or hair cut		25.00	7		$175
						$0
						$0

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					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
			Total Supplies & Operating Expenses	**$0**	**$175**
Travel (For FY16, do not include travel for NEW staff to attend training. We will reimburse you directly for this expense.					
Item	**Description of Item**	**Rate**	**Quantity**	**Match or In kind (if applicable)**	**Total Amount Budgeted**
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
					$0
			Total Travel	**$0**	**$0**
				SUB-TOTAL	**$7,994**

Indirect **NOTE: Indirect Costs may not be charged to RMHPF for this program. However, agencies are encouraged to list their indirect costs as In Kind.**			
Item	**Description of Item**	**Match or In kind $$**	**Indirect Costs May Not Be Charged to RMHPF**
Negotiated Indirect cost rate (Federal or CDPHE)			**NA**

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Indirect (other): please list specific indirect/administrative costs if no rate exists	computer, office space, county administration hours	$2,000	**NA**
	Total Indirect	**$2,000**	**NA**
	TOTAL MATCH OR IN KIND	**$2,000**	**NA**
		TOTAL	**$7,994**
		Budget	**$8,000.00**

Total should not exceed amount of agency's allocation for July 1, 2017 - June 30, 2018.