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AMENDMENT NO. 1 TO SERVICE AGREEMENT

This Amendment No. 1 to Service Agreement (“Amendment No. 1”) is dated April 7, 2026 and is between RH Community Builders, LP., a California Limited Liability Partnership (“Contractor”), and the County of Fresno, a political subdivision of the State of California (“County”).

Recitals

A. On September 23, 2025, the County and the Contractor entered into Agreement No. 25-458 (“Agreement”), for to provide Housing Supportive Services (HSS) and specialty mental health services (SMHS) to tenants living in our permanent supportive housing (PSH) developments.

B. The County and Contractor now desire to amend the Agreement (25-499) to adjust the Medi-Cal FFP for FY 2025-2026 by decreasing the overall maximum compensation by \$150,000. The reallocated funds will be transferred to the other Housing Supportive Services (HSS) Agreement (25-458) with provider Hope & Healing Family Therapy Center, to address the increase in service needs at the Butterfly Gardens site.

The parties therefore agree as follows:

- 1. All references to Exhibit C shall be deemed references to “Revised Exhibit C”. Revised Exhibit C is attached and incorporated by this reference.
- 2. All references to Exhibit C - Attachment B shall be deemed references to “Revised Exhibit C - Attachment B”. Revised Exhibit C - Attachment B is attached and incorporated by this reference.
- 3. When both parties have signed this Amendment No. 1, the Agreement, and this Amendment No. 1 together constitute the Agreement.
- 4. The Contractor represents and warrants to the County that:
 - a. The Contractor is duly authorized and empowered to sign and perform its obligations under this Amendment.

1 b. The individual signing this Amendment on behalf of the Contractor is duly authorized
2 to do so and his or her signature on this Amendment legally binds the Contractor to
3 the terms of this Amendment.

4 5. The parties agree that this Amendment may be executed by electronic signature as
5 provided in this section.

6 a. An “electronic signature” means any symbol or process intended by an individual
7 signing this Amendment to represent their signature, including but not limited to (1) a
8 digital signature; (2) a faxed version of an original handwritten signature; or (3) an
9 electronically scanned and transmitted (for example by PDF document) version of an
10 original handwritten signature.

11 b. Each electronic signature affixed or attached to this Amendment (1) is deemed
12 equivalent to a valid original handwritten signature of the person signing this
13 Amendment for all purposes, including but not limited to evidentiary proof in any
14 administrative or judicial proceeding, and (2) has the same force and effect as the
15 valid original handwritten signature of that person.

16 c. The provisions of this section satisfy the requirements of Civil Code section 1633.5,
17 subdivision (b), in the Uniform Electronic Transaction Act (Civil Code, Division 3, Part
18 2, Title 2.5, beginning with section 1633.1).

19 d. Each party using a digital signature represents that it has undertaken and satisfied
20 the requirements of Government Code section 16.5, subdivision (a), paragraphs (1)
21 through (5), and agrees that each other party may rely upon that representation.

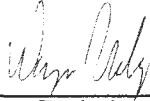
22 e. This Amendment is not conditioned upon the parties conducting the transactions
23 under it by electronic means and either party may sign this Amendment with an
24 original handwritten signature.

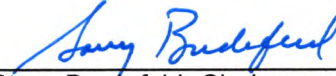
25 6. This Amendment may be signed in counterparts, each of which is an original, and all of
26 which together constitute this Amendment.

1 The parties are signing this Amendment No. 1 on the date stated in the introductory
2 clause.

3 RH Community Builders, LP

COUNTY OF FRESNO

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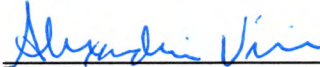
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6 Wayne Rutledge, Chief Executive Officer

Garry Bredefeld, Chairman of the Board of
Supervisors of the County of Fresno

7 3040 N. Fresno Street
8 Fresno, CA 93705

Attest:
Bernice E. Seidel
Clerk of the Board of Supervisors
County of Fresno, State of California

9
10
11 By: 
Deputy

12
13 For accounting use only:

14 Org No.: 5630-4840, 5630-4841, 5630-4842, 5630-4843, 5630-4844, 5630-4845, 5630-5017
15 Account No.: 7295
Fund No.: 0001
16 Subclass No.: 10000
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FRESNO COUNTY DEPARTMENT OF BEHAVIORAL HEALTH FINANCIAL TERMS AND CONDITIONS

This Exhibit sets forth the financial terms and conditions, including compensation, invoicing, billing, audits, and other fiscal requirements, and is incorporated into the Specialty Mental Health Services (SMHS) Agreement between County and Contractor. County shall ensure timely and accurate compensation for services delivered and fulfill all responsibilities associated with funding sources under this Agreement.

I. Compensation

County shall compensate Contractor for services rendered under this Agreement, subject to the limitations and conditions herein. Compensation under this Agreement shall be paid only for services performed in accordance with its terms, while the Agreement is in effect, and subject to the amounts stated in this section. County employees have no authority to authorize payment beyond what is expressly provided in this Agreement.

a. Total Maximum Compensation

In no event shall total compensation payable to Contractor for all services provided under this Agreement exceed Twenty-Three Million Three Hundred Twenty Six Thousand Four Hundred Fifty-Two and No/100 Dollars (\$23,326,452.00), during the entire term of this Agreement.

The maximum compensation may be increased only through a written amendment, contingent on the availability of sufficient funds.

i. Illustrative Table

| Fiscal Year (FY) | SMHS Maximum Compensation 1 | Non-Treatment Maximum Compensation | Total FY Maximum Compensation |
|------------------|-----------------------------|------------------------------------|-------------------------------|
| FY 2025-2026 | \$2,432,676.00 | \$609,163.00 | \$3,041,839.00 |
| FY 2026-2027 | \$4,708,447.00 | \$34,500.00 | \$4,742,947.00 |
| FY 2027-2028 | \$4,912,989.00 | \$34,500.00 | \$4,947,489.00 |
| FY 2028-2029 | \$5,146,520.00 | \$34,500.00 | \$5,181,020.00 |
| FY 2029-2030 | \$5,378,657.00 | \$34,500.00 | \$5,413,157.00 |
| | | | \$23,326,452.00 |

b. Maximum Compensation for SMHS

For each fiscal year covered by this Agreement, the maximum compensation payable to Contractor for SMHS shall be as follows:

September 23, 2025 – June 30, 2026: Two Million Four Hundred Thirty-Two Thousand Six Hundred Seventy-Six and No/100 Dollars (\$2,432,676)

July 1, 2026 – June 30, 2027: Four Million Seven Hundred Eight Thousand Four Hundred Forty-Seven and No/100 Dollars (\$4,708,447)

July 1, 2027 – June 30, 2028: Four Million Nine Hundred Twelve Thousand Nine Hundred Eighty-Nine and No/100 Dollars (\$4,912,989.00)

July 1, 2028 – June 30, 2029: Five Million One Hundred Forty-Six Thousand Five Hundred Twenty and No/100 Dollars (\$5,146,520.00)

July 1, 2029 – June 30, 2030: Five Million Three Hundred Seventy-Eight Thousand Six Hundred Fifty-Seven and No/100 Dollars (\$5,378,657.00)

This amount is not guaranteed and shall be paid only for approved services rendered and claims submitted and approved through the Electronic Health Record (EHR).

c. Maximum Compensation for Non-Treatment Supports

For each fiscal year covered by this Agreement, the maximum compensation payable to Contractor for non-treatment supports shall be as follows:

September 23, 2025 – June 30, 2026: Six Hundred Nine Thousand One Hundred Sixty-Three and No/100 Dollars (\$609,163.00), consisting of \$594,913.00 for ramp-up activities and \$17,250 for Non-Treatment Supports.

July 1, 2026 – June 30, 2027: Thirty-Four Thousand Five Hundred and No/100 Dollars (\$34,500.00)

July 1, 2027 – June 30, 2028: Thirty-Four Thousand Five Hundred and No/100 Dollars (\$34,500.00)

July 1, 2028 – June 30, 2029: Thirty-Four Thousand Five Hundred and No/100 Dollars (\$34,500.00)

July 1, 2029 – June 30, 2030: Thirty-Four Thousand Five Hundred and No/100 Dollars (\$34,500.00)

These amounts will be reimbursed based on actual costs in accordance with the approved budget in Exhibit C – Attachment B, up to the FY maximum listed above.

II. Performance Incentives for SMHS Fee-For-Service

Contractor may be eligible to receive performance-based incentives intended to encourage program growth, enhance service delivery, and improve overall wellness outcomes in unserved and underserved communities. The determination of eligibility and the calculation of such incentives shall be at the discretion of County's DBH Director or designee and governed by the following conditions:

a. Eligibility

- i. Incentives shall be available only after the completion of two full fiscal years under this Agreement for Contractors providing SMHS reimbursed under County's Fee-for-Service structure.
- ii. A baseline cannot be established using partial fiscal year data; therefore, eligibility requires two consecutive complete fiscal years of performance data.
- iii. Contractors entering this Agreement after the initial contract fiscal year shall become eligible upon completion of two consecutive fiscal years under this Agreement.

b. Performance Baseline

- i. The initial performance baseline shall be established based on the Contractor's State-approved claimed dollar amount for services performed, claimed, and approved by the State in fiscal year one (1), as recorded by County.
- ii. This baseline shall be adjusted for any subsequent State rate changes to finalize the performance baseline for fiscal year two (2).

c. Incentive Calculation

- i. Upon completion of fiscal year two (2), if Contractor exceeds the established performance baseline, Contractor shall be eligible for an incentive payment equal to eight percent (8%) of the Medi-Cal reimbursements generated above the baseline amount.

d. Annual Adjustments

- i. Each subsequent fiscal year's performance baseline shall be adjusted annually to the higher of:

1. The prior fiscal year’s actual State-approved claimed amount plus any State rate increases; or
 2. The previously established performance baseline amount plus any State rate increases.
- ii. Under no circumstances shall the performance baseline decrease from one fiscal year to the next.

e. Illustrative Table

The table below provides an example of annual baseline adjustments. This table is for reference only and is not binding. Actual details will be finalized between both parties at the conclusion of fiscal year one (1).

| Fiscal Year | Prior Baseline (Before Adjustment) | State Rate Adjustment | New Performance Baseline (After Adjustment) | Actual Claimed Amount | Amount Above Baseline | Performance Incentive (8%) |
|--------------------|---|------------------------------|--|------------------------------|------------------------------|-----------------------------------|
| Year 1 | N/A | N/A | N/A | \$500,000 | \$0 | \$0 |
| Year 2 | \$500,000 | +3% | \$515,000 | \$550,000 | \$35,000 | \$2,800 |
| Year 3 | \$550,000 | +2% | \$561,000 | \$520,000 | \$0 | \$0 |
| Year 4 | \$561,000 | +2% | \$572,220 | \$600,000 | \$27,780 | \$2,222 |
| Year 5 | \$600,000 | +2% | \$612,000 | \$650,000 | \$38,000 | \$3,040 |

Contractor must be in satisfactory standing with all performance outcomes and reporting requirements under this Agreement prior to receiving any performance-based incentive payment. All required reports must be submitted in full and on time. Failure to meet these requirements may result in County’s DBH Director or designee, at their sole discretion, deeming Contractor ineligible for performance incentives or withhold payments until compliance is achieved.

County will calculate and provide written notification of any incentive award within ninety (90) calendar days after all State-approved claimed services for the targeted fiscal year have been received and recorded by County, or within nine (9) months following the end of the targeted fiscal year, whichever is later. Payment of any approved incentive will be made within forty-five (45) days after final approval.

Payment of performance incentives is contingent upon compliance with all applicable regulations and the availability of funds.

III. Rate Categories for Fee-For-Service

The Housing Supportive Services provided by the Contractor under this Agreement shall be reimbursed in accordance with the rate schedule set forth in Exhibit C – Attachment A, which is incorporated herein by reference and made part of this Agreement. Services shall be categorized as Clinic-Site Based, and the Contractor shall be compensated according to the applicable rate schedule specified in Exhibit C – Attachment A.

a. Clinic-Site Based:

Clinic-Site programs are defined as programs that provide less than fifty percent (50%) of services in the field. For purposes of this calculation, only billable services will be considered. “In the field” refers to services that do not occur through telehealth and do not occur at designated sites where Contractor is afforded regular access. Designated sites shall be identified by Contractor and approved in writing by County’s DBH Director or designee. County retains the sole discretion to classify a program as Clinic-Site Based.

For the purposes of this Agreement, Clinic-Site Based locations are defined as the following SmartCare (EHR) Locations (CMS Places of Service) for this Agreement and will be utilized to calculate the ratio of Clinic-Site Bases to Field Based services:

- i. Renaissance at Trinity: 524 S Trinity St Fresno, CA 93706
- ii. Renaissance at Alta Monte: 205 N. Blackstone Ave Fresno, CA 93701
- iii. Renaissance at Santa Clara: 1553 Santa Clara St Fresno, CA 93706
- iv. Villages at Paragon: 4041 N Plaza Dr Fresno, CA
- v. Villages at Broadway: 1828 Broadway Fresno, CA 93721
- vi. Alegre Commons: 130 W Barstow Ave Fresno, CA 93704
- vii. Crossroads Village: 3737 N Blackstone Ave Fresno, CA 93726

These locations will be used to calculate the ratio of Clinic-Site Based to Field Based services.

IV. Invoices

County shall process and pay Contractor’s invoices for services rendered under this Agreement, subject to the limitations and conditions herein. Payment under this Agreement shall be made only for invoices submitted in accordance with its terms, while the Agreement is in effect, and subject to the deadlines and requirements stated in this section. County employees have no authority to authorize payment beyond what is expressly provided in this Agreement.

a. Definition of Acceptable Invoice

Definition

An Acceptable Invoice is a complete, itemized invoice submitted in accordance with the submission requirements set forth in Section 4.2 of this Agreement. Each invoice shall include, at a minimum:

- i. Contractor’s legal name and remit-to address;
- ii. Invoice number and date;
- iii. Contract or Purchase Order (PO) number;
- iv. Service period, including start and end dates;
- v. Itemized description of services, including units, rates, and applicable codes;
- vi. Total amount due, reflecting any credits or adjustments; and
- vii. County department or cost center, if applicable.

b. Invoice Submission Deadlines

Contractor shall comply with the following requirements for invoice submission and processing:

- i. Monthly Submission
 - 1. Contractor shall use best efforts to submit monthly invoices, in arrears, by the fifteenth (15th) calendar day of each month.
 - 2. Invoices shall be submitted in the format prescribed by County. This timeline is intended to facilitate prompt processing and does not supersede the final submission deadline specified below.
- ii. Submission Method

All invoices shall be submitted electronically to the following recipients:

 - 3. dbhinvoicereview@fresnocountyca.gov
 - 4. dbh-invoices@fresnocountyca.gov
 - 5. County’s assigned DBH Staff Analyst

iii. Illustrative Table

The table below provides an example of FY 2026-2027 invoice deadlines.

| Service Month | Target Submission | Initial Invoice Deadline | Supplemental*/ OHC Deadline |
|---------------|-------------------|--------------------------|-----------------------------|
| Jul 2026 | Aug 15, 2026 | Sep 29, 2026 | Nov 28, 2026 |
| Aug 2026 | Sep 15, 2026 | Oct 30, 2026 | Dec 29, 2026 |
| Sep 2026 | Oct 15, 2026 | Nov 29, 2026 | Jan 28, 2027 |
| Oct 2026 | Nov 15, 2026 | Dec 30, 2026 | Feb 28, 2027 |
| Nov 2026 | Dec 15, 2026 | Jan 29, 2027 | Mar 30, 2027 |

| Service Month | Target Submission | Initial Invoice Deadline | Supplemental*/ OHC Deadline |
|----------------------|--------------------------|---------------------------------|---|
| Dec 2026 | Jan 15, 2027 | Mar 01, 2027 | Apr 30, 2027 |
| Jan 2027 | Feb 15, 2027 | Apr 01, 2027 | May 31, 2027 |
| Feb 2027 | Mar 15, 2027 | Apr 29, 2027 | Jun 28, 2027 |
| Mar 2027 | Apr 15, 2027 | May 30, 2027 | Jul 29, 2027 |
| Apr 2027 | May 15, 2027 | Jun 29, 2027 | Aug 28, 2027 |
| May 2027 | Jun 15, 2027 | Jul 30, 2027 | Supplemental – Aug 29, 2027 OHC – Sep 28, 2027 |
| June 2027 | Jul 15, 2027 | Aug 29, 2027 | Supplemental – Aug 29, 2027 OHC – Oct 28, 2027 |

*Supplemental allowed if initial invoice submission is timely

c. Invoice Review and Withholding

At the discretion of County, if an invoice is found to be incorrect or is otherwise not in proper form or substance, County may withhold payment for only the portion of the invoice deemed incorrect or improper. Prior to withholding payment, County shall provide Contractor with at least five (5) calendar days' written notice. Contractor shall continue providing services for up to ninety (90) calendar days after receiving notice of the invoice issue while resolution efforts are ongoing. If the invoice remains unresolved to County's satisfaction after the ninety (90) day period, County may elect to terminate this Agreement, in accordance with the termination provisions outlined in Article 6.

If County fails to provide notice of an incorrect or improper invoice and this results in delay in reimbursement, Contractor may initiate the escalation process through County's DBH Finance Division's Invoice Review Team. This process may include escalation to the DBH Finance Division Manager and ultimately County's DBH Director or designee to ensure timely reimbursement.

If County withholds any portion of an invoice due to incorrect or improper form or substance, Contractor shall resolve the issue and communicate any delays in resolution to County's DBH Finance Division Manager within ninety (90) calendar days of receiving notice of the withholding. Failure to resolve or communicate within this timeframe may result in the withholding being deemed final and non-payable at the sole discretion of County.

Contractor shall submit all initial invoices for services rendered within a given calendar month no later than sixty (60) calendar days following the end of the month in which services

are provided. Invoices submitted after this 60-day period may be rejected and not processed for payment.

If the initial invoice is submitted within the required timeframe, supplemental or revised invoices may be submitted within one hundred twenty (120) calendar days following the end of the month in which services were provided. Supplemental invoices will not be accepted if the initial invoice is not submitted timely.

All billing related to Other Health Coverage (OHC) must be submitted within one hundred twenty (120) calendar days following the month in which services were provided.

The County shall not process or pay any invoices submitted more than sixty (60) calendar days after the end of the fiscal year in which the services were performed, except for claims related to Other Health Coverage (OHC), which must be submitted within one hundred twenty (120) calendar days following the month in which services were provided.

d. Fee-For-Service Invoice Calculation

Invoices for specialty mental health services shall be calculated based on the units of time associated with each CPT or HCPCS code entered into the County billing system, multiplied by the practitioner service rates specified in Exhibit C – Attachment A.

Services pending determination from Medicare, OHC, or any other third-party payers shall not be reimbursed until Explanation of Benefits (EOB) is processed and any remaining balance is transferred to Medi-Cal or other applicable coverage, in accordance with this Agreement's funding requirements.

Notwithstanding the foregoing, County may, at its sole discretion, authorize payment for services provided to individuals with OHC when such services are not fully covered by the primary payer. This discretionary payment shall only apply to the remaining balance after all applicable third-party reimbursements have been applied and upon receipt of the EOB, unless DBH expressly approves earlier payment in writing. Such approval shall be documented and remain subject to all funding requirements under this Agreement.

County payments are provisional and subject to adjustment upon completion of all cost settlement and reconciliation activities. Adjustments, including recoupments, shall be made in accordance with this Agreement. County shall provide written notice of any adjustments. Final settlement will be based on audit findings and compliance with all applicable regulations.

Revenue reporting requirements are outlined in Section 7.6 (Financial Compliance and Enforcement).

e. Cost Reimbursement Invoice Calculation

Invoices for cost reimbursement services shall be calculated based on actual expenses incurred during the applicable service month. Contractor shall submit monthly invoices in arrears, accompanied by detailed general ledgers itemizing program costs for that month. These documents shall serve as verification to ensure costs align with the approved budget in Exhibit C – Attachment B.

Contractor shall maintain supporting documentation for all claimed costs and make such records available for audit by County, State, or Federal authorities upon request. Failure to submit required reports and documentation may result in County withholding payment until compliance is achieved, upon written notice.

Monthly invoices shall reflect the total amount due for allowable costs, reduced by any revenue collected from third-party payers, client-pay, or private-pay sources, and shall exclude unallowable cost such as lobbying or political contributions.

f. Corrective Action Plans

Contractor shall enter all services into the County EHR and submit invoices in accordance with the deadlines and requirements specified in this Agreement, ensuring accuracy and completeness of all information.

Failure to comply with these requirements may result in the implementation of a corrective action plan at the discretion of the County. Corrective action plans may include, but are not limited to, financial penalties or termination of this Agreement in accordance with the termination provisions outlined in Article 6.

g. Payment

County shall make payment to Contractor in arrears for services provided during the preceding month, within forty-five (45) calendar days after receipt, verification, and approval of the invoice by County.

Payments shall be made upon certification or other proof satisfactory to County that services have been performed or actual expenditures incurred in accordance with this Agreement. Any compensation not expended by Contractor pursuant to this Agreement shall automatically revert to County.

i. Incidental Expenses

Contractor shall be solely responsible for all costs and expenses not identified as reimbursable by County under this Agreement. Such costs include, but not limited to, administrative overhead, travel, and other incidental expenses.

h. Applicable Fees

Contractor shall not charge any person served or third-party payers for services provided under this Agreement unless expressly directed to do so by County at the time of referral. When directed to charge for services, Contractor shall use the uniform billing and collection guidelines prescribed by DHCS.

Contractor shall perform eligibility and financial determinations in accordance with DHCS' Uniform Method of Determining Ability to Pay (UMDAP), as outlined in BHIN 98-13 (available at dhcs.ca.gov), unless directed otherwise by County.

Contractor shall not submit claims to, or demand or collect reimbursement from, persons served or their representatives for specialty mental health or related administrative services provided under this Agreement, except to collect other health insurance coverage, share of cost, and co-payments, as permitted under California Code of Regulations, Title 9, §1810.365(c).

Under no circumstances shall Contractor bill persons served for covered services any amount greater than would be owed if the County provided the services directly. Contractor shall comply with all applicable requirements, including 42 C.F.R. § 438.106.

i. Claiming Responsibilities for SMHS

Contractor shall enter all claims data into the County's EHR using the California Mental Health Services Authority (CalMHSA) Smart Care Procedure Codes (available at <https://2023.calmhsa.org/procedure-code-definitions/>) by the fifteenth (15th) calendar day of each month for services rendered in the previous month. County's EHR system will convert these codes to Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) codes, in accordance with the DHCS Billing Manual (available at <https://www.dhcs.ca.gov/services/MH/Pages/MedCCC-Library.aspx>), as amended from time to time.

All claims shall be accurate, complete, and error-free, and must include all required information. Contractor is responsible for monitoring and correcting any errors within thirty (30) calendar days from the date of service to ensure timely payment. County will monitor service volume, billing amounts, and service types entered into the EHR. Any audit exceptions resulting from Contractor' reporting shall be the sole responsibility of Contractor.

Contractor shall provide all necessary data to enable County to bill Medi-Cal and meet State and Federal reporting requirements. Data may be provided through direct EHR entry, electronic file submission compatible with County systems, or system integration. Contractor shall maximize Federal Financial Participation (FFP) by claiming all eligible Medi-Cal services and correcting denied claims for resubmission.

Contractor is responsible for billing all SMHS for persons served with OHC and/or Medicare. For individuals with OHC and/or Medicare, Contractor shall bill the carrier and obtain

payment or denial, or validate non-response after ninety (90) calendar days from claim submission. Contractor must report all third-party collections monthly and submit copies of EOBs or CMS 1500 forms to: DBHAccountsReceivable@fresnocountyca.gov. EOBs shall be submitted in batches by service month, with email subject lines including Contractor Name, Program Name, and Payment or Denial status.

V. Recoupments and Audits Requirements

a. Recoupment Process

County shall recapture from Contractor the value of any services or expenditures determined to be ineligible based on County or State monitoring results. County may enter into a repayment agreement with Contractor for up to twelve (12) months, with the option to extend to a total of twenty-four (24) months at County discretion. Repayment agreements require written approval by County. County may offset repayment amounts against future invoices or recoup all funds immediately. These remedies are not exclusive, and County may pursue other means of recovery.

Contractor shall be financially liable for all disallowances or audit exceptions identified through State audits, County utilization reviews, or other oversight processes. Disallowed amounts must be remitted within forty-five (45) calendar days or will be withheld from subsequent payments. Contractor shall not receive reimbursement for any services disallowed or denied by County or State review processes.

County will conduct periodic audits to verify clinical documentation, validate costs invoiced under cost reimbursement agreements, and ensure compliance with applicable regulations. Audits may require Contractor to reimburse County for previously paid services under circumstances including, but not limited to:

- i. Fraud, Waste, or Abuse as defined in federal regulations.
- ii. Overpayment due to errors in claiming or documentation
- iii. Other reasons specified by DHCS in the SMHS Reasons for Recoupment guidance.

Contractor shall reimburse County for all overpayments identified by any oversight entity within required timeframes. Funds owed must be paid within forty-five (45) calendar days of notification or will be offset against future payments.

b. Audit Requirements

The following requirements apply to all audits and reviews conducted under this Agreement.

Contractor is responsible for ensuring the accuracy of all claims submitted, including proper documentation, coding, and compliance with SMHS standards. Contractor shall maintain confidentiality of all records in accordance with HIPAA and applicable State and Federal laws.

Contractor shall cooperate fully with County, DHCS, or other regulatory bodies in any audit or review, including providing access to records, documents, and facilities. Contractor shall allow inspection and audit for ten (10) years following the Agreement's end date or until any audit or investigation is resolved, whichever is later, pursuant to 42 C.F.R. §§ 438.3(h) and 438.230(i)(3)(i-iii).

c. Single Audit Clause

If Contractor expends One Million Dollars (\$1,000,000.00) or more in Federal or Federal flow-through funds in any fiscal year, Contractor shall conduct an annual audit in accordance with the Single Audit Standards as set forth in Office of Management and Budget (OMB) 2 CFR 200. The audit report and management letter shall be submitted to County within nine (9) months of the fiscal year end. The audit must include either a statement of findings or a statement that no findings were identified. If findings exist, Contractor shall provide a corrective action plan signed by an authorized representative and take prompt action to address any material non-compliance or weakness.

Failure to perform the required audit may result in County conducting the audit or contracting with a public accountant to perform the audit at Contractor's expense. Audit costs related to this Agreement are the sole responsibility of Contractor.

If Contractor's Federal expenditures do not meet the Single Audit Clause threshold, Contractor shall perform a program audit and submit to County within nine (9) months of the fiscal year end. The program audit must attest to Contractor's financial solvency and compliance with Agreement requirements.

Contractor shall make all records and accounts available for inspection by County, the State, the Controller General of the United States, the Federal Grantor Agency, or their authorized representatives at all reasonable times for a period of at least three (3) years following the final payment under this Agreement or until all pending matters are resolved, whichever is later.

d. Audit Requirements for Pass-Through Entities

If County determines that Contractor is a "subrecipient" or pass-through entity as defined in 2 C.F.R. § 200, Contractor shall comply with all applicable cost principles, administrative requirements, and audit standards, including those governing claims for payment or reimbursement.

Financial audit reports must include a separate schedule identifying all funds received from or passed through the County. This schedule shall specify the Agreement number, Agreement amount, Agreement period, and the amount expended during the fiscal year by funding source.

Contractor will provide a financial audit report including all attachments to the report and the management letter and corresponding response within six months of the end of the audit year to the County's DBH Director or designee. The County's Director or designee is responsible for providing the audit report to the County Auditor.

Contractor shall submit the financial audit report, including all attachments, the management letter, and any corresponding response to County within six (6) months of the end of the audit year. The County will forward the report to the County Auditor.

Any required corrective action plan must be submitted to County at the same time as the audit report or as soon thereafter as available. County shall monitor implementation of the corrective action plan as it relates to services provided under this Agreement.

VI. County-Owned Property Requirements

This section shall only apply to the program components and services provided under Cost Reimbursement. County and Contractor recognize that fixed assets are tangible and intangible property obtained or controlled under County for use in operational capacity and will benefit County for a period more than one (1) year.

a. Agreement Assets

Assets shall be tracked on an agreement-by-agreement basis. Unless otherwise permitted by the funding source, all assets shall fall under the "Equipment" category. Items of a sensitive nature, including those containing HIPAA Protected Health Information (PHI), must be purchased and allocated to a single Agreement. Examples of assets include, but are not limited to:

- i. Computers (desktops and laptops);
- ii. Copiers, cell phones, tablets, and other devices with any HIPAA data;
- iii. Modular furniture;
- iv. Land;
- v. Any items over \$5,000;
- vi. Items of \$500 or more with a lifespan of at least two (2) years (e.g., televisions, washers/dryers, printers, digital cameras, other equipment/furniture).

Contractor shall maintain an asset tracking system that includes, at a minimum:

- i. Asset description and unique identifier (e.g., serial number);
- ii. Acquisition date and cost;
- iii. Quantity and location or assigned user;
- iv. Source of grant funding (if applicable);
- v. The disposition date and method (surplus, transfer, destruction, loss).

b. Retention and Maintenance

All assets shall remain County property upon expiration of this Agreement. Contractor shall participate in annual inventory and ensure return of all County-owned, undepreciated assets or reimburse County for their monetary value if unable to return them. Contractor shall:

- i. Maintain equipment in good working order, normal wear and tear excepted;
- ii. Label equipment with County-assigned program number and maintain inventory list as required;

Report loss or theft immediately in writing and provide a police report for stolen items.

c. Equipment Purchase

Any equipment purchased with funds under this Agreement requires prior written approval from County. Purchases must directly relate to services under this Agreement. County may deny reimbursement for unauthorized purchases.

d. Modification of Assets

Contractor must obtain prior written approval from County for any modification or change in use of property acquired or improved with Agreement funds. If such property is sold or used for non-qualifying purposes, Contractor shall reimburse County for its current fair market value, less any portion funded by non-County sources. These requirements remain in effect for the life of the property unless relieved by State action.

VII. Additional Compliance and Reporting Requirements

Contractor acknowledges and agrees that its obligations under this Agreement are subject to all applicable local, State, and Federal laws and regulations, including but not limited to those governing Medi-Cal, HIPAA, and the False Claims Act.

a. Notification of Changes

Contractor shall provide written notice to County of any material change affecting the performance of this Agreement, including but not limited to:

- i. Organizational Changes
Changes in organizational name, Head of Service, or principal business address.
- ii. Service Location Changes

Change in any service-delivery location. Notice shall be provided at least six (6) months in advance to allow County sufficient time to comply with site certification requirements. Such notice will become part of this Agreement upon written acknowledgment by the County, provided the change of address does not conflict with any other provisions of this Agreement.

iii. Ownership, Licensure, or Capacity Changes

Any change in ownership, organizational status, licensure, or Contractor's ability to provide the quantity or quality of the contracted services. Notice shall be provided immediately and no later than fifteen (15) calendar days following the change.

Failure to provide timely notice as required herein may result in corrective action, including withholding of payment or termination of this Agreement, in accordance with the provisions outlined in Article 6.

b. Record Maintenance and Retention

Contractor shall maintain complete, accurate, and current records to demonstrate accountability for all services and fiscal activities under this Agreement. Records include, but are not limited to:

i. Service Delivery Documentation

Monthly summary sheets, sign-in sheets, and other primary source documents supporting services provided.

ii. Fiscal Records

All financial records shall be maintained in accordance with Generally Accepted Accounting Principles (GAAP) and must account for all funds, tangible assets, revenues, and expenditures. Fiscal records shall also comply with the requirements set forth in 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

iii. Retention Requirements

Contractor shall retain all service and financial records for a minimum of ten (10) years from the date of final payment, the final date of this Agreement, final settlement, or until all audit findings are resolved, whichever is later.

iv. Access and Compliance

Contractor shall provide County access to all records upon request and comply with all applicable local, State, and Federal laws regarding the maintenance and relinquishment of medical records.

Failure to maintain records in accordance with these requirements may result in withholding of payments or termination of this Agreement, as outlined in Article 6.

c. Financial Reports

Contractor shall submit audited financial reports to County on an annual basis. The audit shall:

- i. Standards
Be conducted in accordance with GAAP and generally accepted auditing standards.
- ii. Submission Timeline
The audit report, including all attachments, the management letter, and any corresponding response, must be submitted to County within six (6) months of the end of the audit year.
- iii. Corrective Action
If findings are identified, Contractor shall provide a corrective action plan signed by an authorized representative at the time of submission or as soon thereafter as available. County shall monitor implementation of the corrective action plan as it relates to services provided under this Agreement.

Failure to submit required financial reports within the specified timeframe may result in corrective action, including withholding of payment or termination of this Agreement, in accordance with Article 6.

d. Agreement Termination

In the event this Agreement is terminated, reaches its designated term, or Contractor ceases operations, Contractor shall:

- i. Delivery of Records
Provide or make available to County all financial and service records accumulated under this Agreement, whether completed, partially completed, or in progress, within seven (7) calendar days of the termination or end date.
- ii. Final Compensation
Contractor shall be entitled to payment for all SMHS satisfactorily provided through and including the effective date of termination, subject to the terms and conditions of this Agreement.

This provision shall not limit or reduce any damages owed to County resulting from Contractor's breach of this Agreement.

Failure to comply with these requirements may result in withholding payment or other remedies available to the County under Article 6.

e. Restrictions and Limitations

This Agreement is subject to all restrictions, limitations, and conditions imposed by County, State, or Federal funding sources that may affect the fiscal provisions or funding for this Agreement. Key provisions include:

i. Funding Contingency

This Agreement is contingent upon sufficient funds being made available by County, State, or Federal sources for the term of this Agreement. If the State or Federal governments reduce financial participation in the Medi-Cal program, County shall meet with Contractor to discuss renegotiating the services required.

ii. Fiscal Year Funding

Funding is allocated by fiscal year. Any unspent appropriation for a fiscal year does not roll over and is not available for services provided in subsequent years.

iii. Delayed Payments

In the event funding for these services is delayed by the State Controller, County may defer payments to Contractor. The deferred amount shall not exceed the amount of funding delayed by the State Controller to County. The deferral period shall not exceed the duration of the State Controller's delay plus forty-five (45) calendar days.

f. Financial Compliance and Enforcement

County maintains the right to monitor Contractor's performance under this Agreement to ensure accuracy of claims for reimbursement and compliance with all applicable laws and regulations.

Contractor shall claim and collect all other available revenues, including but not limited to Medicare, private insurance, grants, client rent/fees, and any other third-party funding sources. Contractor shall maintain accurate records of all such revenues collected and report them to County in the format and frequency specified by County. Reports shall be submitted concurrently with monthly invoices or as otherwise directed and must include sufficient detail to support reconciliation and verification of revenue sources.

No federal funds provided under this Agreement shall be used to pay the salary of an individual at a rate exceeding Level 1 of the Executive Schedule, as published by U.S. Office of Personnel Management and amended from time to time amended.

Federal Financial Participation shall not be available for any amount furnished to an excluded individual or entity, or at the direction of a physician during the period of exclusion when the person providing the service knew or should have known of the exclusion, or to an individual or entity when the County failed to suspend payments during an investigation of a credible allegation of fraud, pursuant to 42 U.S.C. section 1396b(i)(2).

Contractor shall be responsible for any disallowances resulting from inadequate documentation.

Failure by either party to enforce any provision of this Agreement shall not constitute a waiver of that provision or any other provision.

If Contractor fails to comply with any provision of this Agreement, County may, upon written notice, be relieved of its obligation to provide further compensation.

g. Compliance with Federal and State Laws

Contractor shall comply with all applicable Federal and State laws and regulations governing the provision of services and the use of funds under this Agreement, including but not limited to:

- i. The False Claims Act employee training and policy requirements set forth in 42 U.S.C. §1396a(a)(68) and any related guidance issued by the U.S. Department of Health and Human Services;
- ii. Medi-Cal program requirements;
- iii. HIPAA privacy and security standards;
- iv. Any other applicable statutes, regulations, and administrative rules.

Contractor shall maintain documentation demonstrating compliance with these requirements and make such documentation available to County upon request.

h. Restrictions on Fund Redirection

Contractor shall not redirect or transfer funds from one funded program to another funded program under this Agreement, except through a duly executed amendment approved by County.

Contractor shall not allocate or charge services provided to an eligible person under one funded program to another funded program unless the person served is also eligible for services under the second funded program.

i. Record Retention and Access

Contractor shall maintain complete, accurate, and current records to demonstrate accountability for all services and fiscal activities under this Agreement. Records shall include, but are not limited to:

- i. Service delivery documentation (e.g., monthly summary sheets, sign-in sheets, and other primary source documents);
- ii. Fiscal records maintained in accordance with Generally Accepted Accounting Principles (GAAP), accounting for all funds, tangible assets, revenues, and expenditures;
- iii. Documentation required under 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.

Retention Requirements:

Contractor shall retain all service and financial records for a minimum of ten (10) years from the date of final payment, the final date of this Agreement, final settlement, or until all audit findings are resolved, whichever is later.

Access and Compliance:

Contractor shall provide County access to all records upon request and comply with all applicable local, State, and Federal laws regarding the maintenance and relinquishment of medical records.

Failure to maintain records in accordance with these requirements may result in withholding of payments or termination of this Agreement, as outlined in Article 6.

FEE-FOR-SERVICE RATES

**Fee-for-Service rates are established by the Department of Health Care Services. Contractor acknowledges that the rates listed in the table below are all-inclusive rates and cover all program operating expenses, including but is not limited to:

- i. Direct and indirect staff time (e.g., patient care, documentation, travel, and paid time off);
- ii. Total staff compensation (e.g., salaries, wages, benefits, bonuses, incentives);
- iii. Vehicle expenses (e.g. gas, maintenance, insurance);
- iv. Training and professional development;
- v. Assets and capital equipment;
- vi. Utilities overhead costs.

Indirect cost expenses shall be determined by the Contractor under the Fee-for-Service reimbursement structure.

Assigned Fee-For-Service Rate Category:

Clinic/Site Based.

Fee-For-Service Rate Table:

| Clinic/Site Based (less than 50% of services are provided in the field) | |
|--|------------------------|
| Provider Type | Provider Rate Per Hour |
| Licensed Physician | \$969.97 |
| Physicians Assistant | \$435.02 |
| Nurse Practitioner | \$482.34 |
| Registered Nurse | \$393.99 |
| Certified Nurse Specialist | \$482.34 |
| Licensed Vocational Nurse | \$206.97 |
| Registered Pharmacist | \$464.30 |
| Licensed Psychiatric Technician | \$177.43 |
| Psychologist (Licensed or Waivered) | \$390.09 |
| LPHA (MFT LCSW LPCC)/ Intern or Waivered LPHA (MFT LCSW LPCC) | \$252.44 |
| Occupational Therapist | \$336.04 |
| Mental Health Rehab Specialist | \$189.92 |
| Peer Support Specialists | \$199.42 |

| | |
|---------------------------|----------|
| Community Health Worker | \$194.67 |
| Medical Assistant | \$142.28 |
| Other Qualified Providers | \$189.92 |

| Flat Rate Type | Unit | Maximum Units That Can Be Billed | Rate |
|--|-----------------|--|-------------|
| Interactive Complexity | 15 min per unit | 1 per allowed procedure per provider per person served | \$18.89 |
| Sign Language/Oral Interpretive Services | 15 min per unit | Variable | \$31.88 |

Housing Support Services - Alegre Commons
RH Community Builders
HSS FFS Maximum Compensation

**Instructions: At the top, please provide the name of the program and your organization's name.
For each FY, please provide your proposed maximum compensation based upon estimated
services provided within the blue cells in column E.**

| | | |
|--------------------------------------|--|-------------------|
| Maximum Compensation FY 25-26 | | \$ 223,865 |
| Maximum Compensation FY 26-27 | | \$ 429,052 |
| Maximum Compensation FY 27-28 | | \$ 445,680 |
| Maximum Compensation FY 28-29 | | \$ 462,410 |
| Maximum Compensation FY 29-30 | | \$ 473,530 |

| | |
|-------------------------------------|---------------------|
| Program Maximum Compensation | \$ 2,034,537 |
|-------------------------------------|---------------------|

Housing Support Services - Alegre Commons
RH Community Builders
FY 2025-26 Ramp Up Budget

| PROGRAM EXPENSES | | | | | |
|--|---------------------------|------|-----------|-----------|-----------|
| 1000: DIRECT SALARIES & BENEFITS | | | | | |
| Direct Employee Salaries | | | | | |
| Acct # | Administrative Position | FTE | Admin | Program | Total |
| 1101 | Director | 0.20 | \$ 4,506 | | \$ 4,506 |
| 1102 | Program Manager | 0.25 | 3,900 | | 3,900 |
| 1103 | Team Lead | 0.45 | 6,240 | | 6,240 |
| 1104 | Clinical Supervisor | 0.20 | 4,506 | | 4,506 |
| 1105 | E.H.R./Billing Specialist | 0.20 | 2,426 | | 2,426 |
| 1106 | Compliance Manager | 0.30 | 3,640 | | 3,640 |
| 1107 | Clinical Trianer | 0.25 | 4,766 | | 4,766 |
| 1108 | Adminstrative Assistant | 0.20 | 1,734 | | 1,734 |
| 1109 | Fiscal Analyst | 0.15 | 2,080 | | 2,080 |
| 1110 | | | - | | - |
| 1111 | | | - | | - |
| 1112 | | | - | | - |
| 1113 | | | - | | - |
| 1114 | | | - | | - |
| 1115 | | | - | | - |
| Direct Personnel Admin Salaries Subtotal | | 2.20 | \$ 33,798 | | \$ 33,798 |
| Acct # | Program Position | FTE | Admin | Program | Total |
| 1116 | Case Manager | 1.00 | | \$ 6,587 | \$ 6,587 |
| 1117 | Clinician | 0.50 | | 3,900 | 3,900 |
| 1118 | Peer Support Specalst | 1.00 | | 4,853 | 4,853 |
| 1119 | | | | | - |
| 1120 | | | | - | - |
| 1121 | | | | - | - |
| 1122 | | | | - | - |
| 1123 | | | | - | - |
| 1124 | | | | - | - |
| 1125 | | | | - | - |
| 1126 | | | | - | - |
| 1127 | | | | - | - |
| 1128 | | | | - | - |
| 1129 | | | | - | - |
| 1130 | | | | - | - |
| 1131 | | | | - | - |
| 1132 | | | | - | - |
| 1133 | | | | - | - |
| 1134 | | | | - | - |
| Direct Personnel Program Salaries Subtotal | | 2.50 | | \$ 15,340 | \$ 15,340 |
| Direct Personnel Salaries Subtotal | | 4.70 | \$ 33,798 | \$ 15,340 | \$ 49,138 |
| Direct Employee Benefits | | | | | |
| Acct # | Description | | Admin | Program | Total |
| 1201 | Retirement | | \$ 100 | \$ - | \$ 100 |
| 1202 | Worker's Compensation | | 2,695 | 1,305 | 4,000 |
| 1203 | Health Insurance | | 550 | 550 | 1,100 |
| 1204 | Other (specify) | | - | - | - |
| 1205 | Other (specify) | | - | - | - |
| 1206 | Other (specify) | | - | - | - |
| Direct Employee Benefits Subtotal: | | | \$ 3,345 | \$ 1,855 | \$ 5,200 |
| Direct Payroll Taxes & Expenses: | | | | | |
| Acct # | Description | | Admin | Program | Total |
| 1301 | OASDI | | \$ 2,404 | \$ 951 | \$ 3,355 |
| 1302 | FICA/MEDICARE | | 2,966 | 1,173 | 4,139 |
| 1303 | SUI | | 150 | 105 | 255 |
| 1304 | Other (specify) | | - | - | - |
| 1305 | Other (specify) | | - | - | - |
| 1306 | Other (specify) | | - | - | - |
| Direct Payroll Taxes & Expenses Subtotal: | | | \$ 5,520 | \$ 2,229 | \$ 7,749 |
| DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL: | | | Admin | Program | Total |
| | | | \$ 42,663 | \$ 19,424 | \$ 62,087 |

| DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE: | Admin | Program |
|---|-------|---------|
| | 69% | 31% |

| 2000: DIRECT CLIENT SUPPORT | | |
|-----------------------------|-----------------------|--------|
| Acct # | Line Item Description | Amount |
| 2001 | | |
| 2002 | | |
| 2003 | | |
| 2004 | | |
| 2005 | | |
| 2006 | | |
| 2007 | | |
| 2008 | | |
| 2009 | | |
| 2010 | | |
| 2011 | | |
| 2012 | | |
| 2013 | | |
| 2014 | | |
| 2015 | | |
| 2016 | | |
| DIRECT CLIENT CARE TOTAL | | \$ - |

| 3000: DIRECT OPERATING EXPENSES | | |
|----------------------------------|--------------------------------------|----------|
| Acct # | Line Item Description | Amount |
| 3001 | Telecommunications | \$ 1,250 |
| 3002 | Printing/Postage | 250 |
| 3003 | Office, Household & Program Supplies | 1,500 |
| 3004 | Advertising | 80 |
| 3005 | Staff Development & Training | 1,500 |
| 3006 | Staff Mileage | 250 |
| 3007 | Subscriptions & Memberships | - |
| 3008 | Vehicle Maintenance | - |
| 3009 | Other (specify) | - |
| 3010 | Other (specify) | - |
| 3011 | Other (specify) | - |
| 3012 | Other (specify) | - |
| DIRECT OPERATING EXPENSES TOTAL: | | \$ 4,830 |

| 4000: DIRECT FACILITIES & EQUIPMENT | | |
|-------------------------------------|-----------------------|----------|
| Acct # | Line Item Description | Amount |
| 4001 | Building Maintenance | \$ - |
| 4002 | Rent/Lease Building | 2,500 |
| 4003 | Rent/Lease Equipment | - |
| 4004 | Rent/Lease Vehicles | - |
| 4005 | Security | - |
| 4006 | Utilities | 500 |
| 4007 | Other (specify) | - |
| 4008 | Other (specify) | - |
| 4009 | Other (specify) | - |
| 4010 | Other (specify) | - |
| DIRECT FACILITIES/EQUIPMENT TOTAL: | | \$ 3,000 |

| 5000: DIRECT SPECIAL EXPENSES | | |
|--------------------------------|---|----------|
| Acct # | Line Item Description | Amount |
| 5001 | Consultant (Network & Data Management) | \$ - |
| 5002 | HMIS (Health Management Information System) | 1,500 |
| 5003 | Contractual/Consulting Services Onboarding Expenses Background and Drug Testing | 385 |
| 5004 | Translation Services | - |
| 5005 | Other (specify) | - |
| 5006 | Other (specify) | - |
| 5007 | Other (specify) | - |
| 5008 | Other (specify) | - |
| DIRECT SPECIAL EXPENSES TOTAL: | | \$ 1,885 |

| 6000: INDIRECT EXPENSES | | |
|-------------------------|---|----------|
| Acct # | Line Item Description | Amount |
| | Administrative Overhead | |
| 6001 | Use this line and only this line for approved indirect cost rate | \$ 8,317 |
| | Administrative Overhead | |
| 6002 | Professional Liability Insurance | - |
| 6003 | Accounting/Bookkeeping | - |
| 6004 | External Audit | - |
| 6005 | Insurance (Specify): | - |
| 6006 | Payroll Services | - |
| 6007 | Depreciation (Provider-Owned Equipment to be Used for Program Purposes) | - |
| 6008 | Personnel (Indirect Salaries & Benefits) | - |
| 6009 | Other (specify) | - |
| 6010 | Other (specify) | - |
| 6011 | Other (specify) | - |
| 6012 | Other (specify) | - |
| 6013 | Other (specify) | - |
| INDIRECT EXPENSES TOTAL | | \$ 8,317 |

| | |
|--------------------|--------|
| INDIRECT COST RATE | 10.00% |
|--------------------|--------|

| 7000: DIRECT FIXED ASSETS | | |
|-----------------------------|--|-----------|
| Acct # | Line Item Description | Amount |
| 7001 | Computer Equipment & Software | \$ 6,400 |
| 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data | 2,500 |
| 7003 | Furniture & Fixtures | 2,500 |
| 7004 | Leasehold/Tenant/Building Improvements | - |
| 7005 | Other Assets over \$500 with Lifespan of 2 Years + | - |
| 7006 | Assets over \$5,000/unit (Specify) | - |
| 7007 | Other (specify) | - |
| 7008 | Other (specify) | - |
| FIXED ASSETS EXPENSES TOTAL | | \$ 11,400 |

| | |
|------------------------|-----------|
| TOTAL PROGRAM EXPENSES | \$ 91,519 |
|------------------------|-----------|

PROGRAM FUNDING SOURCES

| 8000: TOTAL PROGRAM REVENUES | | |
|------------------------------|---|-----------|
| Acct # | Line Item Description | Amount |
| 8001 | Revenue Allocated by DBH | \$ - |
| 8002 | Client Fees | - |
| 8003 | Client Insurance | - |
| 8004 | Grants (Specify) | - |
| 8005 | Other (CSS - Mental Health Services Act (MHSA)) | 91,519 |
| 8006 | Other (Specify) | - |
| TOTAL PROGRAM REVENUES | | \$ 91,519 |

| | |
|-----------------------------------|-----------|
| TOTAL PROGRAM ESTIMATED REVENUES: | \$ 91,519 |
|-----------------------------------|-----------|

| | |
|-------------------|------|
| NET PROGRAM COST: | \$ - |
|-------------------|------|

Housing Support Services - Alegre Commons
RH Community Builders
FY 2025-26 Ramp Up Budget FTE Details

PARTIAL FTE DETAIL

For all positions with FTE's split among multiple programs/contracts the below must be filled out

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| Director | HHS/Crossroads Village | 15% |
| | HHS/Alta Monte | 10% |
| | HHS/Santa Clara | 10% |
| | HHS/Trinity | 10% |
| | HHS/Paragon | 10% |
| | HHS/Alegre | 20% |
| | HHS/Broadway | 15% |
| | The Flats/DSS/Fresno County | 10% |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|-----------------|-----------------------------------|-------------|
| Program Manager | HHS/Crossroads Village | 15% |
| | HHS/Alta Monte | 5% |
| | HHS/Santa Clara | 15% |
| | HHS/Trinity | 10% |
| | HHS/Paragon | 15% |
| | HHS/Alegre | 25% |
| | HHS/Broadway | 15% |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|-----------------------|-----------------------------------|-------------|
| Clinical Supervisor 1 | HHS/Santa Clara | 25% |
| | HHS/Trinity | 20% |
| | HHS/Paragon | 25% |
| | HHS/Alegre | 12% |
| | HHS/Broadway | 18% |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|-----------------------|-----------------------------------|-------------|
| Clinical Supervisor 2 | HHS/Crossroads Village | 52% |
| | HHS/Alta Monte | 40% |
| | HHS/Alegre | 8% |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------------------|-----------------------------------|-------------|
| E.H.R/Billing Specialist | HHS/Crossroads Village | 16% |
| | HHS/Alta Monte | 15% |
| | HHS/Santa Clara | 15% |
| | HHS/Trinity | 10% |
| | HHS/Paragon | 19% |
| | HHS/Alegre | 20% |
| | HHS/Broadway | 5% |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------------|-----------------------------------|-------------|
| Compliance Manager | HHS/Crossroads Village | 40% |
| | HHS/Santa Clara | 15% |
| | HHS/Alta Monte | 13% |
| | HHS/Alegre | 30% |
| Total | | 0.98 |

| Position | Contract #/Name/Department/County | FTE % |
|------------------|-----------------------------------|-------|
| Clinical Trainer | HHS/Crossroads Village | 15% |
| | HHS/Alta Monte | 15% |

| | | |
|--------------|-----------------|-------------|
| | HHS/Santa Clara | 15% |
| | HHS/Trinity | 15% |
| | HHS/Paragon | 15% |
| | HHS/Alegre | 25% |
| | | |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|-------------------------|-----------------------------------|-------------|
| Adminstrative Assistant | HHS/Crossroads Village | 15% |
| | HHS/Santa Clara | 25% |
| | HHS/Trinity | 15% |
| | HHS/Paragon | 25% |
| | HHS/Alegre | 20% |
| | | |
| | | |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| Team Lead | HHS/Trinity | 15% |
| | HHS/Paragon | 25% |
| | HHS/Alegre | 45% |
| | HHS/Broadway | 15% |
| | | |
| | | |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|----------------|---------------------------------------|-------------|
| Fiscal Analyst | HHS/Alta Monte | 10% |
| | HHS/Trinity | 15% |
| | HHS/Alegre | 15% |
| | HHS/Broadway | 15% |
| | The Flats/DSS/Fresno County | 25% |
| | Landlord Engagement/DSS/Fresno County | 20% |
| | | |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|----------|-----------------------------------|-------|
| | | |
| | | |
| | | |

Housing Support Services - Alegre Commons
RH Community Builders
FY 2025-26 Ramp Up Budget Narrative

| PROGRAM EXPENSE | | | |
|---|---------------------------|---------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 1000: DIRECT SALARIES & BENEFITS | | 62,087 | |
| Administrative Positions | | 33,798 | |
| 1101 | Director | 4,506 | 2 Months allocated wages to support program operations including hiring, policy & procedure creation, and contract management |
| 1102 | Program Manager | 3,900 | 2 months allocated wages to support program operations focused on hiring, implementing policy & procedures, and program ramp up |
| 1103 | Team Lead | 6,240 | 2 months allocate wages to support site teams with launching programs |
| 1104 | Clinical Supervisor | 4,506 | 2 months allocated wages to support program opening, hiring clinical team, and implementing clinical policies |
| 1105 | E.H.R./Billing Specialist | 2,426 | 2 months allocated wages for coordination with staff access to SmartCare and launching operations |
| 1106 | Compliance Manager | 3,640 | 2 months allocated wages to launch program focused on creation of policy, site certifications, and staff credentialing |
| 1107 | Clinical Trianer | 4,766 | 2 months allocated wages to create trainings and train new staff for program operations |
| 1108 | Adminstrative Assistant | 1,734 | 2 months allocated for adminstrative support to the program launch |
| 1109 | Fiscal Analyst | 2,080 | 2 months allocated wages to support program budget compliance and fiscal compliance |
| 1110 | 0 | - | |
| 1111 | 0 | - | |
| 1112 | 0 | - | |
| 1113 | 0 | - | |
| 1114 | 0 | - | |
| 1115 | 0 | - | |
| Program Positions | | 15,340 | |
| 1116 | Case Manager | 6,587 | 1 month wages for onboarding, training, and credentialing |
| 1117 | Clinician | 3,900 | 1 month wages for onboarding, training, and credentialing |
| 1118 | Peer Support Specialist | 4,853 | 1 month wages for onboarding, training, and credentialing |
| 1119 | 0 | - | |
| 1120 | 0 | - | |
| 1121 | 0 | - | |
| 1122 | 0 | - | |
| 1123 | 0 | - | |
| 1124 | 0 | - | |
| 1125 | 0 | - | |
| 1126 | 0 | - | |
| 1127 | 0 | - | |
| 1128 | 0 | - | |
| 1129 | 0 | - | |
| 1130 | 0 | - | |
| 1131 | 0 | - | |
| 1132 | 0 | - | |
| 1133 | 0 | - | |
| 1134 | 0 | - | |
| Direct Employee Benefits | | 5,200 | |
| 1201 | Retirement | 100 | 3% match for employees who opt in. Benefits begin 1st of the month after 60 days of hire. |
| 1202 | Worker's Compensation | 4,000 | Allocated cost of employee's worker's compenstation coverage. |
| 1203 | Health Insurance | 1,100 | Full coverage of cost of health insurance for employees, benefits begin 1st of the month after 60 days of hire. |
| 1204 | Other (specify) | - | |
| 1205 | Other (specify) | - | |
| 1206 | Other (specify) | - | |
| Direct Payroll Taxes & Expenses: | | 7,749 | |
| 1301 | OASDI | 3,355 | 6.2% on all wages |
| 1302 | FICA/MEDICARE | 4,139 | 7.65% on all wages |
| 1303 | SUI | 255 | .5% on 1st \$7,000 of wages- assumed that Director and Fiscal Analyst are internal transfers. |
| 1304 | Other (specify) | - | |
| 1305 | Other (specify) | - | |
| 1306 | Other (specify) | - | |
| 2000: DIRECT CLIENT SUPPORT | | - | |
| 2001 | | | |

| PROGRAM EXPENSE | | | |
|-----------------|-----------|-----|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 2002 | | | |
| 2003 | | | |
| 2004 | | | |
| 2005 | | | |
| 2006 | | | |
| 2007 | | | |
| 2008 | | | |
| 2009 | | | |
| 2010 | | | |
| 2011 | | | |
| 2012 | | | |
| 2013 | | | |
| 2014 | | | |
| 2015 | | | |
| 2016 | | | |

| 3000: DIRECT OPERATING EXPENSES | | 4,830 | |
|---------------------------------|--------------------------------------|-------|---|
| 3001 | Telecommunications | 1,250 | Cellphones, email, and internet connection for program staff. |
| 3002 | Printing/Postage | 250 | Printing for DBH required compliance and business cards |
| 3003 | Office, Household & Program Supplies | 1,500 | Start up office supplies for the program including common office supplies- paper, pens, desk equipment, and monthly printing costs. |
| 3004 | Advertising | 80 | indeed ad sponsor for hiring |
| 3005 | Staff Development & Training | 1,500 | Monthly fee for performance management software by FTE, CPR training for initial staffing. Peer Specialist Certification training and testing fees. |
| 3006 | Staff Mileage | 250 | Reimbursement at Federally approved rate for staff traveling in personal transportation. |
| 3007 | Subscriptions & Memberships | - | |
| 3008 | Vehicle Maintenance | - | |
| 3009 | Other (specify) | - | |
| 3010 | Other (specify) | - | |
| 3011 | Other (specify) | - | |
| 3012 | Other (specify) | - | |

| 4000: DIRECT FACILITIES & EQUIPMENT | | 3,000 | |
|-------------------------------------|----------------------|-------|---|
| 4001 | Building Maintenance | - | |
| 4002 | Rent/Lease Building | 2,500 | Share of Cost by FTE for admin office of Housing Supportive Services Program. |
| 4003 | Rent/Lease Equipment | - | |
| 4004 | Rent/Lease Vehicles | - | |
| 4005 | Security | - | |
| 4006 | Utilities | 500 | Share of Cost by FTE for admin office of Housing Supportive Services Program. |
| 4007 | Other (specify) | - | |
| 4008 | Other (specify) | - | |
| 4009 | Other (specify) | - | |
| 4010 | Other (specify) | - | |

| 5000: DIRECT SPECIAL EXPENSES | | 1,885 | |
|-------------------------------|--|-------|--|
| 5001 | Consultant (Network & Data Management) | - | |
| 5002 | HMIS (Health Management Information System) | 1,500 | HMIS Licenses for staff |
| 5003 | Contractual/Consulting Services Onboarding Expenses Background and Drug Testing | 385 | Onboarding expenses for new employees including background and drug tests per contract requirements. |
| 5004 | Translation Services | - | |
| 5005 | Other (specify) | - | |
| 5006 | Other (specify) | - | |
| 5007 | Other (specify) | - | |
| 5008 | Other (specify) | - | |

| 6000: INDIRECT EXPENSES | | 8,317 | |
|-------------------------|--|-------|-------------------|
| 6001 | Administrative Overhead | 8,317 | 10% indirect rate |
| 6002 | Professional Liability Insurance | - | |
| 6003 | Accounting/Bookkeeping | - | |
| 6004 | External Audit | - | |
| 6005 | Insurance (Specify): | - | |
| 6006 | Payroll Services | - | |
| 6007 | Depreciation (Provider-Owned Equipment to be Used) | - | |
| 6008 | Personnel (Indirect Salaries & Benefits) | - | |
| 6009 | Other (specify) | - | |
| 6010 | Other (specify) | - | |
| 6011 | Other (specify) | - | |
| 6012 | Other (specify) | - | |

| PROGRAM EXPENSE | | | |
|-----------------|-----------------|-----|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 6013 | Other (specify) | - | |

| 7000: DIRECT FIXED ASSETS | | 11,400 | |
|---------------------------|---|--------|--|
| 7001 | Computer Equipment & Software | 6,400 | 3 laptop computers, docking stations, 2 screens per computer, keyboard/mouse per computer, various cables to connect laptops/docks/screens |
| 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA | 2,500 | 3 cellphones and cases, ipad for site timeclock, copier |
| 7003 | Furniture & Fixtures | 2,500 | Supplemental furniture for program site to ensure HIPAA compliance, furniture for HSS admin office for allocated staff. |
| 7004 | Leasehold/Tenant/Building Improvements | - | |
| 7005 | Other Assets over \$500 with Lifespan of 2 Years + | - | |
| 7006 | Assets over \$5,000/unit (Specify) | - | |
| 7007 | Other (specify) | - | |
| 7008 | Other (specify) | - | |

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 91,519

Housing Support Services - Alegre Commons
RH Community Builders
Fiscal Year 2025-26 Cost Reimbursement Budget

PROGRAM EXPENSES

| 2000: DIRECT CLIENT SUPPORT | | |
|------------------------------------|---------------------------------|-----------------|
| Acct # | Line Item Description | Amount |
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | - |
| 2003 | Client Transportation & Support | - |
| 2004 | Clothing, Food, & Hygiene | - |
| 2005 | Education Support | - |
| 2006 | Employment Support | 200 |
| 2007 | Household Items for Clients | 600 |
| 2008 | Medication Supports | - |
| 2009 | Program Supplies - Medical | - |
| 2010 | Utility Vouchers | - |
| 2011 | Other Client Activities | 1,200 |
| 2012 | Other (specify) | - |
| 2013 | Other (specify) | - |
| 2014 | Other (specify) | - |
| 2015 | Other (specify) | - |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 2,000 |

| | |
|-------------------------------|-----------------|
| TOTAL PROGRAM EXPENSES | \$ 2,000 |
|-------------------------------|-----------------|

PROGRAM FUNDING SOURCES

| 8000: TOTAL PROGRAM REVENUES | | |
|-------------------------------------|---|-----------------|
| Acct # | Line Item Description | Amount |
| 8001 | Revenue Allocated by DBH | \$ - |
| 8002 | Client Fees | - |
| 8003 | Client Insurance | - |
| 8004 | Grants (Specify) | - |
| 8005 | Other (CSS - Mental Health Services Act (MHSA)) | 2,000 |
| 8006 | Other (Specify) | - |
| TOTAL PROGRAM REVENUES | | \$ 2,000 |

| | |
|--|-----------------|
| TOTAL PROGRAM ESTIMATED REVENUES: | \$ 2,000 |
|--|-----------------|

| | |
|--------------------------|-------------|
| NET PROGRAM COST: | \$ - |
|--------------------------|-------------|

**Housing Support Services - Alegre Commons
RH Community Builders
Fiscal Year 2025-26 Cost Reimbursement Budget Narrative**

| PROGRAM EXPENSE | | | |
|------------------------------------|---------------------------------|--------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 2000: DIRECT CLIENT SUPPORT | | 2,000 | |
| 2001 | Child Care | - | |
| 2002 | Client Housing Support | - | |
| 2003 | Client Transportation & Support | - | |
| 2004 | Clothing, Food, & Hygiene | - | |
| 2005 | Education Support | - | |
| 2006 | Employment Support | 200 | Costs of supporting clients with gaining employees including but not limited to uniforms, equipment, and background checks |
| 2007 | Household Items for Clients | 600 | Cost of cleaning supplies or basic household necessities to support housing stability |
| 2008 | Medication Supports | - | |
| 2009 | Program Supplies - Medical | - | |
| 2010 | Utility Vouchers | - | |
| 2011 | Other Client Activities | 1,200 | Supplies for client activities including groups such as art therapy, exercise groups, and season themed activities to build community and housing stability |
| 2012 | Other (specify) | - | |
| 2013 | Other (specify) | - | |
| 2014 | Other (specify) | - | |
| 2015 | Other (specify) | - | |
| 2016 | Other (specify) | - | |

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 2,000

Housing Support Services - Alegre Commons
RH Community Builders
Fiscal Year 2026-27 Cost Reimbursement Budget

PROGRAM EXPENSES

| 2000: DIRECT CLIENT SUPPORT | | |
|------------------------------------|---------------------------------|-----------------|
| Acct # | Line Item Description | Amount |
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | - |
| 2003 | Client Transportation & Support | - |
| 2004 | Clothing, Food, & Hygiene | - |
| 2005 | Education Support | - |
| 2006 | Employment Support | 400 |
| 2007 | Household Items for Clients | 1,200 |
| 2008 | Medication Supports | - |
| 2009 | Program Supplies - Medical | - |
| 2010 | Utility Vouchers | - |
| 2011 | Other Client Activities | 2,400 |
| 2012 | Other (specify) | - |
| 2013 | Other (specify) | - |
| 2014 | Other (specify) | - |
| 2015 | Other (specify) | - |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 4,000 |

| | |
|-------------------------------|-----------------|
| TOTAL PROGRAM EXPENSES | \$ 4,000 |
|-------------------------------|-----------------|

PROGRAM FUNDING SOURCES

| 8000: TOTAL PROGRAM REVENUES | | |
|-------------------------------------|---|-----------------|
| Acct # | Line Item Description | Amount |
| 8001 | Revenue Allocated by DBH | \$ - |
| 8002 | Client Fees | - |
| 8003 | Client Insurance | - |
| 8004 | Grants (Specify) | - |
| 8005 | Other (CSS - Mental Health Services Act (MHSA)) | 4,000 |
| 8006 | Other (Specify) | - |
| TOTAL PROGRAM REVENUES | | \$ 4,000 |

| | |
|--|-----------------|
| TOTAL PROGRAM ESTIMATED REVENUES: | \$ 4,000 |
|--|-----------------|

| | |
|--------------------------|-------------|
| NET PROGRAM COST: | \$ - |
|--------------------------|-------------|

**Housing Support Services - Alegre Commons
RH Community Builders
Fiscal Year 2026-27 Cost Reimbursement Budget Narrative**

| PROGRAM EXPENSE | | | |
|------------------------------------|---------------------------------|--------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 2000: DIRECT CLIENT SUPPORT | | 4,000 | |
| 2001 | Child Care | - | |
| 2002 | Client Housing Support | - | |
| 2003 | Client Transportation & Support | - | |
| 2004 | Clothing, Food, & Hygiene | - | |
| 2005 | Education Support | - | |
| 2006 | Employment Support | 400 | Costs of supporting clients with gaining employees including but not limited to uniforms, equipment, and background checks |
| 2007 | Household Items for Clients | 1,200 | Cost of cleaning supplies or basic household necessities to support housing stability |
| 2008 | Medication Supports | - | |
| 2009 | Program Supplies - Medical | - | |
| 2010 | Utility Vouchers | - | |
| 2011 | Other Client Activities | 2,400 | Supplies for client activities including groups such as art therapy, exercise groups, and season themed activities to build community and housing stability |
| 2012 | Other (specify) | - | |
| 2013 | Other (specify) | - | |
| 2014 | Other (specify) | - | |
| 2015 | Other (specify) | - | |
| 2016 | Other (specify) | - | |

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 4,000

Housing Support Services - Alegre Commons
RH Community Builders
Fiscal Year 2027-28 Cost Reimbursement Budget

PROGRAM EXPENSES

| 2000: DIRECT CLIENT SUPPORT | | |
|------------------------------------|---------------------------------|-----------------|
| Acct # | Line Item Description | Amount |
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | - |
| 2003 | Client Transportation & Support | - |
| 2004 | Clothing, Food, & Hygiene | - |
| 2005 | Education Support | - |
| 2006 | Employment Support | 400 |
| 2007 | Household Items for Clients | 1,200 |
| 2008 | Medication Supports | - |
| 2009 | Program Supplies - Medical | - |
| 2010 | Utility Vouchers | - |
| 2011 | Other Client Activities | 2,400 |
| 2012 | Other (specify) | - |
| 2013 | Other (specify) | - |
| 2014 | Other (specify) | - |
| 2015 | Other (specify) | - |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 4,000 |

| | |
|-------------------------------|-----------------|
| TOTAL PROGRAM EXPENSES | \$ 4,000 |
|-------------------------------|-----------------|

PROGRAM FUNDING SOURCES

| 8000: TOTAL PROGRAM REVENUES | | |
|-------------------------------------|---|-----------------|
| Acct # | Line Item Description | Amount |
| 8001 | Revenue Allocated by DBH | \$ - |
| 8002 | Client Fees | - |
| 8003 | Client Insurance | - |
| 8004 | Grants (Specify) | - |
| 8005 | Other (CSS - Mental Health Services Act (MHSA)) | 4,000 |
| 8006 | Other (Specify) | - |
| TOTAL PROGRAM REVENUES | | \$ 4,000 |

| | |
|--|-----------------|
| TOTAL PROGRAM ESTIMATED REVENUES: | \$ 4,000 |
|--|-----------------|

| | |
|--------------------------|-------------|
| NET PROGRAM COST: | \$ - |
|--------------------------|-------------|

**Housing Support Services - Alegre Commons
RH Community Builders
Fiscal Year 2027-28 Cost Reimbursement Budget Narrative**

| PROGRAM EXPENSE | | | |
|------------------------------------|---------------------------------|--------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 2000: DIRECT CLIENT SUPPORT | | 4,000 | |
| 2001 | Child Care | - | |
| 2002 | Client Housing Support | - | |
| 2003 | Client Transportation & Support | - | |
| 2004 | Clothing, Food, & Hygiene | - | |
| 2005 | Education Support | - | |
| 2006 | Employment Support | 400 | Costs of supporting clients with gaining employees including but not limited to uniforms, equipment, and background checks |
| 2007 | Household Items for Clients | 1,200 | Cost of cleaning supplies or basic household necessities to support housing stability |
| 2008 | Medication Supports | - | |
| 2009 | Program Supplies - Medical | - | |
| 2010 | Utility Vouchers | - | |
| 2011 | Other Client Activities | 2,400 | Supplies for client activities including groups such as art therapy, exercise groups, and season themed activities to build community and housing stability |
| 2012 | Other (specify) | - | |
| 2013 | Other (specify) | - | |
| 2014 | Other (specify) | - | |
| 2015 | Other (specify) | - | |
| 2016 | Other (specify) | - | |

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 4,000

Housing Support Services - Alegre Commons
RH Community Builders
Fiscal Year 2028-29 Cost Reimbursement Budget

PROGRAM EXPENSES

| 2000: DIRECT CLIENT SUPPORT | | |
|------------------------------------|---------------------------------|-----------------|
| Acct # | Line Item Description | Amount |
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | - |
| 2003 | Client Transportation & Support | - |
| 2004 | Clothing, Food, & Hygiene | - |
| 2005 | Education Support | - |
| 2006 | Employment Support | 400 |
| 2007 | Household Items for Clients | 1,200 |
| 2008 | Medication Supports | - |
| 2009 | Program Supplies - Medical | - |
| 2010 | Utility Vouchers | - |
| 2011 | Other Client Activities | 2,400 |
| 2012 | Other (specify) | - |
| 2013 | Other (specify) | - |
| 2014 | Other (specify) | - |
| 2015 | Other (specify) | - |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 4,000 |

| | |
|-------------------------------|-----------------|
| TOTAL PROGRAM EXPENSES | \$ 4,000 |
|-------------------------------|-----------------|

PROGRAM FUNDING SOURCES

| 8000: TOTAL PROGRAM REVENUES | | |
|-------------------------------------|---|-----------------|
| Acct # | Line Item Description | Amount |
| 8001 | Revenue Allocated by DBH | \$ - |
| 8002 | Client Fees | - |
| 8003 | Client Insurance | - |
| 8004 | Grants (Specify) | - |
| 8005 | Other (CSS - Mental Health Services Act (MHSA)) | 4,000 |
| 8006 | Other (Specify) | - |
| TOTAL PROGRAM REVENUES | | \$ 4,000 |

| | |
|--|-----------------|
| TOTAL PROGRAM ESTIMATED REVENUES: | \$ 4,000 |
|--|-----------------|

| | |
|--------------------------|-------------|
| NET PROGRAM COST: | \$ - |
|--------------------------|-------------|

**Housing Support Services - Alegre Commons
RH Community Builders
Fiscal Year 2028-29 Cost Reimbursement Budget Narrative**

| PROGRAM EXPENSE | | | |
|------------------------------------|---------------------------------|--------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 2000: DIRECT CLIENT SUPPORT | | 4,000 | |
| 2001 | Child Care | - | |
| 2002 | Client Housing Support | - | |
| 2003 | Client Transportation & Support | - | |
| 2004 | Clothing, Food, & Hygiene | - | |
| 2005 | Education Support | - | |
| 2006 | Employment Support | 400 | Costs of supporting clients with gaining employees including but not limited to uniforms, equipment, and background checks |
| 2007 | Household Items for Clients | 1,200 | Cost of cleaning supplies or basic household necessities to support housing stability |
| 2008 | Medication Supports | - | |
| 2009 | Program Supplies - Medical | - | |
| 2010 | Utility Vouchers | - | |
| 2011 | Other Client Activities | 2,400 | Supplies for client activities including groups such as art therapy, exercise groups, and season themed activities to build community and housing stability |
| 2012 | Other (specify) | - | |
| 2013 | Other (specify) | - | |
| 2014 | Other (specify) | - | |
| 2015 | Other (specify) | - | |
| 2016 | Other (specify) | - | |

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 4,000

Housing Support Services - Alegre Commons
RH Community Builders
Fiscal Year 2029-30 Cost Reimbursement Budget

PROGRAM EXPENSES

| 2000: DIRECT CLIENT SUPPORT | | |
|------------------------------------|---------------------------------|-----------------|
| Acct # | Line Item Description | Amount |
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | - |
| 2003 | Client Transportation & Support | - |
| 2004 | Clothing, Food, & Hygiene | - |
| 2005 | Education Support | - |
| 2006 | Employment Support | 400 |
| 2007 | Household Items for Clients | 1,200 |
| 2008 | Medication Supports | - |
| 2009 | Program Supplies - Medical | - |
| 2010 | Utility Vouchers | - |
| 2011 | Other Client Activities | 2,400 |
| 2012 | Other (specify) | - |
| 2013 | Other (specify) | - |
| 2014 | Other (specify) | - |
| 2015 | Other (specify) | - |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 4,000 |

| | |
|-------------------------------|-----------------|
| TOTAL PROGRAM EXPENSES | \$ 4,000 |
|-------------------------------|-----------------|

PROGRAM FUNDING SOURCES

| 8000: TOTAL PROGRAM REVENUES | | |
|-------------------------------------|---|-----------------|
| Acct # | Line Item Description | Amount |
| 8001 | Revenue Allocated by DBH | \$ - |
| 8002 | Client Fees | - |
| 8003 | Client Insurance | - |
| 8004 | Grants (Specify) | - |
| 8005 | Other (CSS - Mental Health Services Act (MHSA)) | 4,000 |
| 8006 | Other (Specify) | - |
| TOTAL PROGRAM REVENUES | | \$ 4,000 |

| | |
|--|-----------------|
| TOTAL PROGRAM ESTIMATED REVENUES: | \$ 4,000 |
|--|-----------------|

| | |
|--------------------------|-------------|
| NET PROGRAM COST: | \$ - |
|--------------------------|-------------|

**Housing Support Services - Alegre Commons
RH Community Builders
Fiscal Year 2029-30 Cost Reimbursement Budget Narrative**

| PROGRAM EXPENSE | | | |
|------------------------------------|---------------------------------|--------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 2000: DIRECT CLIENT SUPPORT | | 4,000 | |
| 2001 | Child Care | - | |
| 2002 | Client Housing Support | - | |
| 2003 | Client Transportation & Support | - | |
| 2004 | Clothing, Food, & Hygiene | - | |
| 2005 | Education Support | - | |
| 2006 | Employment Support | 400 | Costs of supporting clients with gaining employees including but not limited to uniforms, equipment, and background checks |
| 2007 | Household Items for Clients | 1,200 | Cost of cleaning supplies or basic household necessities to support housing stability |
| 2008 | Medication Supports | - | |
| 2009 | Program Supplies - Medical | - | |
| 2010 | Utility Vouchers | - | |
| 2011 | Other Client Activities | 2,400 | Supplies for client activities including groups such as art therapy, exercise groups, and season themed activities to build community and housing stability |
| 2012 | Other (specify) | - | |
| 2013 | Other (specify) | - | |
| 2014 | Other (specify) | - | |
| 2015 | Other (specify) | - | |
| 2016 | Other (specify) | - | |

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 4,000

**Housing Support Services - Alta Monte
RH Community Builders
HSS FFS Maximum Compensation**

**Instructions: At the top, please provide the name of the program and your organization's name.
For each FY, please provide your proposed maximum compensation based upon estimated services
provided within the blue cells in column E.**

| | | |
|--------------------------------------|--|-------------------|
| Maximum Compensation FY 25-26 | | \$ 335,938 |
| Maximum Compensation FY 26-27 | | \$ 683,650 |
| Maximum Compensation FY 27-28 | | \$ 717,835 |
| Maximum Compensation FY 28-29 | | \$ 753,825 |
| Maximum Compensation FY 29-30 | | \$ 791,410 |

| | | |
|-------------------------------------|--|---------------------|
| Program Maximum Compensation | | \$ 3,282,658 |
|-------------------------------------|--|---------------------|

Housing Support Services - Alta Monte
RH Community Builders
FY 2025-26 Ramp Up Budget

| PROGRAM EXPENSES | | | | | |
|--|---------------------------|------|-----------|-----------|-----------|
| 1000: DIRECT SALARIES & BENEFITS | | | | | |
| Direct Employee Salaries | | | | | |
| Acct # | Administrative Position | FTE | Admin | Program | Total |
| 1101 | Director | 0.10 | \$ 2,254 | | \$ 2,254 |
| 1102 | Program Manager | 0.05 | 780 | | 780 |
| 1103 | Team Lead | 0.33 | 4,576 | | 4,576 |
| 1104 | Clinical Supervisor | 0.40 | 9,014 | | 9,014 |
| 1105 | E.H.R./Billing Specialist | 0.15 | 1,820 | | 1,820 |
| 1106 | Compliance Manager | 0.13 | 1,560 | | 1,560 |
| 1107 | Clinical Trianer | 0.15 | 2,860 | | 2,860 |
| 1108 | | | - | | - |
| 1109 | Fiscal Analyst | 0.10 | 1,386 | | 1,386 |
| 1110 | | | - | | - |
| 1111 | | | - | | - |
| 1112 | | | - | | - |
| 1113 | | | - | | - |
| 1114 | | | - | | - |
| 1115 | | | - | | - |
| Direct Personnel Admin Salaries Subtotal | | 1.41 | \$ 24,250 | | \$ 24,250 |
| Acct # | Program Position | FTE | Admin | Program | Total |
| 1116 | Case Manager | 1.00 | | \$ 6,587 | \$ 6,587 |
| 1117 | Clinician | 1.00 | | 7,800 | 7,800 |
| 1118 | Peer Support Specialist | 1.00 | | 4,853 | 4,853 |
| 1119 | | | | - | - |
| 1120 | | | | - | - |
| 1121 | | | | - | - |
| 1122 | | | | - | - |
| 1123 | | | | - | - |
| 1124 | | | | - | - |
| 1125 | | | | - | - |
| 1126 | | | | - | - |
| 1127 | | | | - | - |
| 1128 | | | | - | - |
| 1129 | | | | - | - |
| 1130 | | | | - | - |
| 1131 | | | | - | - |
| 1132 | | | | - | - |
| 1133 | | | | - | - |
| 1134 | | | | - | - |
| Direct Personnel Program Salaries Subtotal | | 3.00 | | \$ 19,240 | \$ 19,240 |
| Direct Personnel Salaries Subtotal | | 4.41 | \$ 24,250 | \$ 19,240 | \$ 43,490 |
| Direct Employee Benefits | | | | | |
| Acct # | Description | | Admin | Program | Total |
| 1201 | Retirement | | \$ 350 | | \$ 350 |
| 1202 | Worker's Compensation | | 1,576 | 1,250 | 2,826 |
| 1203 | Health Insurance | | 600 | 1,050 | 1,650 |
| 1204 | Other (specify) | | - | - | - |
| 1205 | Other (specify) | | - | - | - |
| 1206 | Other (specify) | | - | - | - |
| Direct Employee Benefits Subtotal: | | | \$ 2,526 | \$ 2,300 | \$ 4,826 |
| Direct Payroll Taxes & Expenses: | | | | | |
| Acct # | Description | | Admin | Program | Total |
| 1301 | OASDI | | \$ 1,811 | \$ 1,192 | \$ 3,003 |
| 1302 | FICA/MEDICARE | | 2,235 | 1,471 | 3,706 |
| 1303 | SUI | | 106 | 105 | 211 |
| 1304 | Other (specify) | | - | - | - |
| 1305 | Other (specify) | | - | - | - |
| 1306 | Other (specify) | | - | - | - |
| Direct Payroll Taxes & Expenses Subtotal: | | | \$ 4,152 | \$ 2,768 | \$ 6,920 |
| DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL: | | | Admin | Program | Total |
| | | | \$ 30,928 | \$ 24,308 | \$ 55,236 |

| DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE: | Admin | Program |
|---|-------|---------|
| | 56% | 44% |

| 2000: DIRECT CLIENT SUPPORT | | |
|-----------------------------|-----------------------|--------|
| Acct # | Line Item Description | Amount |
| 2001 | | |
| 2002 | | |
| 2003 | | |
| 2004 | | |
| 2005 | | |
| 2006 | | |
| 2007 | | |
| 2008 | | |
| 2009 | | |
| 2010 | | |
| 2011 | | |
| 2012 | | |
| 2013 | | |
| 2014 | | |
| 2015 | | |
| 2016 | | |
| DIRECT CLIENT CARE TOTAL | | \$ - |

| 3000: DIRECT OPERATING EXPENSES | | |
|----------------------------------|--------------------------------------|----------|
| Acct # | Line Item Description | Amount |
| 3001 | Telecommunications | \$ 500 |
| 3002 | Printing/Postage | 250 |
| 3003 | Office, Household & Program Supplies | 2,500 |
| 3004 | Advertising | - |
| 3005 | Staff Development & Training | 2,500 |
| 3006 | Staff Mileage | 500 |
| 3007 | Subscriptions & Memberships | - |
| 3008 | Vehicle Maintenance | - |
| 3009 | Other (specify) | - |
| 3010 | Other (specify) | - |
| 3011 | Other (specify) | - |
| 3012 | Other (specify) | - |
| DIRECT OPERATING EXPENSES TOTAL: | | \$ 6,250 |

| 4000: DIRECT FACILITIES & EQUIPMENT | | |
|-------------------------------------|-----------------------|----------|
| Acct # | Line Item Description | Amount |
| 4001 | Building Maintenance | \$ - |
| 4002 | Rent/Lease Building | 3,000 |
| 4003 | Rent/Lease Equipment | - |
| 4004 | Rent/Lease Vehicles | - |
| 4005 | Security | - |
| 4006 | Utilities | 500 |
| 4007 | Other (specify) | - |
| 4008 | Other (specify) | - |
| 4009 | Other (specify) | - |
| 4010 | Other (specify) | - |
| DIRECT FACILITIES/EQUIPMENT TOTAL: | | \$ 3,500 |

| 5000: DIRECT SPECIAL EXPENSES | | |
|--------------------------------|---|----------|
| Acct # | Line Item Description | Amount |
| 5001 | Consultant (Network & Data Management) | \$ - |
| 5002 | HMIS (Health Management Information System) | 1,500 |
| 5003 | Contractual/Consulting Services Onboarding Expenses Drug Testing and Background | 650 |
| 5004 | Translation Services | - |
| 5005 | Other (specify) | - |
| 5006 | Other (specify) | - |
| 5007 | Other (specify) | - |
| 5008 | Other (specify) | - |
| DIRECT SPECIAL EXPENSES TOTAL: | | \$ 2,150 |

| 6000: INDIRECT EXPENSES | | |
|-------------------------|---|----------|
| Acct # | Line Item Description | Amount |
| | Administrative Overhead | |
| 6001 | Use this line and only this line for approved indirect cost rate | \$ 8,370 |
| | Administrative Overhead | |
| 6002 | Professional Liability Insurance | - |
| 6003 | Accounting/Bookkeeping | - |
| 6004 | External Audit | - |
| 6005 | Insurance (Specify): | - |
| 6006 | Payroll Services | - |
| 6007 | Depreciation (Provider-Owned Equipment to be Used for Program Purposes) | - |
| 6008 | Personnel (Indirect Salaries & Benefits) | - |
| 6009 | Other (specify) | - |
| 6010 | Other (specify) | - |
| 6011 | Other (specify) | - |
| 6012 | Other (specify) | - |
| 6013 | Other (specify) | - |
| INDIRECT EXPENSES TOTAL | | \$ 8,370 |

| | |
|--------------------|--------|
| INDIRECT COST RATE | 10.00% |
|--------------------|--------|

| 7000: DIRECT FIXED ASSETS | | |
|-----------------------------|--|-----------|
| Acct # | Line Item Description | Amount |
| 7001 | Computer Equipment & Software | \$ 7,879 |
| 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data | 2,500 |
| 7003 | Furniture & Fixtures | 6,215 |
| 7004 | Leasehold/Tenant/Building Improvements | - |
| 7005 | Other Assets over \$500 with Lifespan of 2 Years + | - |
| 7006 | Assets over \$5,000/unit (Specify) | - |
| 7007 | Other (specify) | - |
| 7008 | Other (specify) | - |
| FIXED ASSETS EXPENSES TOTAL | | \$ 16,594 |

| | |
|------------------------|-----------|
| TOTAL PROGRAM EXPENSES | \$ 92,100 |
|------------------------|-----------|

PROGRAM FUNDING SOURCES

| 8000: TOTAL PROGRAM REVENUES | | |
|------------------------------|---|-----------|
| Acct # | Line Item Description | Amount |
| 8001 | Revenue Allocated by DBH | \$ - |
| 8002 | Client Fees | - |
| 8003 | Client Insurance | - |
| 8004 | Grants (Specify) | - |
| 8005 | Other (Mental Health Services Act (MHSA)) | 92,100 |
| 8006 | Other (Specify) | - |
| TOTAL PROGRAM REVENUES | | \$ 92,100 |

| | |
|-----------------------------------|-----------|
| TOTAL PROGRAM ESTIMATED REVENUES: | \$ 92,100 |
|-----------------------------------|-----------|

| | |
|-------------------|------|
| NET PROGRAM COST: | \$ - |
|-------------------|------|

**Housing Support Services - Alta Monte
RH Community Builders**

FY 2025-26 Ramp Up Budget FTE Details

PARTIAL FTE DETAIL

For all positions with FTE's split among multiple programs/contracts the below must be filled out

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| Director | HHS/Crossroads Village | 15% |
| | HHS/Alta Monte | 10% |
| | HHS/Santa Clara | 10% |
| | HHS/Trinity | 10% |
| | HHS/Paragon | 10% |
| | HHS/Alegre | 20% |
| | HHS/Broadway | 15% |
| | The Flats/DSS/Fresno County | 10% |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|-----------------|-----------------------------------|-------------|
| Program Manager | HHS/Crossroads Village | 15% |
| | HHS/Alta Monte | 5% |
| | HHS/Santa Clara | 15% |
| | HHS/Trinity | 10% |
| | HHS/Paragon | 15% |
| | HHS/Alegre | 25% |
| | HHS/Broadway | 15% |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|---------------------|-----------------------------------|-------------|
| Clinical Supervisor | HHS/Crossroads Village | 52% |
| | HHS/Alta Monte | 40% |
| | HHS/Alegre | 8% |
| | | |
| | | |
| | | |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| Team Lead | HHS/Crossroads Village | 47% |
| | HHS/Alta Monte | 33% |
| | HHS/Santa Clara | 20% |
| | | |
| | | |
| | | |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| E.H.R/Biller | HHS/Crossroads Village | 16% |
| | HHS/Alta Monte | 15% |
| | HHS/Santa Clara | 15% |
| | HHS/Trinity | 10% |
| | HHS/Paragon | 19% |
| | HHS/Alegre | 20% |
| | HHS/Broadway | 5% |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|------------------|-----------------------------------|-------------|
| Clinical Trainer | HHS/Crossroads Village | 15% |
| | HHS/Alta Monte | 15% |
| | HHS/Santa Clara | 15% |
| | HHS/Trinity | 15% |
| | HHS/Paragon | 15% |
| | HHS/Alegre | 25% |
| | | |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|----------------|-----------------------------------|-------|
| Fiscal Analyst | HHS/Alta Monte | 10% |
| | HHS/Trinity | 15% |

| | | |
|--------------|---------------------------------------|-------------|
| | HHS/Alegre | 15% |
| | HHS/Broadway | 15% |
| | The Flats/DSS/Fresno County | 25% |
| | Landlord Engagement/DSS/Fresno County | 20% |
| | | |
| | | |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------------|-----------------------------------|-------------|
| Compliance Manager | HHS/Crossroads Village | 40% |
| | HHS/Santa Clara | 0.15 |
| | HHS/Alta Monte | 0.13 |
| | HHS/Alegre | 0.30 |
| | | |
| | | |
| | | |
| Total | | 0.98 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|----------|-----------------------------------|-------|
| | | |
| | | |
| | | |

| | | |
|--------------|--|--------------------|
| | | |
| | | |
| | | |
| | | |
| Total | | <u>0.00</u> |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|--------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | <u>0.00</u> |

Housing Support Services - Alta Monte
RH Community Builders
FY 2025-26 Ramp Up Budget Narrative

| PROGRAM EXPENSE | | | |
|---|---------------------------|---------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 1000: DIRECT SALARIES & BENEFITS | | 55,236 | |
| Administrative Positions | | 24,250 | |
| 1101 | Director | 2,254 | 2 Months allocated wages to support program operations including hiring, policy & procedure creation, and contract management |
| 1102 | Program Manager | 780 | 2 months allocated wages to support program operations focused on hiring, implementing policy & procedures, and program ramp up |
| 1103 | Team Lead | 4,576 | 2 months allocate wages to support site teams with launching programs |
| 1104 | Clinical Supervisor | 9,014 | 2 months allocated wages to support program opening, hiring clinical team, and implementing clinical policies |
| 1105 | E.H.R./Billing Specialist | 1,820 | 2 months allocated wages for coordination with staff access to SmartCare and launching operations |
| 1106 | Compliance Manager | 1,560 | |
| 1107 | Clinical Trianer | 2,860 | 2 months allocated wages to create trainings and train new staff for program operations |
| 1108 | 0 | - | |
| 1109 | Fiscal Analyst | 1,386 | 2 months allocated wages to support program budget compliance and fiscal compliance |
| 1110 | 0 | - | |
| 1111 | 0 | - | |
| 1112 | 0 | - | |
| 1113 | 0 | - | |
| 1114 | 0 | - | |
| 1115 | 0 | - | |
| Program Positions | | 19,240 | |
| 1116 | Case Manager | 6,587 | 1 month wages for onboarding, training, and credentialing |
| 1117 | Clinician | 7,800 | 1 month wages for onboarding, training, and credentialing |
| 1118 | Peer Support Specialist | 4,853 | 1 month wages for onboarding, training, and credentialing |
| 1119 | 0 | - | |
| 1120 | 0 | - | |
| 1121 | 0 | - | |
| 1122 | 0 | - | |
| 1123 | 0 | - | |
| 1124 | 0 | - | |
| 1125 | 0 | - | |
| 1126 | 0 | - | |
| 1127 | 0 | - | |
| 1128 | 0 | - | |
| 1129 | 0 | - | |
| 1130 | 0 | - | |
| 1131 | 0 | - | |
| 1132 | 0 | - | |
| 1133 | 0 | - | |
| 1134 | 0 | - | |
| Direct Employee Benefits | | 4,826 | |
| 1201 | Retirement | 350 | 3% match for employees who opt in. Benefits begin 1st of the month after 60 days of hire. |
| 1202 | Worker's Compensation | 2,826 | Allocated cost of employee's worker's compenstation coverage. |
| 1203 | Health Insurance | 1,650 | Full coverage of cost of health insurance for employees, benefits begin 1st of the month after 60 days of hire. |
| 1204 | Other (specify) | - | |
| 1205 | Other (specify) | - | |
| 1206 | Other (specify) | - | |
| Direct Payroll Taxes & Expenses: | | 6,920 | |
| 1301 | OASDI | 3,003 | 6.2% on all wages |
| 1302 | FICA/MEDICARE | 3,706 | 7.65% on all wages |
| 1303 | SUI | 211 | .5% on 1st \$7,000 of wages- assumed that Director and Fiscal Analyst are internal transfers. |
| 1304 | Other (specify) | - | |
| 1305 | Other (specify) | - | |
| 1306 | Other (specify) | - | |
| 2000: DIRECT CLIENT SUPPORT | | - | |
| 2001 | | | |
| 2002 | | | |

| PROGRAM EXPENSE | | | |
|-----------------|-----------|-----|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 2003 | | | |
| 2004 | | | |
| 2005 | | | |
| 2006 | | | |
| 2007 | | | |
| 2008 | | | |
| 2009 | | | |
| 2010 | | | |
| 2011 | | | |
| 2012 | | | |
| 2013 | | | |
| 2014 | | | |
| 2015 | | | |
| 2016 | | | |

| 3000: DIRECT OPERATING EXPENSES | | 6,250 | |
|---------------------------------|--------------------------------------|-------|---|
| 3001 | Telecommunications | 500 | Cellphones, email, and internet connection for program staff. |
| 3002 | Printing/Postage | 250 | Printing for DBH required compliance and business cards |
| 3003 | Office, Household & Program Supplies | 2,500 | Start up office supplies for the program including common office supplies- paper, pens, desk equipment, and monthly printing costs. |
| 3004 | Advertising | - | |
| 3005 | Staff Development & Training | 2,500 | Monthly fee for performance management software by FTE, CPR training for initial staffing. Peer Specialist Certification training and testing fees. |
| 3006 | Staff Mileage | 500 | Reimbursement at Federally approved rate for staff traveling in personal transportation. |
| 3007 | Subscriptions & Memberships | - | |
| 3008 | Vehicle Maintenance | - | |
| 3009 | Other (specify) | - | |
| 3010 | Other (specify) | - | |
| 3011 | Other (specify) | - | |
| 3012 | Other (specify) | - | |

| 4000: DIRECT FACILITIES & EQUIPMENT | | 3,500 | |
|-------------------------------------|----------------------|-------|----------------------------------|
| 4001 | Building Maintenance | - | |
| 4002 | Rent/Lease Building | 3,000 | Rent for home office for program |
| 4003 | Rent/Lease Equipment | - | |
| 4004 | Rent/Lease Vehicles | - | |
| 4005 | Security | - | |
| 4006 | Utilities | 500 | Utilities at office of staff |
| 4007 | Other (specify) | - | |
| 4008 | Other (specify) | - | |
| 4009 | Other (specify) | - | |
| 4010 | Other (specify) | - | |

| 5000: DIRECT SPECIAL EXPENSES | | 2,150 | |
|-------------------------------|---|-------|--|
| 5001 | Consultant (Network & Data Management) | - | |
| 5002 | HMIS (Health Management Information System) | 1,500 | HMIS license for program staff |
| 5003 | Contractual/Consulting Services Onboarding Expenses Drug Testing and Background | 650 | Onboarding expenses for new employees including background and drug tests per contract requirements. |
| 5004 | Translation Services | - | |
| 5005 | Other (specify) | - | |
| 5006 | Other (specify) | - | |
| 5007 | Other (specify) | - | |
| 5008 | Other (specify) | - | |

| 6000: INDIRECT EXPENSES | | 8,370 | |
|-------------------------|---|-------|------------------------------|
| 6001 | Administrative Overhead | 8,370 | 10% De Minimus Indirect Rate |
| 6002 | Professional Liability Insurance | - | |
| 6003 | Accounting/Bookkeeping | - | |
| 6004 | External Audit | - | |
| 6005 | Insurance (Specify): | - | |
| 6006 | Payroll Services | - | |
| 6007 | Depreciation (Provider-Owned Equipment to be Used | - | |
| 6008 | Personnel (Indirect Salaries & Benefits) | - | |
| 6009 | Other (specify) | - | |
| 6010 | Other (specify) | - | |
| 6011 | Other (specify) | - | |
| 6012 | Other (specify) | - | |
| 6013 | Other (specify) | - | |

| PROGRAM EXPENSE | | | |
|----------------------------------|---|---------------|--|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 7000: DIRECT FIXED ASSETS | | 16,594 | |
| 7001 | Computer Equipment & Software | 7,879 | 3 laptop computers, docking stations, 2 screens per computer, keyboard/mouse per computer, various cables to connect laptops/docks/screens |
| 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA | 2,500 | 3 cellphones and cases, ipad for site timeclock, copier |
| 7003 | Furniture & Fixtures | 6,215 | Supplemental furniture for program site to ensure HIPAA compliance, furniture for HSS admin office for allocated staff. |
| 7004 | Leasehold/Tenant/Building Improvements | - | |
| 7005 | Other Assets over \$500 with Lifespan of 2 Years + | - | |
| 7006 | Assets over \$5,000/unit (Specify) | - | |
| 7007 | Other (specify) | - | |
| 7008 | Other (specify) | - | |

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 92,100

**Housing Support Services - Alta Monte
RH Community Builders
Fiscal Year 2025-26 Cost Reimbursement Budget**

PROGRAM EXPENSES

| 2000: DIRECT CLIENT SUPPORT | | |
|------------------------------------|---------------------------------|-----------------|
| Acct # | Line Item Description | Amount |
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | - |
| 2003 | Client Transportation & Support | - |
| 2004 | Clothing, Food, & Hygiene | - |
| 2005 | Education Support | - |
| 2006 | Employment Support | 500 |
| 2007 | Household Items for Clients | 1,000 |
| 2008 | Medication Supports | - |
| 2009 | Program Supplies - Medical | - |
| 2010 | Utility Vouchers | - |
| 2011 | Other Client Activities | 1,500 |
| 2012 | Other (specify) | - |
| 2013 | Other (specify) | - |
| 2014 | Other (specify) | - |
| 2015 | Other (specify) | - |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 3,000 |

| | |
|-------------------------------|-----------------|
| TOTAL PROGRAM EXPENSES | \$ 3,000 |
|-------------------------------|-----------------|

PROGRAM FUNDING SOURCES

| 8000: TOTAL PROGRAM REVENUES | | |
|-------------------------------------|---|-----------------|
| Acct # | Line Item Description | Amount |
| 8001 | Revenue Allocated by DBH | \$ - |
| 8002 | Client Fees | - |
| 8003 | Client Insurance | - |
| 8004 | Grants (Specify) | - |
| 8005 | Other (Mental Health Services Act (MHSA)) | 3,000 |
| 8006 | Other (Specify) | - |
| TOTAL PROGRAM REVENUES | | \$ 3,000 |

| | |
|--|-----------------|
| TOTAL PROGRAM ESTIMATED REVENUES: | \$ 3,000 |
|--|-----------------|

| | |
|--------------------------|-------------|
| NET PROGRAM COST: | \$ - |
|--------------------------|-------------|

**Housing Support Services - Alta Monte
RH Community Builders
Fiscal Year 2025-26 Cost Reimbursement Budget Narrative**

| PROGRAM EXPENSE | | | |
|------------------------------------|---------------------------------|--------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 2000: DIRECT CLIENT SUPPORT | | 3,000 | |
| 2001 | Child Care | - | |
| 2002 | Client Housing Support | - | |
| 2003 | Client Transportation & Support | - | |
| 2004 | Clothing, Food, & Hygiene | - | |
| 2005 | Education Support | - | |
| 2006 | Employment Support | 500 | Costs of supporting clients with gaining employees including but not limited to uniforms, equipment, and background checks |
| 2007 | Household Items for Clients | 1,000 | Cost of cleaning supplies or basic household necessities to support housing stability |
| 2008 | Medication Supports | - | |
| 2009 | Program Supplies - Medical | - | |
| 2010 | Utility Vouchers | - | |
| 2011 | Other Client Activities | 1,500 | Supplies for client activities including groups such as art therapy, exercise groups, and season themed activities to build community and housing stability |
| 2012 | Other (specify) | - | |
| 2013 | Other (specify) | - | |
| 2014 | Other (specify) | - | |
| 2015 | Other (specify) | - | |
| 2016 | Other (specify) | - | |

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 3,000

**Housing Support Services - Alta Monte
RH Community Builders
Fiscal Year 2026-27 Cost Reimbursement Budget**

PROGRAM EXPENSES

| 2000: DIRECT CLIENT SUPPORT | | |
|------------------------------------|---------------------------------|-----------------|
| Acct # | Line Item Description | Amount |
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | - |
| 2003 | Client Transportation & Support | - |
| 2004 | Clothing, Food, & Hygiene | - |
| 2005 | Education Support | - |
| 2006 | Employment Support | 1,000 |
| 2007 | Household Items for Clients | 1,500 |
| 2008 | Medication Supports | - |
| 2009 | Program Supplies - Medical | - |
| 2010 | Utility Vouchers | - |
| 2011 | Other Client Activities | 3,500 |
| 2012 | Other (specify) | - |
| 2013 | Other (specify) | - |
| 2014 | Other (specify) | - |
| 2015 | Other (specify) | - |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 6,000 |

| | |
|-------------------------------|-----------------|
| TOTAL PROGRAM EXPENSES | \$ 6,000 |
|-------------------------------|-----------------|

PROGRAM FUNDING SOURCES

| 8000: TOTAL PROGRAM REVENUES | | |
|-------------------------------------|---|-----------------|
| Acct # | Line Item Description | Amount |
| 8001 | Revenue Allocated by DBH | \$ - |
| 8002 | Client Fees | - |
| 8003 | Client Insurance | - |
| 8004 | Grants (Specify) | - |
| 8005 | Other (Mental Health Services Act (MHSA)) | 6,000 |
| 8006 | Other (Specify) | - |
| TOTAL PROGRAM REVENUES | | \$ 6,000 |

| | |
|--|-----------------|
| TOTAL PROGRAM ESTIMATED REVENUES: | \$ 6,000 |
|--|-----------------|

| | |
|--------------------------|-------------|
| NET PROGRAM COST: | \$ - |
|--------------------------|-------------|

**Housing Support Services - Alta Monte
RH Community Builders
Fiscal Year 2026-27 Cost Reimbursement Budget Narrative**

| PROGRAM EXPENSE | | | |
|------------------------------------|---------------------------------|--------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 2000: DIRECT CLIENT SUPPORT | | 6,000 | |
| 2001 | Child Care | - | |
| 2002 | Client Housing Support | - | |
| 2003 | Client Transportation & Support | - | |
| 2004 | Clothing, Food, & Hygiene | - | |
| 2005 | Education Support | - | |
| 2006 | Employment Support | 1,000 | Costs of supporting clients with gaining employees including but not limited to uniforms, equipment, and background checks |
| 2007 | Household Items for Clients | 1,500 | Cost of cleaning supplies or basic household necessities to support housing stability |
| 2008 | Medication Supports | - | |
| 2009 | Program Supplies - Medical | - | |
| 2010 | Utility Vouchers | - | |
| 2011 | Other Client Activities | 3,500 | Supplies for client activities including groups such as art therapy, exercise groups, and season themed activities to build community and housing stability |
| 2012 | Other (specify) | - | |
| 2013 | Other (specify) | - | |
| 2014 | Other (specify) | - | |
| 2015 | Other (specify) | - | |
| 2016 | Other (specify) | - | |

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 6,000

**Housing Support Services - Alta Monte
RH Community Builders
Fiscal Year 2027-28 Cost Reimbursement Budget**

PROGRAM EXPENSES

| 2000: DIRECT CLIENT SUPPORT | | |
|------------------------------------|---------------------------------|-----------------|
| Acct # | Line Item Description | Amount |
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | - |
| 2003 | Client Transportation & Support | - |
| 2004 | Clothing, Food, & Hygiene | - |
| 2005 | Education Support | - |
| 2006 | Employment Support | 1,000 |
| 2007 | Household Items for Clients | 1,500 |
| 2008 | Medication Supports | - |
| 2009 | Program Supplies - Medical | - |
| 2010 | Utility Vouchers | - |
| 2011 | Other Client Activities | 3,500 |
| 2012 | Other (specify) | - |
| 2013 | Other (specify) | - |
| 2014 | Other (specify) | - |
| 2015 | Other (specify) | - |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 6,000 |

| | |
|-------------------------------|-----------------|
| TOTAL PROGRAM EXPENSES | \$ 6,000 |
|-------------------------------|-----------------|

PROGRAM FUNDING SOURCES

| 8000: TOTAL PROGRAM REVENUES | | |
|-------------------------------------|---|-----------------|
| Acct # | Line Item Description | Amount |
| 8001 | Revenue Allocated by DBH | \$ - |
| 8002 | Client Fees | - |
| 8003 | Client Insurance | - |
| 8004 | Grants (Specify) | - |
| 8005 | Other (Mental Health Services Act (MHSA)) | 6,000 |
| 8006 | Other (Specify) | - |
| TOTAL PROGRAM REVENUES | | \$ 6,000 |

| | |
|--|-----------------|
| TOTAL PROGRAM ESTIMATED REVENUES: | \$ 6,000 |
|--|-----------------|

| | |
|--------------------------|-------------|
| NET PROGRAM COST: | \$ - |
|--------------------------|-------------|

Housing Support Services - Alta Monte
RH Community Builders
Fiscal Year 2027-28 Cost Reimbursement Budget Narrative

| PROGRAM EXPENSE | | | |
|------------------------------------|---------------------------------|--------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 2000: DIRECT CLIENT SUPPORT | | 6,000 | |
| 2001 | Child Care | - | |
| 2002 | Client Housing Support | - | |
| 2003 | Client Transportation & Support | - | |
| 2004 | Clothing, Food, & Hygiene | - | |
| 2005 | Education Support | - | |
| 2006 | Employment Support | 1,000 | Costs of supporting clients with gaining employees including but not limited to uniforms, equipment, and background checks |
| 2007 | Household Items for Clients | 1,500 | Cost of cleaning supplies or basic household necessities to support housing stability |
| 2008 | Medication Supports | - | |
| 2009 | Program Supplies - Medical | - | |
| 2010 | Utility Vouchers | - | |
| 2011 | Other Client Activities | 3,500 | Supplies for client activities including groups such as art therapy, exercise groups, and season themed activities to build community and housing stability |
| 2012 | Other (specify) | - | |
| 2013 | Other (specify) | - | |
| 2014 | Other (specify) | - | |
| 2015 | Other (specify) | - | |
| 2016 | Other (specify) | - | |

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 6,000

**Housing Support Services - Alta Monte
RH Community Builders
Fiscal Year 2028-29 Cost Reimbursement Budget**

PROGRAM EXPENSES

| 2000: DIRECT CLIENT SUPPORT | | |
|------------------------------------|---------------------------------|-----------------|
| Acct # | Line Item Description | Amount |
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | - |
| 2003 | Client Transportation & Support | - |
| 2004 | Clothing, Food, & Hygiene | - |
| 2005 | Education Support | - |
| 2006 | Employment Support | 1,000 |
| 2007 | Household Items for Clients | 1,500 |
| 2008 | Medication Supports | - |
| 2009 | Program Supplies - Medical | - |
| 2010 | Utility Vouchers | - |
| 2011 | Other Client Activities | 3,500 |
| 2012 | Other (specify) | - |
| 2013 | Other (specify) | - |
| 2014 | Other (specify) | - |
| 2015 | Other (specify) | - |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 6,000 |

| | |
|-------------------------------|-----------------|
| TOTAL PROGRAM EXPENSES | \$ 6,000 |
|-------------------------------|-----------------|

PROGRAM FUNDING SOURCES

| 8000: TOTAL PROGRAM REVENUES | | |
|-------------------------------------|---|-----------------|
| Acct # | Line Item Description | Amount |
| 8001 | Revenue Allocated by DBH | \$ - |
| 8002 | Client Fees | - |
| 8003 | Client Insurance | - |
| 8004 | Grants (Specify) | - |
| 8005 | Other (Mental Health Services Act (MHSA)) | 6,000 |
| 8006 | Other (Specify) | - |
| TOTAL PROGRAM REVENUES | | \$ 6,000 |

| | |
|--|-----------------|
| TOTAL PROGRAM ESTIMATED REVENUES: | \$ 6,000 |
|--|-----------------|

| | |
|--------------------------|-------------|
| NET PROGRAM COST: | \$ - |
|--------------------------|-------------|

**Housing Support Services - Alta Monte
RH Community Builders
Fiscal Year 2028-29 Cost Reimbursement Budget Narrative**

| PROGRAM EXPENSE | | | |
|------------------------------------|---------------------------------|--------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 2000: DIRECT CLIENT SUPPORT | | 6,000 | |
| 2001 | Child Care | - | |
| 2002 | Client Housing Support | - | |
| 2003 | Client Transportation & Support | - | |
| 2004 | Clothing, Food, & Hygiene | - | |
| 2005 | Education Support | - | |
| 2006 | Employment Support | 1,000 | Costs of supporting clients with gaining employees including but not limited to uniforms, equipment, and background checks |
| 2007 | Household Items for Clients | 1,500 | Cost of cleaning supplies or basic household necessities to support housing stability |
| 2008 | Medication Supports | - | |
| 2009 | Program Supplies - Medical | - | |
| 2010 | Utility Vouchers | - | |
| 2011 | Other Client Activities | 3,500 | Supplies for client activities including groups such as art therapy, exercise groups, and season themed activities to build community and housing stability |
| 2012 | Other (specify) | - | |
| 2013 | Other (specify) | - | |
| 2014 | Other (specify) | - | |
| 2015 | Other (specify) | - | |
| 2016 | Other (specify) | - | |

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 6,000

**Housing Support Services - Alta Monte
RH Community Builders
Fiscal Year 2029-30 Cost Reimbursement Budget**

PROGRAM EXPENSES

2000: DIRECT CLIENT SUPPORT

| Acct # | Line Item Description | Amount |
|---------------------------------|---------------------------------|-----------------|
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | - |
| 2003 | Client Transportation & Support | - |
| 2004 | Clothing, Food, & Hygiene | - |
| 2005 | Education Support | - |
| 2006 | Employment Support | 1,000 |
| 2007 | Household Items for Clients | 1,500 |
| 2008 | Medication Supports | - |
| 2009 | Program Supplies - Medical | - |
| 2010 | Utility Vouchers | - |
| 2011 | Other Client Activities | 3,500 |
| 2012 | Other (specify) | - |
| 2013 | Other (specify) | - |
| 2014 | Other (specify) | - |
| 2015 | Other (specify) | - |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 6,000 |

TOTAL PROGRAM EXPENSES \$ 6,000

PROGRAM FUNDING SOURCES

8000: TOTAL PROGRAM REVENUES

| Acct # | Line Item Description | Amount |
|-------------------------------|---|-----------------|
| 8001 | Revenue Allocated by DBH | \$ - |
| 8002 | Client Fees | - |
| 8003 | Client Insurance | - |
| 8004 | Grants (Specify) | - |
| 8005 | Other (Mental Health Services Act (MHSA)) | 6,000 |
| 8006 | Other (Specify) | - |
| TOTAL PROGRAM REVENUES | | \$ 6,000 |

TOTAL PROGRAM ESTIMATED REVENUES: \$ 6,000

NET PROGRAM COST: \$ -

**Housing Support Services - Alta Monte
RH Community Builders
Fiscal Year 2029-30 Cost Reimbursement Budget Narrative**

| PROGRAM EXPENSE | | | |
|------------------------------------|---------------------------------|--------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 2000: DIRECT CLIENT SUPPORT | | 6,000 | |
| 2001 | Child Care | - | |
| 2002 | Client Housing Support | - | |
| 2003 | Client Transportation & Support | - | |
| 2004 | Clothing, Food, & Hygiene | - | |
| 2005 | Education Support | - | |
| 2006 | Employment Support | 1,000 | Costs of supporting clients with gaining employees including but not limited to uniforms, equipment, and background checks |
| 2007 | Household Items for Clients | 1,500 | Cost of cleaning supplies or basic household necessities to support housing stability |
| 2008 | Medication Supports | - | |
| 2009 | Program Supplies - Medical | - | |
| 2010 | Utility Vouchers | - | |
| 2011 | Other Client Activities | 3,500 | Supplies for client activities including groups such as art therapy, exercise groups, and season themed activities to build community and housing stability |
| 2012 | Other (specify) | - | |
| 2013 | Other (specify) | - | |
| 2014 | Other (specify) | - | |
| 2015 | Other (specify) | - | |
| 2016 | Other (specify) | - | |

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 6,000

**Housing Support Services - Village at Broadway
RH Community Builders
HSS FFS Maximum Compensation**

**Instructions: At the top, please provide the name of the program and your organization's name.
For each FY, please provide your proposed maximum compensation based upon estimated
services provided within the blue cells in column E.**

| | | | |
|--------------------------------------|--|-----------|----------------|
| Maximum Compensation FY 25-26 | | \$ | 223,856 |
| Maximum Compensation FY 26-27 | | \$ | 426,052 |
| Maximum Compensation FY 27-28 | | \$ | 445,680 |
| Maximum Compensation FY 28-29 | | \$ | 462,410 |
| Maximum Compensation FY 29-30 | | \$ | 473,550 |

| | | |
|-------------------------------------|-----------|------------------|
| Program Maximum Compensation | \$ | 2,031,548 |
|-------------------------------------|-----------|------------------|

Housing Support Services - Village at Broadway
RH Community Builders
FY 2025-26 Ramp Up Budget

PROGRAM EXPENSES

| 1000: DIRECT SALARIES & BENEFITS | | | | | |
|--|---------------------------|------|-----------|-----------|-----------|
| Direct Employee Salaries | | | | | |
| Acct # | Administrative Position | FTE | Admin | Program | Total |
| 1101 | Director | 0.15 | \$ 5,070 | | \$ 5,070 |
| 1102 | Program Manager | 0.15 | 3,510 | | 3,510 |
| 1103 | Team Lead | 0.15 | 2,080 | | 2,080 |
| 1104 | Clinical Supervisor | 0.18 | 3,987 | | 3,987 |
| 1105 | E.H.R./Billing Specialist | 0.05 | 303 | | 303 |
| 1106 | | | | | - |
| 1107 | | | - | | - |
| 1108 | | | - | | - |
| 1109 | Fiscal Analyst | 0.15 | 2,080 | | 2,080 |
| 1110 | | | - | | - |
| 1111 | | | - | | - |
| 1112 | | | - | | - |
| 1113 | | | - | | - |
| 1114 | | | - | | - |
| 1115 | | | - | | - |
| Direct Personnel Admin Salaries Subtotal | | 0.83 | \$ 17,030 | | \$ 17,030 |
| Acct # | Program Position | FTE | Admin | Program | Total |
| 1116 | Case Manager | 1.00 | | \$ 6,587 | \$ 6,587 |
| 1117 | Clinician | 0.50 | | 3,900 | 3,900 |
| 1118 | Peer Support Specialist | 1.00 | | 4,853 | 4,853 |
| 1119 | | | | - | - |
| 1120 | | | | - | - |
| 1121 | | | | - | - |
| 1122 | | | | - | - |
| 1123 | | | | - | - |
| 1124 | | | | - | - |
| 1125 | | | | - | - |
| 1126 | | | | - | - |
| 1127 | | | | - | - |
| 1128 | | | | - | - |
| 1129 | | | | - | - |
| 1130 | | | | - | - |
| 1131 | | | | - | - |
| 1132 | | | | - | - |
| 1133 | | | | - | - |
| 1134 | | | | - | - |
| Direct Personnel Program Salaries Subtotal | | 2.50 | | \$ 15,340 | \$ 15,340 |
| | | | Admin | Program | Total |
| Direct Personnel Salaries Subtotal | | 3.33 | \$ 17,030 | \$ 15,340 | \$ 32,370 |
| Direct Employee Benefits | | | | | |
| Acct # | Description | | Admin | Program | Total |
| 1201 | Retirement | | \$ 125 | \$ - | \$ 125 |
| 1202 | Worker's Compensation | | 1,302 | 997 | 2,299 |
| 1203 | Health Insurance | | 600 | 400 | 1,000 |
| 1204 | Other (specify) | | - | - | - |
| 1205 | Other (specify) | | - | - | - |
| 1206 | Other (specify) | | - | - | - |
| Direct Employee Benefits Subtotal: | | | \$ 2,027 | \$ 1,397 | \$ 3,424 |
| Direct Payroll Taxes & Expenses: | | | | | |
| Acct # | Description | | Admin | Program | Total |
| 1301 | OASDI | | \$ 1,241 | \$ 951 | \$ 2,192 |
| 1302 | FICA/MEDICARE | | 1,530 | 1,174 | 2,704 |
| 1303 | SUI | | 35 | 105 | 140 |
| 1304 | Other (specify) | | - | - | - |
| 1305 | Other (specify) | | - | - | - |
| 1306 | Other (specify) | | - | - | - |
| Direct Payroll Taxes & Expenses Subtotal: | | | \$ 2,806 | \$ 2,230 | \$ 5,036 |
| DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL: | | | Admin | Program | Total |
| | | | \$ 21,863 | \$ 18,967 | \$ 40,830 |

| DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE: | Admin | Program |
|---|-------|---------|
| | 54% | 46% |

| 2000: DIRECT CLIENT SUPPORT | | |
|-----------------------------|-----------------------|--------|
| Acct # | Line Item Description | Amount |
| 2001 | | |
| 2002 | | |
| 2003 | | |
| 2004 | | |
| 2005 | | |
| 2006 | | |
| 2007 | | |
| 2008 | | |
| 2009 | | |
| 2010 | | |
| 2011 | | |
| 2012 | | |
| 2013 | | |
| 2014 | | |
| 2015 | | |
| 2016 | | |
| DIRECT CLIENT CARE TOTAL | | \$ - |

| 3000: DIRECT OPERATING EXPENSES | | |
|----------------------------------|--------------------------------------|----------|
| Acct # | Line Item Description | Amount |
| 3001 | Telecommunications | \$ 350 |
| 3002 | Printing/Postage | 250 |
| 3003 | Office, Household & Program Supplies | 1,500 |
| 3004 | Advertising | - |
| 3005 | Staff Development & Training | 1,500 |
| 3006 | Staff Mileage | 350 |
| 3007 | Subscriptions & Memberships | - |
| 3008 | Vehicle Maintenance | - |
| 3009 | Other (specify) | - |
| 3010 | Other (specify) | - |
| 3011 | Other (specify) | - |
| 3012 | Other (specify) | - |
| DIRECT OPERATING EXPENSES TOTAL: | | \$ 3,950 |

| 4000: DIRECT FACILITIES & EQUIPMENT | | |
|-------------------------------------|-----------------------|----------|
| Acct # | Line Item Description | Amount |
| 4001 | Building Maintenance | \$ - |
| 4002 | Rent/Lease Building | 1,500 |
| 4003 | Rent/Lease Equipment | - |
| 4004 | Rent/Lease Vehicles | - |
| 4005 | Security | - |
| 4006 | Utilities | 250 |
| 4007 | Other (specify) | - |
| 4008 | Other (specify) | - |
| 4009 | Other (specify) | - |
| 4010 | Other (specify) | - |
| DIRECT FACILITIES/EQUIPMENT TOTAL: | | \$ 1,750 |

| 5000: DIRECT SPECIAL EXPENSES | | |
|--------------------------------|--|----------|
| Acct # | Line Item Description | Amount |
| 5001 | Consultant (Network & Data Management) | \$ - |
| 5002 | HMIS (Health Management Information System) | 1,500 |
| 5003 | Contractual/Consulting Services Background & Onboarding Exp. | 650 |
| 5004 | Translation Services | - |
| 5005 | Other (specify) | - |
| 5006 | Other (specify) | - |
| 5007 | Other (specify) | - |
| 5008 | Other (specify) | - |
| DIRECT SPECIAL EXPENSES TOTAL: | | \$ 2,150 |

| 6000: INDIRECT EXPENSES | | |
|-------------------------|---|----------|
| Acct # | Line Item Description | Amount |
| | Administrative Overhead | |
| 6001 | Use this line and only this line for approved indirect cost rate | \$ 6,664 |
| | Administrative Overhead | |
| 6002 | Professional Liability Insurance | |
| 6003 | Accounting/Bookkeeping | - |
| 6004 | External Audit | - |
| 6005 | Insurance (Specify): | - |
| 6006 | Payroll Services | - |
| 6007 | Depreciation (Provider-Owned Equipment to be Used for Program Purposes) | - |
| 6008 | Personnel (Indirect Salaries & Benefits) | - |
| 6009 | Other (specify) | - |
| 6010 | Other (specify) | - |
| 6011 | Other (specify) | - |
| 6012 | Other (specify) | - |
| 6013 | Other (specify) | - |
| INDIRECT EXPENSES TOTAL | | \$ 6,664 |

| | |
|--------------------|-------|
| INDIRECT COST RATE | 9.99% |
|--------------------|-------|

| 7000: DIRECT FIXED ASSETS | | |
|-----------------------------|--|-----------|
| Acct # | Line Item Description | Amount |
| 7001 | Computer Equipment & Software | \$ 8,000 |
| 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data | 2,500 |
| 7003 | Furniture & Fixtures | 7,500 |
| 7004 | Leasehold/Tenant/Building Improvements | - |
| 7005 | Other Assets over \$500 with Lifespan of 2 Years + | - |
| 7006 | Assets over \$5,000/unit (Specify) | - |
| 7007 | Other (specify) | - |
| 7008 | Other (specify) | - |
| FIXED ASSETS EXPENSES TOTAL | | \$ 18,000 |

| | |
|------------------------|-----------|
| TOTAL PROGRAM EXPENSES | \$ 73,344 |
|------------------------|-----------|

PROGRAM FUNDING SOURCES

| 8000: TOTAL PROGRAM REVENUES | | |
|------------------------------|---|-----------|
| Acct # | Line Item Description | Amount |
| 8001 | Revenue Allocated by DBH | \$ - |
| 8002 | Client Fees | - |
| 8003 | Client Insurance | - |
| 8004 | Grants (Specify) | - |
| 8005 | Other (CSS - Mental Health Services Act (MHSA)) | 73,344 |
| 8006 | Other (Specify) | - |
| TOTAL PROGRAM REVENUES | | \$ 73,344 |

| | |
|-----------------------------------|-----------|
| TOTAL PROGRAM ESTIMATED REVENUES: | \$ 73,344 |
|-----------------------------------|-----------|

| | |
|-------------------|------|
| NET PROGRAM COST: | \$ - |
|-------------------|------|

Housing Support Services - Village at Broadway
RH Community Builders
FY 2025-26 Ramp Up Budget Narrative

| PROGRAM EXPENSE | | | |
|---|---------------------------|---------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 1000: DIRECT SALARIES & BENEFITS | | 40,830 | |
| Administrative Positions | | 17,030 | |
| 1101 | Director | 5,070 | 2 Months allocated wages to support program operations including hiring, policy & procedure creation, and contract management |
| 1102 | Program Manager | 3,510 | 2 months allocated wages to support program operations focused on hiring, implementing policy & procedures, and program ramp up |
| 1103 | Team Lead | 2,080 | 2 months allocate wages to support site teams with launching programs |
| 1104 | Clinical Supervisor | 3,987 | 2 months allocated wages to support program opening, hiring clinical team, and implementing clinical policies |
| 1105 | E.H.R./Billing Specialist | 303 | 2 months allocated wages for coordination with staff access to SmartCare and launching operations |
| 1106 | 0 | - | |
| 1107 | 0 | - | |
| 1108 | 0 | - | |
| 1109 | Fiscal Analyst | 2,080 | 2 months allocated wages to support program budget compliance and fiscal compliance |
| 1110 | 0 | - | |
| 1111 | 0 | - | |
| 1112 | 0 | - | |
| 1113 | 0 | - | |
| 1114 | 0 | - | |
| 1115 | 0 | - | |
| Program Positions | | 15,340 | |
| 1116 | Case Manager | 6,587 | 1 Months allocated wages. CM maintains a case load of persons served in the program, providing linkage and facilitating each PS needs. |
| 1117 | Clinician | 3,900 | 1Months allocated wages. Clinician provides assessment, individual therapy, and rehabilitation services to persons served in the program. |
| 1118 | Peer Support Specialist | 4,853 | 1 Months allocated wages for Peer Support Specialist to allow hiring and certification to occur before services become billable. |
| 1119 | 0 | - | |
| 1120 | 0 | - | |
| 1121 | 0 | - | |
| 1122 | 0 | - | |
| 1123 | 0 | - | |
| 1124 | 0 | - | |
| 1125 | 0 | - | |
| 1126 | 0 | - | |
| 1127 | 0 | - | |
| 1128 | 0 | - | |
| 1129 | 0 | - | |
| 1130 | 0 | - | |
| 1131 | 0 | - | |
| 1132 | 0 | - | |
| 1133 | 0 | - | |
| 1134 | 0 | - | |
| Direct Employee Benefits | | 3,424 | |
| 1201 | Retirement | 125 | 3% match for employees who opt in. Benefits begin 1st of the month after 60 days of hire. |
| 1202 | Worker's Compensation | 2,299 | Allocated cost of employee's worker's compenstion coverage. |
| 1203 | Health Insurance | 1,000 | Full coverage of cost of health insurance for employees, benefits begin 1st of the month after 60 days of hire. |
| 1204 | Other (specify) | - | |
| 1205 | Other (specify) | - | |
| 1206 | Other (specify) | - | |
| Direct Payroll Taxes & Expenses: | | 5,036 | |
| 1301 | OASDI | 2,192 | 6.2% on all wages |
| 1302 | FICA/MEDICARE | 2,704 | 7.65% on all wages |
| 1303 | SUI | 140 | .5% on 1st \$7,000 of wages- assumed that Director and Fiscal Analyst are internal transfers. |
| 1304 | Other (specify) | - | |
| 1305 | Other (specify) | - | |
| 1306 | Other (specify) | - | |
| 2000: DIRECT CLIENT SUPPORT | | - | |

| PROGRAM EXPENSE | | | |
|-----------------|-----------|-----|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 2001 | | | |
| 2002 | | | |
| 2003 | | | |
| 2004 | | | |
| 2005 | | | |
| 2006 | | | |
| 2007 | | | |
| 2008 | | | |
| 2009 | | | |
| 2010 | | | |
| 2011 | | | |
| 2012 | | | |
| 2013 | | | |
| 2014 | | | |
| 2015 | | | |
| 2016 | | | |

| 3000: DIRECT OPERATING EXPENSES | | 3,950 | |
|---------------------------------|--------------------------------------|-------|---|
| 3001 | Telecommunications | 350 | Cellphones, email, and internet connection for program staff. |
| 3002 | Printing/Postage | 250 | Printing required documents for compliance and business cards |
| 3003 | Office, Household & Program Supplies | 1,500 | Start up office supplies for the program including common office supplies- paper, pens, desk equipment, and monthly printing costs. |
| 3004 | Advertising | - | |
| 3005 | Staff Development & Training | 1,500 | Monthly fee for performance management software by FTE, CPR training for initial staffing. |
| 3006 | Staff Mileage | 350 | Reimbursement at Federally approved rate for staff traveling in personal transportation. |
| 3007 | Subscriptions & Memberships | - | |
| 3008 | Vehicle Maintenance | - | |
| 3009 | Other (specify) | - | |
| 3010 | Other (specify) | - | |
| 3011 | Other (specify) | - | |
| 3012 | Other (specify) | - | |

| 4000: DIRECT FACILITIES & EQUIPMENT | | 1,750 | |
|-------------------------------------|----------------------|-------|---|
| 4001 | Building Maintenance | - | |
| 4002 | Rent/Lease Building | 1,500 | Share of Cost by FTE for admin office of Housing Supportive Services Program. |
| 4003 | Rent/Lease Equipment | - | |
| 4004 | Rent/Lease Vehicles | - | |
| 4005 | Security | - | |
| 4006 | Utilities | 250 | Share of Cost by FTE for admin office of Housing Supportive Services Program. |
| 4007 | Other (specify) | - | |
| 4008 | Other (specify) | - | |
| 4009 | Other (specify) | - | |
| 4010 | Other (specify) | - | |

| 5000: DIRECT SPECIAL EXPENSES | | 2,150 | |
|-------------------------------|--|-------|--|
| 5001 | Consultant (Network & Data Management) | - | |
| 5002 | HMIS (Health Management Information System) | 1,500 | HMIS License for program staff |
| 5003 | Contractual/Consulting Services Background & Onboarding Exp. | 650 | Onboarding expenses for new employees including background and drug tests per contract requirements. |
| 5004 | Translation Services | - | |
| 5005 | Other (specify) | - | |
| 5006 | Other (specify) | - | |
| 5007 | Other (specify) | - | |
| 5008 | Other (specify) | - | |

| 6000: INDIRECT EXPENSES | | 6,664 | |
|-------------------------|---|-------|------------------------------|
| 6001 | Administrative Overhead | 6,664 | 10% De Minimus Indirect Rate |
| 6002 | Professional Liability Insurance | - | |
| 6003 | Accounting/Bookkeeping | - | |
| 6004 | External Audit | - | |
| 6005 | Insurance (Specify): | - | |
| 6006 | Payroll Services | - | |
| 6007 | Depreciation (Provider-Owned Equipment to be Used | - | |
| 6008 | Personnel (Indirect Salaries & Benefits) | - | |
| 6009 | Other (specify) | - | |
| 6010 | Other (specify) | - | |
| 6011 | Other (specify) | - | |

| PROGRAM EXPENSE | | | |
|-----------------|-----------------|-----|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 6012 | Other (specify) | - | |
| 6013 | Other (specify) | - | |

| 7000: DIRECT FIXED ASSETS | | 18,000 | |
|---------------------------|---|--------|--|
| 7001 | Computer Equipment & Software | 8,000 | 3 laptop computers, docking stations, 2 screens per computer, keyboard/mouse per computer, various cables to connect laptops/docks/screens |
| 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA | 2,500 | 3 cellphones and cases, ipad for site timeclock, copier |
| 7003 | Furniture & Fixtures | 7,500 | Supplemental furniture for program site to ensure HIPAA compliance, furniture for HSS admin office for allocated staff. |
| 7004 | Leasehold/Tenant/Building Improvements | - | |
| 7005 | Other Assets over \$500 with Lifespan of 2 Years + | - | |
| 7006 | Assets over \$5,000/unit (Specify) | - | |
| 7007 | Other (specify) | - | |
| 7008 | Other (specify) | - | |

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 73,344

Housing Support Services - Village at Broadway
RH Community Builders
FY 2025-26 Ramp Up Budget FTE Details

PARTIAL FTE DETAIL

For all positions with FTE's split among multiple programs/contracts the below must be filled out

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| Director | HHS/Crossroads Village | 15% |
| | HHS/Alta Monte | 10% |
| | HHS/Santa Clara | 10% |
| | HHS/Trinity | 10% |
| | HHS/Paragon | 10% |
| | HHS/Alegre | 20% |
| | HHS/Broadway | 15% |
| | The Flats/DSS/Fresno County | 10% |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|-----------------|-----------------------------------|-------------|
| Program Manager | HHS/Crossroads Village | 15% |
| | HHS/Alta Monte | 5% |
| | HHS/Santa Clara | 15% |
| | HHS/Trinity | 10% |
| | HHS/Paragon | 15% |
| | HHS/Alegre | 25% |
| | HHS/Broadway | 15% |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|---------------------|-----------------------------------|-------------|
| Clinical Supervisor | HHS/Santa Clara | 25% |
| | HHS/Trinity | 20% |
| | HHS/Paragon | 25% |
| | HHS/Alegre | 12% |
| | HHS/Broadway | 18% |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------------------|-----------------------------------|-------------|
| E.H.R/Billing Specialist | HHS/Crossroads Village | 16% |
| | HHS/Alta Monte | 15% |
| | HHS/Santa Clara | 15% |
| | HHS/Trinity | 10% |
| | HHS/Paragon | 19% |
| | HHS/Alegre | 20% |
| | HHS/Broadway | 5% |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| Team Lead | HHS/Trinity | 15% |
| | HHS/Paragon | 25% |
| | HHS/Alegre | 45% |
| | HHS/Broadway | 15% |
| | | Clinician |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| Clinician | HHS/Trinity | 0.50 |
| | HHS/Alegre | 0.50 |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|----------------|-----------------------------------|-------|
| Fiscal Analyst | HHS/Alta Monte | 10% |
| | HHS/Trinity | 15% |

| | | |
|--------------|---------------------------------------|-------------|
| | HHS/Alegre | 15% |
| | HHS/Broadway | 15% |
| | The Flats/DSS/Fresno County | 25% |
| | Landlord Engagement/DSS/Fresno County | 20% |
| | | |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|----------|-----------------------------------|-------|
| | | |
| | | |
| | | |

| | | |
|--------------|--|--------------------|
| | | |
| | | |
| | | |
| | | |
| Total | | <u>0.00</u> |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|--------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | <u>0.00</u> |

**Housing Support Services - Village at Broadway
RH Community Builders
Fiscal Year 2025-26 Cost Reimbursement Budget**

PROGRAM EXPENSES

| 2000: DIRECT CLIENT SUPPORT | | |
|------------------------------------|---------------------------------|-----------------|
| Acct # | Line Item Description | Amount |
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | - |
| 2003 | Client Transportation & Support | - |
| 2004 | Clothing, Food, & Hygiene | - |
| 2005 | Education Support | - |
| 2006 | Employment Support | 150 |
| 2007 | Household Items for Clients | 500 |
| 2008 | Medication Supports | - |
| 2009 | Program Supplies - Medical | - |
| 2010 | Utility Vouchers | - |
| 2011 | Other Client Activities | 1,100 |
| 2012 | Other (specify) | - |
| 2013 | Other (specify) | - |
| 2014 | Other (specify) | - |
| 2015 | Other (specify) | - |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 1,750 |

| | |
|-------------------------------|-----------------|
| TOTAL PROGRAM EXPENSES | \$ 1,750 |
|-------------------------------|-----------------|

PROGRAM FUNDING SOURCES

| 8000: TOTAL PROGRAM REVENUES | | |
|-------------------------------------|---|-----------------|
| Acct # | Line Item Description | Amount |
| 8001 | Revenue Allocated by DBH | \$ - |
| 8002 | Client Fees | - |
| 8003 | Client Insurance | - |
| 8004 | Grants (Specify) | - |
| 8005 | Other (CSS - Mental Health Services Act (MHSA)) | 1,750 |
| 8006 | Other (Specify) | - |
| TOTAL PROGRAM REVENUES | | \$ 1,750 |

| | |
|--|-----------------|
| TOTAL PROGRAM ESTIMATED REVENUES: | \$ 1,750 |
|--|-----------------|

| | |
|--------------------------|-------------|
| NET PROGRAM COST: | \$ - |
|--------------------------|-------------|

Housing Support Services - Village at Broadway
RH Community Builders
Fiscal Year 2025-26 Cost Reimbursement Budget Narrative

| PROGRAM EXPENSE | | | |
|------------------------------------|---------------------------------|--------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 2000: DIRECT CLIENT SUPPORT | | 1,750 | |
| 2001 | Child Care | - | |
| 2002 | Client Housing Support | - | |
| 2003 | Client Transportation & Support | - | |
| 2004 | Clothing, Food, & Hygiene | - | |
| 2005 | Education Support | - | |
| 2006 | Employment Support | 150 | Costs of supporting clients with gaining employees including but not limited to uniforms, equipment, and background checks |
| 2007 | Household Items for Clients | 500 | Cost of cleaning supplies or basic household necessities to support housing stability |
| 2008 | Medication Supports | - | |
| 2009 | Program Supplies - Medical | - | |
| 2010 | Utility Vouchers | - | |
| 2011 | Other Client Activities | 1,100 | Supplies for client activities including groups such as art therapy, exercise groups, and season themed activities to build community and housing stability |
| 2012 | Other (specify) | - | |
| 2013 | Other (specify) | - | |
| 2014 | Other (specify) | - | |
| 2015 | Other (specify) | - | |
| 2016 | Other (specify) | - | |

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 1,750

**Housing Support Services - Village at Broadway
RH Community Builders
Fiscal Year 2026-27 Cost Reimbursement Budget**

PROGRAM EXPENSES

| 2000: DIRECT CLIENT SUPPORT | | |
|------------------------------------|---------------------------------|-----------------|
| Acct # | Line Item Description | Amount |
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | - |
| 2003 | Client Transportation & Support | - |
| 2004 | Clothing, Food, & Hygiene | - |
| 2005 | Employment Support | 500 |
| 2006 | Household Items for Clients | 1,000 |
| 2007 | Medication Supports | - |
| 2008 | Program Supplies - Medical | - |
| 2009 | Utility Vouchers | - |
| 2010 | Other Client Activities | 2,000 |
| 2011 | Other (specify) | - |
| 2012 | Other (specify) | - |
| 2013 | Other (specify) | - |
| 2014 | Other (specify) | - |
| 2015 | Other (specify) | - |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 3,500 |

| | |
|-------------------------------|-----------------|
| TOTAL PROGRAM EXPENSES | \$ 3,500 |
|-------------------------------|-----------------|

PROGRAM FUNDING SOURCES

| 8000: TOTAL PROGRAM REVENUES | | |
|-------------------------------------|---|-----------------|
| Acct # | Line Item Description | Amount |
| 8001 | Revenue Allocated by DBH | \$ - |
| 8002 | Client Fees | - |
| 8003 | Client Insurance | - |
| 8004 | Grants (Specify) | - |
| 8005 | Other (CSS - Mental Health Services Act (MHSA)) | 3,500 |
| 8006 | Other (Specify) | - |
| TOTAL PROGRAM REVENUES | | \$ 3,500 |

| | |
|--|-----------------|
| TOTAL PROGRAM ESTIMATED REVENUES: | \$ 3,500 |
|--|-----------------|

| | |
|--------------------------|-------------|
| NET PROGRAM COST: | \$ - |
|--------------------------|-------------|

Housing Support Services - Village at Broadway
RH Community Builders
Fiscal Year 2026-27 Cost Reimbursement Budget Narrative

| PROGRAM EXPENSE | | | |
|------------------------------------|---------------------------------|--------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 2000: DIRECT CLIENT SUPPORT | | 3,500 | |
| 2001 | Child Care | - | |
| 2002 | Client Housing Support | - | |
| 2003 | Client Transportation & Support | - | |
| 2004 | Clothing, Food, & Hygiene | - | |
| 2005 | Employment Support | 500 | Costs of supporting clients with gaining employees including but not limited to uniforms, equipment, and background checks |
| 2006 | Household Items for Clients | 1,000 | Cost of cleaning supplies or basic household necessities to support housing stability |
| 2007 | Medication Supports | - | |
| 2008 | Program Supplies - Medical | - | |
| 2009 | Utility Vouchers | - | |
| 2010 | Other Client Activities | 2,000 | Supplies for client activities including groups such as art therapy, exercise groups, and season themed activities to build community and housing stability |
| 2011 | Other (specify) | - | |
| 2012 | Other (specify) | - | |
| 2013 | Other (specify) | - | |
| 2014 | Other (specify) | - | |
| 2015 | Other (specify) | - | |
| 2016 | Other (specify) | - | |

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 3,500

**Housing Support Services - Village at Broadway
RH Community Builders
Fiscal Year 2027-28 Cost Reimbursement Budget**

PROGRAM EXPENSES

| 2000: DIRECT CLIENT SUPPORT | | |
|------------------------------------|---------------------------------|-----------------|
| Acct # | Line Item Description | Amount |
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | - |
| 2003 | Client Transportation & Support | - |
| 2004 | Clothing, Food, & Hygiene | - |
| 2005 | Employment Support | 500 |
| 2006 | Household Items for Clients | 1,000 |
| 2007 | Medication Supports | - |
| 2008 | Program Supplies - Medical | - |
| 2009 | Utility Vouchers | - |
| 2010 | Other Client Activities | 2,000 |
| 2011 | Other (specify) | - |
| 2012 | Other (specify) | - |
| 2013 | Other (specify) | - |
| 2014 | Other (specify) | - |
| 2015 | Other (specify) | - |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 3,500 |

TOTAL PROGRAM EXPENSES \$ 3,500

PROGRAM FUNDING SOURCES

| 8000: TOTAL PROGRAM REVENUES | | |
|-------------------------------------|---|-----------------|
| Acct # | Line Item Description | Amount |
| 8001 | Revenue Allocated by DBH | \$ - |
| 8002 | Client Fees | - |
| 8003 | Client Insurance | - |
| 8004 | Grants (Specify) | - |
| 8005 | Other (CSS - Mental Health Services Act (MHSA)) | 3,500 |
| 8006 | Other (Specify) | - |
| TOTAL PROGRAM REVENUES | | \$ 3,500 |

TOTAL PROGRAM ESTIMATED REVENUES: \$ 3,500

NET PROGRAM COST: \$ -

Housing Support Services - Village at Broadway
RH Community Builders
Fiscal Year 2027-28 Cost Reimbursement Budget Narrative

| PROGRAM EXPENSE | | | |
|------------------------------------|---------------------------------|--------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 2000: DIRECT CLIENT SUPPORT | | 3,500 | |
| 2001 | Child Care | - | |
| 2002 | Client Housing Support | - | |
| 2003 | Client Transportation & Support | - | |
| 2004 | Clothing, Food, & Hygiene | - | |
| 2005 | Employment Support | 500 | Costs of supporting clients with gaining employees including but not limited to uniforms, equipment, and background checks |
| 2006 | Household Items for Clients | 1,000 | Cost of cleaning supplies or basic household necessities to support housing stability |
| 2007 | Medication Supports | - | |
| 2008 | Program Supplies - Medical | - | |
| 2009 | Utility Vouchers | - | |
| 2010 | Other Client Activities | 2,000 | Supplies for client activities including groups such as art therapy, exercise groups, and season themed activities to build community and housing stability |
| 2011 | Other (specify) | - | |
| 2012 | Other (specify) | - | |
| 2013 | Other (specify) | - | |
| 2014 | Other (specify) | - | |
| 2015 | Other (specify) | - | |
| 2016 | Other (specify) | - | |

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 3,500

**Housing Support Services - Village at Broadway
RH Community Builders
Fiscal Year 2028-29 Cost Reimbursement Budget**

PROGRAM EXPENSES

| 2000: DIRECT CLIENT SUPPORT | | |
|------------------------------------|---------------------------------|-----------------|
| Acct # | Line Item Description | Amount |
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | - |
| 2003 | Client Transportation & Support | - |
| 2004 | Clothing, Food, & Hygiene | - |
| 2005 | Employment Support | 500 |
| 2006 | Household Items for Clients | 1,000 |
| 2007 | Medication Supports | - |
| 2008 | Program Supplies - Medical | - |
| 2009 | Utility Vouchers | - |
| 2010 | Other Client Activities | 2,000 |
| 2011 | Other (specify) | - |
| 2012 | Other (specify) | - |
| 2013 | Other (specify) | - |
| 2014 | Other (specify) | - |
| 2015 | Other (specify) | - |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 3,500 |

| | |
|-------------------------------|-----------------|
| TOTAL PROGRAM EXPENSES | \$ 3,500 |
|-------------------------------|-----------------|

PROGRAM FUNDING SOURCES

| 8000: TOTAL PROGRAM REVENUES | | |
|-------------------------------------|---|-----------------|
| Acct # | Line Item Description | Amount |
| 8001 | Revenue Allocated by DBH | \$ - |
| 8002 | Client Fees | - |
| 8003 | Client Insurance | - |
| 8004 | Grants (Specify) | - |
| 8005 | Other (CSS - Mental Health Services Act (MHSA)) | 3,500 |
| 8006 | Other (Specify) | - |
| TOTAL PROGRAM REVENUES | | \$ 3,500 |

| | |
|--|-----------------|
| TOTAL PROGRAM ESTIMATED REVENUES: | \$ 3,500 |
|--|-----------------|

| | |
|--------------------------|-------------|
| NET PROGRAM COST: | \$ - |
|--------------------------|-------------|

Housing Support Services - Village at Broadway
RH Community Builders
Fiscal Year 2028-29 Cost Reimbursement Budget Narrative

| PROGRAM EXPENSE | | | |
|------------------------------------|---------------------------------|--------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 2000: DIRECT CLIENT SUPPORT | | 3,500 | |
| 2001 | Child Care | - | |
| 2002 | Client Housing Support | - | |
| 2003 | Client Transportation & Support | - | |
| 2004 | Clothing, Food, & Hygiene | - | |
| 2005 | Employment Support | 500 | Costs of supporting clients with gaining employees including but not limited to uniforms, equipment, and background checks |
| 2006 | Household Items for Clients | 1,000 | Cost of cleaning supplies or basic household necessities to support housing stability |
| 2007 | Medication Supports | - | |
| 2008 | Program Supplies - Medical | - | |
| 2009 | Utility Vouchers | - | |
| 2010 | Other Client Activities | 2,000 | Supplies for client activities including groups such as art therapy, exercise groups, and season themed activities to build community and housing stability |
| 2011 | Other (specify) | - | |
| 2012 | Other (specify) | - | |
| 2013 | Other (specify) | - | |
| 2014 | Other (specify) | - | |
| 2015 | Other (specify) | - | |
| 2016 | Other (specify) | - | |

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 3,500

**Housing Support Services - Village at Broadway
RH Community Builders
Fiscal Year 2029-30 Cost Reimbursement Budget**

PROGRAM EXPENSES

2000: DIRECT CLIENT SUPPORT

| Acct # | Line Item Description | Amount |
|---------------------------------|---------------------------------|-----------------|
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | - |
| 2003 | Client Transportation & Support | - |
| 2004 | Clothing, Food, & Hygiene | - |
| 2005 | Employment Support | 500 |
| 2006 | Household Items for Clients | 1,000 |
| 2007 | Medication Supports | - |
| 2008 | Program Supplies - Medical | - |
| 2009 | Utility Vouchers | - |
| 2010 | Other Client Activities | 2,000 |
| 2011 | Other (specify) | - |
| 2012 | Other (specify) | - |
| 2013 | Other (specify) | - |
| 2014 | Other (specify) | - |
| 2015 | Other (specify) | - |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 3,500 |

TOTAL PROGRAM EXPENSES \$ 3,500

PROGRAM FUNDING SOURCES

8000: TOTAL PROGRAM REVENUES

| Acct # | Line Item Description | Amount |
|-------------------------------|---|-----------------|
| 8001 | Revenue Allocated by DBH | \$ - |
| 8002 | Client Fees | - |
| 8003 | Client Insurance | - |
| 8004 | Grants (Specify) | - |
| 8005 | Other (CSS - Mental Health Services Act (MHSA)) | 3,500 |
| 8006 | Other (Specify) | - |
| TOTAL PROGRAM REVENUES | | \$ 3,500 |

TOTAL PROGRAM ESTIMATED REVENUES: \$ 3,500

NET PROGRAM COST: \$ -

Housing Support Services - Village at Broadway
RH Community Builders
Fiscal Year 2029-30 Cost Reimbursement Budget Narrative

| PROGRAM EXPENSE | | | |
|------------------------------------|---------------------------------|--------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 2000: DIRECT CLIENT SUPPORT | | 3,500 | |
| 2001 | Child Care | - | |
| 2002 | Client Housing Support | - | |
| 2003 | Client Transportation & Support | - | |
| 2004 | Clothing, Food, & Hygiene | - | |
| 2005 | Employment Support | 500 | Costs of supporting clients with gaining employees including but not limited to uniforms, equipment, and background checks |
| 2006 | Household Items for Clients | 1,000 | Cost of cleaning supplies or basic household necessities to support housing stability |
| 2007 | Medication Supports | - | |
| 2008 | Program Supplies - Medical | - | |
| 2009 | Utility Vouchers | - | |
| 2010 | Other Client Activities | 2,000 | Supplies for client activities including groups such as art therapy, exercise groups, and season themed activities to build community and housing stability |
| 2011 | Other (specify) | - | |
| 2012 | Other (specify) | - | |
| 2013 | Other (specify) | - | |
| 2014 | Other (specify) | - | |
| 2015 | Other (specify) | - | |
| 2016 | Other (specify) | - | |

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 3,500

Housing Supportive Services - Crossroads Village
RH Community Builders
HSS FFS Maximum Compensation

**Instructions: At the top, please provide the name of the program and your organization's name.
For each FY, please provide your proposed maximum compensation based upon estimated services
provided within the blue cells in column E.**

| | | |
|-------------------------------|--|--------------|
| Maximum Compensation FY 25-26 | | \$ 670,967 |
| Maximum Compensation FY 26-27 | | \$ 1,393,341 |
| Maximum Compensation FY 27-28 | | \$ 1,435,622 |
| Maximum Compensation FY 28-29 | | \$ 1,507,445 |
| Maximum Compensation FY 29-30 | | \$ 1,582,817 |

| | |
|-------------------------------------|---------------------|
| Program Maximum Compensation | \$ 6,590,192 |
|-------------------------------------|---------------------|

Housing Supportive Services - Crossroads Village
RH Community Builders
FY 2025-26 Ramp Up Budget

PROGRAM EXPENSES

| 1000: DIRECT SALARIES & BENEFITS | | | | | |
|--|---------------------------|------|-----------|----------|-----------|
| Direct Employee Salaries | | | | | |
| Acct # | Administrative Position | FTE | Admin | Program | Total |
| 1101 | Director | 0.15 | \$ 3,380 | | \$ 3,380 |
| 1102 | Program Manager | 0.15 | 2,340 | | 2,340 |
| 1103 | Team Lead | 0.47 | 6,518 | | 6,518 |
| 1104 | Clinical Supervisor | 0.52 | 11,718 | | 11,718 |
| 1105 | E.H.R./Billing Specialist | 0.16 | 1,942 | | 1,942 |
| 1106 | Compliance Manager | 0.40 | 3,640 | | 3,640 |
| 1107 | Clinical Trianer | 0.15 | 2,860 | | 2,860 |
| 1108 | Adminstrative Assistant | 0.15 | 1,300 | | 1,300 |
| 1109 | | | - | | - |
| 1110 | | | - | | - |
| 1111 | | | - | | - |
| 1112 | | | - | | - |
| 1113 | | | - | | - |
| 1114 | | | - | | - |
| 1115 | | | - | | - |
| Direct Personnel Admin Salaries Subtotal | | 2.15 | \$ 33,698 | | \$ 33,698 |
| Acct # | Program Position | FTE | Admin | Program | Total |
| 1116 | Case Manager | 1.00 | | \$ 6,587 | \$ 6,587 |
| 1117 | | | | | - |
| 1118 | | | | | - |
| 1119 | | | | | - |
| 1120 | | | | | - |
| 1121 | | | | | - |
| 1122 | | | | | - |
| 1123 | | | | | - |
| 1124 | | | | | - |
| 1125 | | | | | - |
| 1126 | | | | | - |
| 1127 | | | | | - |
| 1128 | | | | | - |
| 1129 | | | | | - |
| 1130 | | | | | - |
| 1131 | | | | | - |
| 1132 | | | | | - |
| 1133 | | | | | - |
| 1134 | | | | | - |
| Direct Personnel Program Salaries Subtotal | | 1.00 | | \$ 6,587 | \$ 6,587 |
| | | | Admin | Program | Total |
| Direct Personnel Salaries Subtotal | | 3.15 | \$ 33,698 | \$ 6,587 | \$ 40,285 |
| Direct Employee Benefits | | | | | |
| Acct # | Description | | Admin | Program | Total |
| 1201 | Retirement | | \$ 450 | \$ - | \$ 450 |
| 1202 | Worker's Compensation | | 2,020 | 560 | 2,580 |
| 1203 | Health Insurance | | 900 | 500 | 1,400 |
| 1204 | Other (specify) | | - | - | - |
| 1205 | Other (specify) | | - | - | - |
| 1206 | Other (specify) | | - | - | - |
| Direct Employee Benefits Subtotal: | | | \$ 3,370 | \$ 1,060 | \$ 4,430 |
| Direct Payroll Taxes & Expenses: | | | | | |
| Acct # | Description | | Admin | Program | Total |
| 1301 | OASDI | | \$ 1,403 | \$ 408 | \$ 1,811 |
| 1302 | FICA/MEDICARE | | 2,073 | 538 | 2,611 |
| 1303 | SUI | | 51 | 35 | 86 |
| 1304 | Other (specify) | | - | - | - |
| 1305 | Other (specify) | | - | - | - |
| 1306 | Other (specify) | | - | - | - |
| Direct Payroll Taxes & Expenses Subtotal: | | | \$ 3,527 | \$ 981 | \$ 4,508 |
| DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL: | | | Admin | Program | Total |
| | | | \$ 40,595 | \$ 8,628 | \$ 49,223 |

| DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE: | Admin | Program |
|---|-------|---------|
| | 82% | 18% |

| 2000: DIRECT CLIENT SUPPORT | | |
|-----------------------------|-----------------------|--------|
| Acct # | Line Item Description | Amount |
| 2001 | | |
| 2002 | | |
| 2003 | | |
| 2004 | | |
| 2005 | | |
| 2006 | | |
| 2007 | | |
| 2008 | | |
| 2009 | | |
| 2010 | | |
| 2011 | | |
| 2012 | | |
| 2013 | | |
| 2014 | | |
| 2015 | | |
| 2016 | | |
| DIRECT CLIENT CARE TOTAL | | \$ - |

| 3000: DIRECT OPERATING EXPENSES | | |
|----------------------------------|--------------------------------------|----------|
| Acct # | Line Item Description | Amount |
| 3001 | Telecommunications | \$ 1,163 |
| 3002 | Printing/Postage | |
| 3003 | Office, Household & Program Supplies | 2,000 |
| 3004 | Advertising | |
| 3005 | Staff Development & Training | 485 |
| 3006 | Staff Mileage | 268 |
| 3007 | Subscriptions & Memberships | |
| 3008 | Vehicle Maintenance | |
| 3009 | Other Vehicle Insurance | |
| 3010 | Other Company Car Gas | |
| 3011 | Other (specify) | |
| 3012 | Other (specify) | - |
| DIRECT OPERATING EXPENSES TOTAL: | | \$ 3,916 |

| 4000: DIRECT FACILITIES & EQUIPMENT | | |
|-------------------------------------|-----------------------|----------|
| Acct # | Line Item Description | Amount |
| 4001 | Building Maintenance | |
| 4002 | Rent/Lease Building | 4,000 |
| 4003 | Rent/Lease Equipment | |
| 4004 | Rent/Lease Vehicles | |
| 4005 | Security | |
| 4006 | Utilities | |
| 4007 | Other (specify) | |
| 4008 | Other (specify) | - |
| 4009 | Other (specify) | - |
| 4010 | Other (specify) | - |
| DIRECT FACILITIES/EQUIPMENT TOTAL: | | \$ 4,000 |

| 5000: DIRECT SPECIAL EXPENSES | | |
|--------------------------------|--|----------|
| Acct # | Line Item Description | Amount |
| 5001 | Consultant (Network & Data Management) | \$ - |
| 5002 | HMIS (Health Management Information System) | - |
| 5003 | Contractual/Consulting Services Background & Onboarding Exp. | 1,155 |
| 5004 | Translation Services | - |
| 5005 | Other (specify) | - |
| 5006 | Other (specify) | - |
| 5007 | Other (specify) | - |
| 5008 | Other (specify) | - |
| DIRECT SPECIAL EXPENSES TOTAL: | | \$ 1,155 |

| 6000: INDIRECT EXPENSES | | |
|-------------------------|---|----------|
| Acct # | Line Item Description | Amount |
| | Administrative Overhead | |
| 6001 | Use this line and only this line for approved indirect cost rate | \$ 8,275 |
| | Administrative Overhead | |
| 6002 | Professional Liability Insurance | |
| 6003 | Accounting/Bookkeeping | - |
| 6004 | External Audit | - |
| 6005 | Insurance (Specify): | - |
| 6006 | Payroll Services | |
| 6007 | Depreciation (Provider-Owned Equipment to be Used for Program Purposes) | - |
| 6008 | Personnel (Indirect Salaries & Benefits) | - |
| 6009 | Other (specify) | - |
| 6010 | Other (specify) | - |
| 6011 | Other (specify) | - |
| 6012 | Other (specify) | - |
| 6013 | Other (specify) | - |
| INDIRECT EXPENSES TOTAL | | \$ 8,275 |

| | |
|--------------------|-------|
| INDIRECT COST RATE | 9.99% |
|--------------------|-------|

| 7000: DIRECT FIXED ASSETS | | |
|-----------------------------|--|-----------|
| Acct # | Line Item Description | Amount |
| 7001 | Computer Equipment & Software | \$ 12,049 |
| 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data | 2,000 |
| 7003 | Furniture & Fixtures | 10,450 |
| 7004 | Leasehold/Tenant/Building Improvements | - |
| 7005 | Other Assets over \$500 with Lifespan of 2 Years + | - |
| 7006 | Assets over \$5,000/unit (Specify) | - |
| 7007 | Other (specify) | - |
| 7008 | Other (specify) | - |
| FIXED ASSETS EXPENSES TOTAL | | \$ 24,499 |

| | |
|------------------------|-----------|
| TOTAL PROGRAM EXPENSES | \$ 91,068 |
|------------------------|-----------|

PROGRAM FUNDING SOURCES

| 8000: TOTAL PROGRAM REVENUES | | |
|------------------------------|--|-----------|
| Acct # | Line Item Description | Amount |
| 8001 | Revenue Allocated by DBH | \$ - |
| 8002 | Client Fees | - |
| 8003 | Client Insurance | - |
| 8004 | Grants (Specify) | - |
| 8005 | Other (CSS- Mental Health Services Act (MHSA)) | 91,068 |
| 8006 | Other (Specify) | - |
| TOTAL PROGRAM REVENUES | | \$ 91,068 |

| | |
|-----------------------------------|-----------|
| TOTAL PROGRAM ESTIMATED REVENUES: | \$ 91,068 |
|-----------------------------------|-----------|

| | |
|-------------------|------|
| NET PROGRAM COST: | \$ - |
|-------------------|------|

**Housing Supportive Services - Crossroads Village
RH Community Builders**

FY 2025-26 Ramp Up Budget FTE Details

PARTIAL FTE DETAIL

For all positions with FTE's split among multiple programs/contracts the below must be filled out

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| Director | HHS/Crossroads Village | 15% |
| | HHS/Alta Monte | 10% |
| | HHS/Santa Clara | 10% |
| | HHS/Trinity | 10% |
| | HHS/Paragon | 10% |
| | HHS/Alegre | 20% |
| | HHS/Broadway | 15% |
| | The Flats/DSS/Fresno County | 10% |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|-----------------|-----------------------------------|-------------|
| Program Manager | HHS/Crossroads Village | 15% |
| | HHS/Alta Monte | 5% |
| | HHS/Santa Clara | 15% |
| | HHS/Trinity | 10% |
| | HHS/Paragon | 15% |
| | HHS/Alegre | 25% |
| | HHS/Broadway | 15% |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|---------------------|-----------------------------------|-------------|
| Clinical Supervisor | HHS/Crossroads Village | 52% |
| | HHS/Alta Monte | 40% |
| | HHS/Alegre | 8% |
| | | |
| | | |
| | | |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------------------|-----------------------------------|-------------|
| E.H.R/Billing Specialist | HHS/Crossroads Village | 16% |
| | HHS/Alta Monte | 15% |
| | HHS/Santa Clara | 15% |
| | HHS/Trinity | 10% |
| | HHS/Paragon | 19% |
| | HHS/Alegre | 20% |
| | HHS/Broadway | 5% |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------------|-----------------------------------|-------------|
| Compliance Manager | HHS/Crossroads Village | 40% |
| | HHS/Santa Clara | 15% |
| | HHS/Alta Monte | 13% |
| | HHS/Alegre | 30% |
| | | |
| | | |
| | | |
| Total | | 0.98 |

| Position | Contract #/Name/Department/County | FTE % |
|------------------|-----------------------------------|-------------|
| Clinical Trainer | HHS/Crossroads Village | 15% |
| | HHS/Alta Monte | 15% |
| | HHS/Santa Clara | 15% |
| | HHS/Trinity | 15% |
| | HHS/Paragon | 15% |
| | HHS/Alegre | 25% |
| | | |
| | | |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------------------|-----------------------------------|-------|
| Administrative Assistant | HHS/Crossroads Village | 15% |
| | HHS/Santa Clara | 25% |

| | | |
|--------------|-------------|-------------|
| | HHS/Trinity | 15% |
| | HHS/Paragon | 25% |
| | HHS/Alegre | 20% |
| | | |
| | | |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| Team Lead | HHS/Crossroads Village | 47% |
| | HHS/Alta Monte | 33% |
| | HHS/Santa Clara | 20% |
| | | |
| | | |
| | | |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|----------|-----------------------------------|-------|
| | | |
| | | |
| | | |

| | | |
|--------------|--|--------------------|
| | | |
| | | |
| | | |
| | | |
| Total | | <u>0.00</u> |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|--------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | <u>0.00</u> |

Housing Supportive Services - Crossroads Village
RH Community Builders
FY 2025-26 Ramp Up Budget Narrative

| PROGRAM EXPENSE | | | |
|---|--------------------------------------|---------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 1000: DIRECT SALARIES & BENEFITS | | 49,223 | |
| Administrative Positions | | 33,698 | |
| 1101 | Director | 3,380 | 2 Months allocated wages to support program operations including hiring, policy & procedure creation, and contract management |
| 1102 | Program Manager | 2,340 | 2 months allocated wages to support program operations focused on hiring, implementing policy & procedures, and program ramp up |
| 1103 | Team Lead | 6,518 | 2 months allocate wages to support site teams with launching programs |
| 1104 | Clinical Supervisor | 11,718 | 2 months allocated wages to support program opening, hiring clinical team, and implementing clinical policies |
| 1105 | E.H.R./Billing Specialist | 1,942 | 2 months allocated wages for coordination with staff access to SmartCare and launching operations |
| 1106 | Compliance Manager | 3,640 | 1.5 months allocated wages to launch program focused on creation of policy, site certifications, and staff credentialing |
| 1107 | Clinical Trianer | 2,860 | 2 months allocated wages to create trainings and train new staff for program operations |
| 1108 | Adminstrative Assistant | 1,300 | 2 months allocated for adminstrative support to the program launch |
| 1109 | 0 | - | |
| 1110 | 0 | - | |
| 1111 | 0 | - | |
| 1112 | 0 | - | |
| 1113 | 0 | - | |
| 1114 | 0 | - | |
| 1115 | 0 | - | |
| Program Positions | | 6,587 | |
| 1116 | Case Manager | 6,587 | 1 Months allocated wages for onboarding, training, and credentialing |
| 1117 | 0 | - | |
| 1118 | 0 | - | |
| 1119 | 0 | - | |
| 1120 | 0 | - | |
| 1121 | 0 | - | |
| 1122 | 0 | - | |
| 1123 | 0 | - | |
| 1124 | 0 | - | |
| 1125 | 0 | - | |
| 1126 | 0 | - | |
| 1127 | 0 | - | |
| 1128 | 0 | - | |
| 1129 | 0 | - | |
| 1130 | 0 | - | |
| 1131 | 0 | - | |
| 1132 | 0 | - | |
| 1133 | 0 | - | |
| 1134 | 0 | - | |
| Direct Employee Benefits | | 4,430 | |
| 1201 | Retirement | 450 | 3% match for employees who opt in. Benefits begin 1st of the month after 60 days of hire. |
| 1202 | Worker's Compensation | 2,580 | Allocated cost of employee's worker's compenstion coverage. |
| 1203 | Health Insurance | 1,400 | Full coverage of cost of health insurance for employees, benefits begin 1st of the month after 60 days of hire. |
| 1204 | Other (specify) | - | |
| 1205 | Other (specify) | - | |
| 1206 | Other (specify) | - | |
| Direct Payroll Taxes & Expenses: | | 4,508 | |
| 1301 | OASDI | 1,811 | 6.2% on all wages |
| 1302 | FICA/MEDICARE | 2,611 | 7.65% on all wages |
| 1303 | SUI | 86 | .5% on 1st \$7,000 of wages- assumed that Director and Fiscal Analyst are internal transfers. |
| 1304 | Other (specify) | - | |
| 1305 | Other (specify) | - | |
| 1306 | Other (specify) | - | |
| 2000: DIRECT CLIENT SUPPORT | | - | |
| 2001 | | | |
| 2002 | | | |
| 2003 | | | |
| 2004 | | | |
| 2005 | | | |
| 2006 | | | |
| 2007 | | | |
| 2008 | | | |
| 2009 | | | |
| 2010 | | | |
| 2011 | | | |
| 2012 | | | |
| 2013 | | | |
| 2014 | | | |
| 2015 | | | |
| 2016 | | | |
| 3000: DIRECT OPERATING EXPENSES | | 3,916 | |
| 3001 | Telecommunications | 1,163 | Cellphones, email, and internet connection for program staff. |
| 3002 | Printing/Postage | - | |
| 3003 | Office, Household & Program Supplies | 2,000 | Start up office supplies for the program including common office supplies- paper, pens, desk equipment, and monthly printing costs. |
| 3004 | Advertising | - | |

| PROGRAM EXPENSE | | | |
|-----------------|------------------------------|-----|--|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 3005 | Staff Development & Training | 485 | Monthly fee for performance management software by FTE, CPR training for initial staffing. |
| 3006 | Staff Mileage | 268 | Reimbursement at Federally approved rate for staff traveling in personal transportation. |
| 3007 | Subscriptions & Memberships | - | |
| 3008 | Vehicle Maintenance | - | |
| 3009 | Other Vehicle Insurance | - | |
| 3010 | Other Company Car Gas | - | |
| 3011 | Other (specify) | - | |
| 3012 | Other (specify) | - | |

| 4000: DIRECT FACILITIES & EQUIPMENT | | 4,000 | |
|-------------------------------------|----------------------|-------|---|
| 4001 | Building Maintenance | - | |
| 4002 | Rent/Lease Building | 4,000 | Share of Cost by FTE for admin office of Housing Supportive Services Program. |
| 4003 | Rent/Lease Equipment | - | |
| 4004 | Rent/Lease Vehicles | - | |
| 4005 | Security | - | |
| 4006 | Utilities | - | |
| 4007 | Other (specify) | - | |
| 4008 | Other (specify) | - | |
| 4009 | Other (specify) | - | |
| 4010 | Other (specify) | - | |

| 5000: DIRECT SPECIAL EXPENSES | | 1,155 | |
|-------------------------------|--|-------|--|
| 5001 | Consultant (Network & Data Management) | - | |
| 5002 | HMIS (Health Management Information System) | - | |
| 5003 | Contractual/Consulting Services Background & Onboarding Exp. | 1,155 | Onboarding expenses for new employees including background and drug tests per contract requirements. |
| 5004 | Translation Services | - | |
| 5005 | Other (specify) | - | |
| 5006 | Other (specify) | - | |
| 5007 | Other (specify) | - | |
| 5008 | Other (specify) | - | |

| 6000: INDIRECT EXPENSES | | 8,275 | |
|-------------------------|---|-------|-------------------|
| 6001 | Administrative Overhead | 8,275 | 10% indirect rate |
| 6002 | Professional Liability Insurance | - | |
| 6003 | Accounting/Bookkeeping | - | |
| 6004 | External Audit | - | |
| 6005 | Insurance (Specify): | - | |
| 6006 | Payroll Services | - | |
| 6007 | Depreciation (Provider-Owned Equipment to be Used | - | |
| 6008 | Personnel (Indirect Salaries & Benefits) | - | |
| 6009 | Other (specify) | - | |
| 6010 | Other (specify) | - | |
| 6011 | Other (specify) | - | |
| 6012 | Other (specify) | - | |
| 6013 | Other (specify) | - | |

| 7000: DIRECT FIXED ASSETS | | 24,499 | |
|---------------------------|---|--------|---|
| 7001 | Computer Equipment & Software | 12,049 | 6 computers Equipment for program staff |
| 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA | 2,000 | 2 cellphones Equipment for program staff |
| 7003 | Furniture & Fixtures | 10,450 | Supplemental furniture for program site to ensure HIPAA compliance, furniture for HSS admin office for allocated staff. |
| 7004 | Leasehold/Tenant/Building Improvements | - | |
| 7005 | Other Assets over \$500 with Lifespan of 2 Years + | - | |
| 7006 | Assets over \$5,000/unit (Specify) | - | |
| 7007 | Other (specify) | - | |
| 7008 | Other (specify) | - | |

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 91,068

Housing Supportive Services - Crossroads Village
RH Community Builders
Fiscal Year 2025-26 Cost Reimbursement Budget

PROGRAM EXPENSES

| 2000: DIRECT CLIENT SUPPORT | | |
|------------------------------------|---------------------------------|-----------------|
| Acct # | Line Item Description | Amount |
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | - |
| 2003 | Client Transportation & Support | - |
| 2004 | Clothing, Food, & Hygiene | - |
| 2005 | Education Support | - |
| 2006 | Employment Support | 500 |
| 2007 | Household Items for Clients | 500 |
| 2008 | Medication Supports | - |
| 2009 | Program Supplies - Medical | - |
| 2010 | Utility Vouchers | - |
| 2011 | Other Client Activities | 4,000 |
| 2012 | Other (specify) | - |
| 2013 | Other (specify) | - |
| 2014 | Other (specify) | - |
| 2015 | Other (specify) | - |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 5,000 |

TOTAL PROGRAM EXPENSES \$ 5,000

PROGRAM FUNDING SOURCES

| 8000: TOTAL PROGRAM REVENUES | | |
|-------------------------------------|--|-----------------|
| Acct # | Line Item Description | Amount |
| 8001 | Revenue Allocated by DBH | \$ - |
| 8002 | Client Fees | - |
| 8003 | Client Insurance | - |
| 8004 | Grants (Specify) | - |
| 8005 | Other (CSS- Mental Health Services Act (MHSA)) | 5,000 |
| 8006 | Other (Specify) | - |
| TOTAL PROGRAM REVENUES | | \$ 5,000 |

TOTAL PROGRAM ESTIMATED REVENUES: \$ 5,000

NET PROGRAM COST: \$ -

Housing Supportive Services - Crossroads Village
RH Community Builders
Fiscal Year 2025-26 Cost Reimbursement Budget Narrative

| PROGRAM EXPENSE | | | |
|------------------------------------|---------------------------------|--------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 2000: DIRECT CLIENT SUPPORT | | 5,000 | |
| 2001 | Child Care | - | |
| 2002 | Client Housing Support | - | |
| 2003 | Client Transportation & Support | - | |
| 2004 | Clothing, Food, & Hygiene | - | |
| 2005 | Education Support | - | |
| 2006 | Employment Support | 500 | Costs of supporting clients with gaining employees including but not limited to uniforms, equipment, and background checks |
| 2007 | Household Items for Clients | 500 | Cost of cleaning supplies or basic household necessities to support housing stability |
| 2008 | Medication Supports | - | |
| 2009 | Program Supplies - Medical | - | |
| 2010 | Utility Vouchers | - | |
| 2011 | Other Client Activities | 4,000 | Supplies for client activities including groups such as art therapy, exercise groups, and season themed activities to build community and housing stability |
| 2012 | Other (specify) | - | |
| 2013 | Other (specify) | - | |
| 2014 | Other (specify) | - | |
| 2015 | Other (specify) | - | |
| 2016 | Other (specify) | - | |

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 5,000

Housing Supportive Services - Crossroads Village
RH Community Builders
Fiscal Year 2026-27 Cost Reimbursement Budget

PROGRAM EXPENSES

2000: DIRECT CLIENT SUPPORT

| Acct # | Line Item Description | Amount |
|---------------------------------|---------------------------------|------------------|
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | - |
| 2003 | Client Transportation & Support | - |
| 2004 | Clothing, Food, & Hygiene | - |
| 2005 | Education Support | - |
| 2006 | Employment Support | 2,500 |
| 2007 | Household Items for Clients | 2,500 |
| 2008 | Medication Supports | - |
| 2009 | Program Supplies - Medical | - |
| 2010 | Utility Vouchers | - |
| 2011 | Other Client Activities | 5,000 |
| 2012 | Other (specify) | - |
| 2013 | Other (specify) | - |
| 2014 | Other (specify) | - |
| 2015 | Other (specify) | - |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 10,000 |

TOTAL PROGRAM EXPENSES \$ 10,000

PROGRAM FUNDING SOURCES

8000: TOTAL PROGRAM REVENUES

| Acct # | Line Item Description | Amount |
|-------------------------------|--|------------------|
| 8001 | Revenue Allocated by DBH | \$ - |
| 8002 | Client Fees | - |
| 8003 | Client Insurance | - |
| 8004 | Grants (Specify) | - |
| 8005 | Other (CSS- Mental Health Services Act (MHSA)) | 10,000 |
| 8006 | Other (Specify) | - |
| TOTAL PROGRAM REVENUES | | \$ 10,000 |

TOTAL PROGRAM ESTIMATED REVENUES: \$ 10,000

NET PROGRAM COST: \$ -

Housing Supportive Services - Crossroads Village
RH Community Builders
Fiscal Year 2026-27 Cost Reimbursement Budget Narrative

| PROGRAM EXPENSE | | | |
|------------------------------------|---------------------------------|---------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 2000: DIRECT CLIENT SUPPORT | | 10,000 | |
| 2001 | Child Care | - | |
| 2002 | Client Housing Support | - | |
| 2003 | Client Transportation & Support | - | |
| 2004 | Clothing, Food, & Hygiene | - | |
| 2005 | Education Support | - | |
| 2006 | Employment Support | 2,500 | Costs of supporting clients with gaining employees including but not limited to uniforms, equipment, and background checks |
| 2007 | Household Items for Clients | 2,500 | Cost of cleaning supplies or basic household necessities to support housing stability |
| 2008 | Medication Supports | - | |
| 2009 | Program Supplies - Medical | - | |
| 2010 | Utility Vouchers | - | |
| 2011 | Other Client Activities | 5,000 | Supplies for client activities including groups such as art therapy, exercise groups, and season themed activities to build community and housing stability |
| 2012 | Other (specify) | - | |
| 2013 | Other (specify) | - | |
| 2014 | Other (specify) | - | |
| 2015 | Other (specify) | - | |
| 2016 | Other (specify) | - | |

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 10,000

Housing Supportive Services - Crossroads Village
RH Community Builders
Fiscal Year 2027-28 Cost Reimbursement Budget

PROGRAM EXPENSES

2000: DIRECT CLIENT SUPPORT

| Acct # | Line Item Description | Amount |
|---------------------------------|---------------------------------|------------------|
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | - |
| 2003 | Client Transportation & Support | - |
| 2004 | Clothing, Food, & Hygiene | - |
| 2005 | Education Support | - |
| 2006 | Employment Support | 2,500 |
| 2007 | Household Items for Clients | 2,500 |
| 2008 | Medication Supports | - |
| 2009 | Program Supplies - Medical | - |
| 2010 | Utility Vouchers | - |
| 2011 | Other Client Activities | 5,000 |
| 2012 | Other (specify) | - |
| 2013 | Other (specify) | - |
| 2014 | Other (specify) | - |
| 2015 | Other (specify) | - |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 10,000 |

TOTAL PROGRAM EXPENSES \$ 10,000

PROGRAM FUNDING SOURCES

8000: TOTAL PROGRAM REVENUES

| Acct # | Line Item Description | Amount |
|-------------------------------|--|------------------|
| 8001 | Revenue Allocated by DBH | \$ - |
| 8002 | Client Fees | - |
| 8003 | Client Insurance | - |
| 8004 | Grants (Specify) | - |
| 8005 | Other (CSS- Mental Health Services Act (MHSA)) | 10,000 |
| 8006 | Other (Specify) | - |
| TOTAL PROGRAM REVENUES | | \$ 10,000 |

TOTAL PROGRAM ESTIMATED REVENUES: \$ 10,000

NET PROGRAM COST: \$ -

Housing Supportive Services - Crossroads Village
RH Community Builders
Fiscal Year 2027-28 Cost Reimbursement Budget Narrative

| PROGRAM EXPENSE | | | |
|------------------------------------|---------------------------------|---------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 2000: DIRECT CLIENT SUPPORT | | 10,000 | |
| 2001 | Child Care | - | |
| 2002 | Client Housing Support | - | |
| 2003 | Client Transportation & Support | - | |
| 2004 | Clothing, Food, & Hygiene | - | |
| 2005 | Education Support | - | |
| 2006 | Employment Support | 2,500 | Costs of supporting clients with gaining employees including but not limited to uniforms, equipment, and background checks |
| 2007 | Household Items for Clients | 2,500 | Cost of cleaning supplies or basic household necessities to support housing stability |
| 2008 | Medication Supports | - | |
| 2009 | Program Supplies - Medical | - | |
| 2010 | Utility Vouchers | - | |
| 2011 | Other Client Activities | 5,000 | Supplies for client activities including groups such as art therapy, exercise groups, and season themed activities to build community and housing stability |
| 2012 | Other (specify) | - | |
| 2013 | Other (specify) | - | |
| 2014 | Other (specify) | - | |
| 2015 | Other (specify) | - | |
| 2016 | Other (specify) | - | |

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 10,000

Housing Supportive Services - Crossroads Village
RH Community Builders
Fiscal Year 2028-29 Cost Reimbursement Budget

PROGRAM EXPENSES

2000: DIRECT CLIENT SUPPORT

| Acct # | Line Item Description | Amount |
|---------------------------------|---------------------------------|------------------|
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | - |
| 2003 | Client Transportation & Support | - |
| 2004 | Clothing, Food, & Hygiene | - |
| 2005 | Education Support | - |
| 2006 | Employment Support | 2,500 |
| 2007 | Household Items for Clients | 2,500 |
| 2008 | Medication Supports | - |
| 2009 | Program Supplies - Medical | - |
| 2010 | Utility Vouchers | - |
| 2011 | Other Client Activities | 5,000 |
| 2012 | Other (specify) | - |
| 2013 | Other (specify) | - |
| 2014 | Other (specify) | - |
| 2015 | Other (specify) | - |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 10,000 |

TOTAL PROGRAM EXPENSES \$ 10,000

PROGRAM FUNDING SOURCES

8000: TOTAL PROGRAM REVENUES

| Acct # | Line Item Description | Amount |
|-------------------------------|--|------------------|
| 8001 | Revenue Allocated by DBH | \$ - |
| 8002 | Client Fees | - |
| 8003 | Client Insurance | - |
| 8004 | Grants (Specify) | - |
| 8005 | Other (CSS- Mental Health Services Act (MHSA)) | 10,000 |
| 8006 | Other (Specify) | - |
| TOTAL PROGRAM REVENUES | | \$ 10,000 |

TOTAL PROGRAM ESTIMATED REVENUES: \$ 10,000

NET PROGRAM COST: \$ -

Housing Supportive Services - Crossroads Village
RH Community Builders
Fiscal Year 2028-29 Cost Reimbursement Budget Narrative

| PROGRAM EXPENSE | | | |
|------------------------------------|---------------------------------|---------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 2000: DIRECT CLIENT SUPPORT | | 10,000 | |
| 2001 | Child Care | - | |
| 2002 | Client Housing Support | - | |
| 2003 | Client Transportation & Support | - | |
| 2004 | Clothing, Food, & Hygiene | - | |
| 2005 | Education Support | - | |
| 2006 | Employment Support | 2,500 | Costs of supporting clients with gaining employees including but not limited to uniforms, equipment, and background checks |
| 2007 | Household Items for Clients | 2,500 | Cost of cleaning supplies or basic household necessities to support housing stability |
| 2008 | Medication Supports | - | |
| 2009 | Program Supplies - Medical | - | |
| 2010 | Utility Vouchers | - | |
| 2011 | Other Client Activities | 5,000 | Supplies for client activities including groups such as art therapy, exercise groups, and season themed activities to build community and housing stability |
| 2012 | Other (specify) | - | |
| 2013 | Other (specify) | - | |
| 2014 | Other (specify) | - | |
| 2015 | Other (specify) | - | |
| 2016 | Other (specify) | - | |

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 10,000

Housing Supportive Services - Crossroads Village
RH Community Builders
Fiscal Year 2029-30 Cost Reimbursement Budget

PROGRAM EXPENSES

2000: DIRECT CLIENT SUPPORT

| Acct # | Line Item Description | Amount |
|---------------------------------|---------------------------------|------------------|
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | - |
| 2003 | Client Transportation & Support | - |
| 2004 | Clothing, Food, & Hygiene | - |
| 2005 | Education Support | - |
| 2006 | Employment Support | 2,500 |
| 2007 | Household Items for Clients | 2,500 |
| 2008 | Medication Supports | - |
| 2009 | Program Supplies - Medical | - |
| 2010 | Utility Vouchers | - |
| 2011 | Other Client Activities | 5,000 |
| 2012 | Other (specify) | - |
| 2013 | Other (specify) | - |
| 2014 | Other (specify) | - |
| 2015 | Other (specify) | - |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 10,000 |

TOTAL PROGRAM EXPENSES \$ 10,000

PROGRAM FUNDING SOURCES

8000: TOTAL PROGRAM REVENUES

| Acct # | Line Item Description | Amount |
|-------------------------------|--|------------------|
| 8001 | Revenue Allocated by DBH | \$ - |
| 8002 | Client Fees | - |
| 8003 | Client Insurance | - |
| 8004 | Grants (Specify) | - |
| 8005 | Other (CSS- Mental Health Services Act (MHSA)) | 10,000 |
| 8006 | Other (Specify) | - |
| TOTAL PROGRAM REVENUES | | \$ 10,000 |

TOTAL PROGRAM ESTIMATED REVENUES: \$ 10,000

NET PROGRAM COST: \$ -

Housing Supportive Services - Crossroads Village
RH Community Builders
Fiscal Year 2029-30 Cost Reimbursement Budget Narrative

| PROGRAM EXPENSE | | | |
|------------------------------------|---------------------------------|---------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 2000: DIRECT CLIENT SUPPORT | | 10,000 | |
| 2001 | Child Care | - | |
| 2002 | Client Housing Support | - | |
| 2003 | Client Transportation & Support | - | |
| 2004 | Clothing, Food, & Hygiene | - | |
| 2005 | Education Support | - | |
| 2006 | Employment Support | 2,500 | Costs of supporting clients with gaining employees including but not limited to uniforms, equipment, and background checks |
| 2007 | Household Items for Clients | 2,500 | Cost of cleaning supplies or basic household necessities to support housing stability |
| 2008 | Medication Supports | - | |
| 2009 | Program Supplies - Medical | - | |
| 2010 | Utility Vouchers | - | |
| 2011 | Other Client Activities | 5,000 | Supplies for client activities including groups such as art therapy, exercise groups, and season themed activities to build community and housing stability |
| 2012 | Other (specify) | - | |
| 2013 | Other (specify) | - | |
| 2014 | Other (specify) | - | |
| 2015 | Other (specify) | - | |
| 2016 | Other (specify) | - | |

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 10,000

Housing Supportive Services - Village at Paragon
RH Community Builders
HSS FFS Maximum Compensation

**Instructions: At the top, please provide the name of the program and your organization's name.
For each FY, please provide your proposed maximum compensation based upon estimated
services provided within the blue cells in column E.**

| | | | |
|--------------------------------------|--|-----------|----------------|
| Maximum Compensation FY 25-26 | | \$ | 345,452 |
| Maximum Compensation FY 26-27 | | \$ | 683,650 |
| Maximum Compensation FY 27-28 | | \$ | 720,832 |
| Maximum Compensation FY 28-29 | | \$ | 755,725 |
| Maximum Compensation FY 29-30 | | \$ | 792,410 |

| | | |
|-------------------------------------|-----------|------------------|
| Program Maximum Compensation | \$ | 3,298,069 |
|-------------------------------------|-----------|------------------|

Housing Supportive Services - Village at Paragon
RH Community Builders
FY 2025-26 Ramp Up Budget

| PROGRAM EXPENSES | | | | | |
|--|---------------------------|------|-----------|-----------|-----------|
| 1000: DIRECT SALARIES & BENEFITS | | | | | |
| Direct Employee Salaries | | | | | |
| Acct # | Administrative Position | FTE | Admin | Program | Total |
| 1101 | Director | 0.10 | \$ 3,381 | | \$ 3,381 |
| 1102 | Program Manager | 0.15 | 3,510 | | 3,510 |
| 1103 | Team Lead | 0.25 | 5,199 | | 5,199 |
| 1104 | Clinical Supervisor | 0.25 | 8,451 | | 8,451 |
| 1105 | E.H.R./Billing Specialist | 0.19 | 2,298 | | 2,298 |
| 1106 | | | | | - |
| 1107 | Clinical Trianer | 0.15 | 2,860 | | 2,860 |
| 1108 | Adminstrative Assistant | 0.25 | 1,083 | | 1,083 |
| 1109 | | | - | | - |
| 1110 | | | - | | - |
| 1111 | | | - | | - |
| 1112 | | | - | | - |
| 1113 | | | - | | - |
| 1114 | | | - | | - |
| 1115 | | | - | | - |
| Direct Personnel Admin Salaries Subtotal | | 1.34 | \$ 26,782 | | \$ 26,782 |
| Acct # | Program Position | FTE | Admin | Program | Total |
| 1116 | Case Manager | 1.00 | | \$ 6,587 | \$ 6,587 |
| 1117 | Clinician | 1.00 | | 7,800 | 7,800 |
| 1118 | Peer Support Specalst | 1.00 | | 4,853 | 4,853 |
| 1119 | | | | - | - |
| 1120 | | | | - | - |
| 1121 | | | | - | - |
| 1122 | | | | - | - |
| 1123 | | | | - | - |
| 1124 | | | | - | - |
| 1125 | | | | - | - |
| 1126 | | | | - | - |
| 1127 | | | | - | - |
| 1128 | | | | - | - |
| 1129 | | | | - | - |
| 1130 | | | | - | - |
| 1131 | | | | - | - |
| 1132 | | | | - | - |
| 1133 | | | | - | - |
| 1134 | | | | - | - |
| Direct Personnel Program Salaries Subtotal | | 3.00 | | \$ 19,240 | \$ 19,240 |
| | | | Admin | Program | Total |
| Direct Personnel Salaries Subtotal | | 4.34 | \$ 26,782 | \$ 19,240 | \$ 46,022 |
| Direct Employee Benefits | | | | | |
| Acct # | Description | | Admin | Program | Total |
| 1201 | Retirement | | \$ 525 | \$ 325 | \$ 850 |
| 1202 | Worker's Compensation | | 1,970 | 1,220 | 3,190 |
| 1203 | Health Insurance | | 275 | 550 | 825 |
| 1204 | Other (specify) | | - | - | - |
| 1205 | Other (specify) | | - | - | - |
| 1206 | Other (specify) | | - | - | - |
| Direct Employee Benefits Subtotal: | | | \$ 2,770 | \$ 2,095 | \$ 4,865 |
| Direct Payroll Taxes & Expenses: | | | | | |
| Acct # | Description | | Admin | Program | Total |
| 1301 | OASDI | | \$ 1,437 | \$ 2,192 | \$ 3,629 |
| 1302 | FICA/MEDICARE | | 1,773 | 2,705 | 4,478 |
| 1303 | SUI | | 120 | 70 | 190 |
| 1304 | Other (specify) | | - | - | - |
| 1305 | Other (specify) | | - | - | - |
| 1306 | Other (specify) | | - | - | - |
| Direct Payroll Taxes & Expenses Subtotal: | | | \$ 3,330 | \$ 4,967 | \$ 8,297 |
| DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL: | | | Admin | Program | Total |
| | | | \$ 32,882 | \$ 26,302 | \$ 59,184 |

| DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE: | Admin | Program |
|---|-------|---------|
| | 56% | 44% |

| 2000: DIRECT CLIENT SUPPORT | | |
|-----------------------------|-----------------------|--------|
| Acct # | Line Item Description | Amount |
| 2001 | | |
| 2002 | | |
| 2003 | | |
| 2004 | | |
| 2005 | | |
| 2006 | | |
| 2007 | | |
| 2008 | | |
| 2009 | | |
| 2010 | | |
| 2011 | | |
| 2012 | | |
| 2013 | | |
| 2014 | | |
| 2015 | | |
| 2016 | | |
| DIRECT CLIENT CARE TOTAL | | \$ - |

| 3000: DIRECT OPERATING EXPENSES | | |
|----------------------------------|--------------------------------------|----------|
| Acct # | Line Item Description | Amount |
| 3001 | Telecommunications | \$ 500 |
| 3002 | Printing/Postage | 250 |
| 3003 | Office, Household & Program Supplies | 2,000 |
| 3004 | Advertising | - |
| 3005 | Staff Development & Training | 2,250 |
| 3006 | Staff Mileage | 250 |
| 3007 | Subscriptions & Memberships | - |
| 3008 | Vehicle Maintenance | - |
| 3009 | Other (specify) | - |
| 3010 | Other (specify) | - |
| 3011 | Other (specify) | - |
| 3012 | Other (specify) | - |
| DIRECT OPERATING EXPENSES TOTAL: | | \$ 5,250 |

| 4000: DIRECT FACILITIES & EQUIPMENT | | |
|-------------------------------------|-----------------------|----------|
| Acct # | Line Item Description | Amount |
| 4001 | Building Maintenance | \$ - |
| 4002 | Rent/Lease Building | 3,000 |
| 4003 | Rent/Lease Equipment | - |
| 4004 | Rent/Lease Vehicles | - |
| 4005 | Security | - |
| 4006 | Utilities | 500 |
| 4007 | Other (specify) | - |
| 4008 | Other (specify) | - |
| 4009 | Other (specify) | - |
| 4010 | Other (specify) | - |
| DIRECT FACILITIES/EQUIPMENT TOTAL: | | \$ 3,500 |

| 5000: DIRECT SPECIAL EXPENSES | | |
|--------------------------------|---|--------|
| Acct # | Line Item Description | Amount |
| 5001 | Consultant (Network & Data Management) | \$ - |
| 5002 | HMIS (Health Management Information System) | - |
| 5003 | Contractual/Consulting Services Onboarding Expenses Drug Testing and Background | 465 |
| 5004 | Translation Services | - |
| 5005 | Other (specify) | - |
| 5006 | Other (specify) | - |
| 5007 | Other (specify) | - |
| 5008 | Other (specify) | - |
| DIRECT SPECIAL EXPENSES TOTAL: | | \$ 465 |

| 6000: INDIRECT EXPENSES | | |
|-------------------------|---|----------|
| Acct # | Line Item Description | Amount |
| | Administrative Overhead | |
| 6001 | Use this line and only this line for approved indirect cost rate | \$ 8,390 |
| | Administrative Overhead | |
| 6002 | Professional Liability Insurance | - |
| 6003 | Accounting/Bookkeeping | - |
| 6004 | External Audit | - |
| 6005 | Insurance (Specify): | - |
| 6006 | Payroll Services | - |
| 6007 | Depreciation (Provider-Owned Equipment to be Used for Program Purposes) | - |
| 6008 | Personnel (Indirect Salaries & Benefits) | - |
| 6009 | Other (specify) | - |
| 6010 | Other (specify) | - |
| 6011 | Other (specify) | - |
| 6012 | Other (specify) | - |
| 6013 | Other (specify) | - |
| INDIRECT EXPENSES TOTAL | | \$ 8,390 |

| | |
|--------------------|--------|
| INDIRECT COST RATE | 10.00% |
|--------------------|--------|

| 7000: DIRECT FIXED ASSETS | | |
|-----------------------------|--|-----------|
| Acct # | Line Item Description | Amount |
| 7001 | Computer Equipment & Software | \$ 7,511 |
| 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data | 2,500 |
| 7003 | Furniture & Fixtures | 5,500 |
| 7004 | Leasehold/Tenant/Building Improvements | - |
| 7005 | Other Assets over \$500 with Lifespan of 2 Years + | - |
| 7006 | Assets over \$5,000/unit (Specify) | - |
| 7007 | Other (specify) | - |
| 7008 | Other (specify) | - |
| FIXED ASSETS EXPENSES TOTAL | | \$ 15,511 |

| | |
|------------------------|-----------|
| TOTAL PROGRAM EXPENSES | \$ 92,300 |
|------------------------|-----------|

PROGRAM FUNDING SOURCES

| 8000: TOTAL PROGRAM REVENUES | | |
|------------------------------|---|-----------|
| Acct # | Line Item Description | Amount |
| 8001 | Revenue Allocated by DBH | \$ - |
| 8002 | Client Fees | - |
| 8003 | Client Insurance | - |
| 8004 | Grants (Specify) | - |
| 8005 | Other (CSS - Mental Health Services Act (MHSA)) | 92,300 |
| 8006 | Other (Specify) | - |
| TOTAL PROGRAM REVENUES | | \$ 92,300 |

| | |
|-----------------------------------|-----------|
| TOTAL PROGRAM ESTIMATED REVENUES: | \$ 92,300 |
|-----------------------------------|-----------|

| | |
|-------------------|------|
| NET PROGRAM COST: | \$ - |
|-------------------|------|

Housing Supportive Services - Village at Paragon
RH Community Builders
FY 2025-26 Ramp Up Budget FTE Details

PARTIAL FTE DETAIL

For all positions with FTE's split among multiple programs/contracts the below must be filled out

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| Director | HHS/Crossroads Village | 15% |
| | HHS/Alta Monte | 10% |
| | HHS/Santa Clara | 10% |
| | HHS/Trinity | 10% |
| | HHS/Paragon | 10% |
| | HHS/Alegre | 20% |
| | HHS/Broadway | 15% |
| | The Flats/DSS/Fresno County | 10% |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|---------------------|-----------------------------------|-------------|
| Clinical Supervisor | HHS/Santa Clara | 25% |
| | HHS/Trinity | 20% |
| | HHS/Paragon | 25% |
| | HHS/Alegre | 12% |
| | HHS/Broadway | 18% |
| | | |
| | | |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|---------------|-----------------------------------|-------------|
| E.H.R./Billor | HHS/Crossroads Village | 16% |
| | HHS/Alta Monte | 15% |
| | HHS/Santa Clara | 15% |
| | HHS/Trinity | 10% |
| | HHS/Paragon | 19% |
| | HHS/Alegre | 20% |
| | HHS/Broadway | 5% |
| | | |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|------------------|-----------------------------------|-------------|
| Clinical Trainer | HHS/Crossroads Village | 15% |
| | HHS/Alta Monte | 15% |
| | HHS/Santa Clara | 15% |
| | HHS/Trinity | 15% |
| | HHS/Paragon | 15% |
| | HHS/Alegre | 25% |
| | | |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------------------|-----------------------------------|-------------|
| Administrative Assistant | HHS/Crossroads Village | 15% |
| | HHS/Santa Clara | 25% |
| | HHS/Trinity | 15% |
| | HHS/Paragon | 25% |
| | HHS/Alegre | 20% |
| | | |
| | | |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| Team Lead | HHS/Trinity | 15% |
| | HHS/Paragon | 0.25 |
| | HHS/Alegre | 0.45 |
| | HHS/Broadway | 0.15 |
| | | |
| | | |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|-----------------|-----------------------------------|-------|
| Program Manager | HHS/Crossroads Village | 15% |
| | HHS/Alta Monte | 0.05 |

| | | |
|--------------|-----------------|-------------|
| | HHS/Santa Clara | 0.15 |
| | HHS/Trinity | 0.10 |
| | HHS/Paragon | 0.15 |
| | HHS/Alegre | 0.25 |
| | HHS/Broadway | 0.15 |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|-------------------------|-----------------------------------|-------------|
| Peer Support Specialist | HHS- Paragon | 100% |
| | | |
| | | |
| | | |
| | | |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|----------|-----------------------------------|-------|
| | | |
| | | |
| | | |

Housing Supportive Services - Village at Paragon
RH Community Builders
FY 2025-26 Ramp Up Budget Narrative

| PROGRAM EXPENSE | | | |
|---|---------------------------|---------------|--|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 1000: DIRECT SALARIES & BENEFITS | | 59,184 | |
| Administrative Positions | | 26,782 | |
| 1101 | Director | 3,381 | 2 Months allocated wages to support program operations including hiring, policy & procedure creation, and contract management |
| 1102 | Program Manager | 3,510 | 2 months allocated wages to support program operations focused on hiring, implementing policy & procedures, and program ramp up |
| 1103 | Team Lead | 5,199 | 2 months allocate wages to support site teams with launching programs |
| 1104 | Clinical Supervisor | 8,451 | 2 months allocated wages to support program opening, hiring clinical team, and implementing clinical policies |
| 1105 | E.H.R./Billing Specialist | 2,298 | 2 months alloated wages for coordination with staff access to SmartCare and launching operations |
| 1106 | 0 | - | |
| 1107 | Clinical Trianer | 2,860 | 2 months allocated wages to create trainings and train new staff for program operations |
| 1108 | Adminstrative Assistant | 1,083 | 2 months allocated for adminstrative support to the program launch |
| 1109 | 0 | - | |
| 1110 | 0 | - | |
| 1111 | 0 | - | |
| 1112 | 0 | - | |
| 1113 | 0 | - | |
| 1114 | 0 | - | |
| 1115 | 0 | - | |
| Program Positions | | 19,240 | |
| 1116 | Case Manager | 6,587 | 1 Months allocated wages. CM maintains a case load of persons served in the program, providing linkage and facilitating each PS needs. |
| 1117 | Clinician | 7,800 | 1 Months allocated wages. Clinician provides assessment, individual therapy, and rehabilitation services to persons served in the program. |
| 1118 | Peer Support Specialist | 4,853 | 1 Months allocated wages for Peer Support Specialist to allow hiring and certification to occur before services become billable. |
| 1119 | 0 | - | |
| 1120 | 0 | - | |
| 1121 | 0 | - | |
| 1122 | 0 | - | |
| 1123 | 0 | - | |
| 1124 | 0 | - | |
| 1125 | 0 | - | |
| 1126 | 0 | - | |
| 1127 | 0 | - | |
| 1128 | 0 | - | |
| 1129 | 0 | - | |
| 1130 | 0 | - | |
| 1131 | 0 | - | |
| 1132 | 0 | - | |
| 1133 | 0 | - | |
| 1134 | 0 | - | |
| Direct Employee Benefits | | 4,865 | |
| 1201 | Retirement | 850 | 3% match for employees who opt in. Benefits begin 1st of the month after 60 days of hire. |
| 1202 | Worker's Compensation | 3,190 | Allocated cost of employee's worker's compenstion coverage. |
| 1203 | Health Insurance | 825 | Full coverage of cost of health insurance for employees, benefits begin 1st of the month after 60 days of hire. |
| 1204 | Other (specify) | - | |
| 1205 | Other (specify) | - | |
| 1206 | Other (specify) | - | |
| Direct Payroll Taxes & Expenses: | | 8,297 | |
| 1301 | OASDI | 3,629 | 6.2% on all wages |
| 1302 | FICA/MEDICARE | 4,478 | 7.65% on all wages |
| 1303 | SUI | 190 | .5% on 1st \$7,000 of wages- assumed that Director and Fiscal Analyst are internal transfers. |
| 1304 | Other (specify) | - | |
| 1305 | Other (specify) | - | |
| 1306 | Other (specify) | - | |

| | | |
|------------------------------------|---|--|
| 2000: DIRECT CLIENT SUPPORT | - | |
|------------------------------------|---|--|

| PROGRAM EXPENSE | | | |
|-----------------|-----------|-----|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 2001 | | | |
| 2002 | | | |
| 2003 | | | |
| 2004 | | | |
| 2005 | | | |
| 2006 | | | |
| 2007 | | | |
| 2008 | | | |
| 2009 | | | |
| 2010 | | | |
| 2011 | | | |
| 2012 | | | |
| 2013 | | | |
| 2014 | | | |
| 2015 | | | |
| 2016 | | | |

| 3000: DIRECT OPERATING EXPENSES | | 5,250 | |
|---------------------------------|--------------------------------------|-------|---|
| 3001 | Telecommunications | 500 | Cellphones, email, and internet connection for program staff. |
| 3002 | Printing/Postage | 250 | Printing for DBH required compliance and business cards |
| 3003 | Office, Household & Program Supplies | 2,000 | Start up office supplies for the program including common office supplies- paper, pens, desk equipment, and monthly printing costs. |
| 3004 | Advertising | - | |
| 3005 | Staff Development & Training | 2,250 | Monthly fee for performance management software by FTE, CPR training for initial staffing. Peer Specialist Certification training and testing fees. |
| 3006 | Staff Mileage | 250 | Reimbursement at Federally approved rate for staff traveling in personal transportation. |
| 3007 | Subscriptions & Memberships | - | |
| 3008 | Vehicle Maintenance | - | |
| 3009 | Other (specify) | - | |
| 3010 | Other (specify) | - | |
| 3011 | Other (specify) | - | |
| 3012 | Other (specify) | - | |

| 4000: DIRECT FACILITIES & EQUIPMENT | | 3,500 | |
|-------------------------------------|----------------------|-------|------------------------------|
| 4001 | Building Maintenance | - | |
| 4002 | Rent/Lease Building | 3,000 | Rent for office of staff |
| 4003 | Rent/Lease Equipment | - | |
| 4004 | Rent/Lease Vehicles | - | |
| 4005 | Security | - | |
| 4006 | Utilities | 500 | Utilities at office of staff |
| 4007 | Other (specify) | - | |
| 4008 | Other (specify) | - | |
| 4009 | Other (specify) | - | |
| 4010 | Other (specify) | - | |

| 5000: DIRECT SPECIAL EXPENSES | | 465 | |
|-------------------------------|--|-----|--|
| 5001 | Consultant (Network & Data Management) | - | |
| 5002 | HMIS (Health Management Information System) | - | |
| 5003 | Contractual/Consulting Services Onboarding Expenses Drug Testing and Background | 465 | Onboarding expenses for new employees including background and drug tests per contract requirements. |
| 5004 | Translation Services | - | |
| 5005 | Other (specify) | - | |
| 5006 | Other (specify) | - | |
| 5007 | Other (specify) | - | |
| 5008 | Other (specify) | - | |

| 6000: INDIRECT EXPENSES | | 8,390 | |
|-------------------------|---|-------|-------------------|
| 6001 | Administrative Overhead | 8,390 | 10% indirect rate |
| 6002 | Professional Liability Insurance | - | |
| 6003 | Accounting/Bookkeeping | - | |
| 6004 | External Audit | - | |
| 6005 | Insurance (Specify): | - | |
| 6006 | Payroll Services | - | |
| 6007 | Depreciation (Provider-Owned Equipment to be Used | - | |
| 6008 | Personnel (Indirect Salaries & Benefits) | - | |
| 6009 | Other (specify) | - | |
| 6010 | Other (specify) | - | |
| 6011 | Other (specify) | - | |

| PROGRAM EXPENSE | | | |
|-----------------|-----------------|-----|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 6012 | Other (specify) | - | |
| 6013 | Other (specify) | - | |

| 7000: DIRECT FIXED ASSETS | | 15,511 | |
|---------------------------|---|--------|--|
| 7001 | Computer Equipment & Software | 7,511 | 3 laptop computers, docking stations, 2 screens per computer, keyboard/mouse per computer, various cables to connect laptops/docks/screens |
| 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA | 2,500 | 3 cellphones and cases, ipad for site timeclock, copier |
| 7003 | Furniture & Fixtures | 5,500 | Supplemental furniture for program site to ensure HIPAA compliance, furniture for HSS admin office for allocated staff. |
| 7004 | Leasehold/Tenant/Building Improvements | - | |
| 7005 | Other Assets over \$500 with Lifespan of 2 Years + | - | |
| 7006 | Assets over \$5,000/unit (Specify) | - | |
| 7007 | Other (specify) | - | |
| 7008 | Other (specify) | - | |

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 92,300

Housing Supportive Services - Village at Paragon
RH Community Builders
Fiscal Year 2025-26 Cost Reimbursement Budget

PROGRAM EXPENSES

| 2000: DIRECT CLIENT SUPPORT | | |
|------------------------------------|---------------------------------|-----------------|
| Acct # | Line Item Description | Amount |
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | - |
| 2003 | Client Transportation & Support | - |
| 2004 | Clothing, Food, & Hygiene | - |
| 2005 | Education Support | - |
| 2006 | Employment Support | 150 |
| 2007 | Household Items for Clients | 300 |
| 2008 | Medication Supports | - |
| 2009 | Program Supplies - Medical | - |
| 2010 | Utility Vouchers | - |
| 2011 | Other Client Activities | 1,050 |
| 2012 | Other (specify) | - |
| 2013 | Other (specify) | - |
| 2014 | Other (specify) | - |
| 2015 | Other (specify) | - |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 1,500 |

TOTAL PROGRAM EXPENSES \$ 1,500

PROGRAM FUNDING SOURCES

| 8000: TOTAL PROGRAM REVENUES | | |
|-------------------------------------|---|-----------------|
| Acct # | Line Item Description | Amount |
| 8001 | Revenue Allocated by DBH | \$ - |
| 8002 | Client Fees | - |
| 8003 | Client Insurance | - |
| 8004 | Grants (Specify) | - |
| 8005 | Other (CSS - Mental Health Services Act (MHSA)) | 1,500 |
| 8006 | Other (Specify) | - |
| TOTAL PROGRAM REVENUES | | \$ 1,500 |

TOTAL PROGRAM ESTIMATED REVENUES: \$ 1,500

NET PROGRAM COST: \$ -

Housing Supportive Services - Village at Paragon
RH Community Builders
Fiscal Year 2025-26 Cost Reimbursement Budget Narrative

| PROGRAM EXPENSE | | | |
|------------------------------------|---------------------------------|--------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 2000: DIRECT CLIENT SUPPORT | | 1,500 | |
| 2001 | Child Care | - | |
| 2002 | Client Housing Support | - | |
| 2003 | Client Transportation & Support | - | |
| 2004 | Clothing, Food, & Hygiene | - | |
| 2005 | Education Support | - | |
| 2006 | Employment Support | 150 | Costs of supporting clients with gaining employees including but not limited to uniforms, equipment, and background checks |
| 2007 | Household Items for Clients | 300 | Cost of cleaning supplies or basic household necessities to support housing stability |
| 2008 | Medication Supports | - | |
| 2009 | Program Supplies - Medical | - | |
| 2010 | Utility Vouchers | - | |
| 2011 | Other Client Activities | 1,050 | Supplies for client activities including groups such as art therapy, exercise groups, and season themed activities to build community and housing stability |
| 2012 | Other (specify) | - | |
| 2013 | Other (specify) | - | |
| 2014 | Other (specify) | - | |
| 2015 | Other (specify) | - | |
| 2016 | Other (specify) | - | |

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 1,500

Housing Supportive Services - Village at Paragon
RH Community Builders
Fiscal Year 2026-27 Cost Reimbursement Budget

PROGRAM EXPENSES

| 2000: DIRECT CLIENT SUPPORT | | |
|------------------------------------|---------------------------------|-----------------|
| Acct # | Line Item Description | Amount |
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | - |
| 2003 | Client Transportation & Support | - |
| 2004 | Clothing, Food, & Hygiene | - |
| 2005 | Education Support | - |
| 2006 | Employment Support | 350 |
| 2007 | Household Items for Clients | 650 |
| 2008 | Medication Supports | - |
| 2009 | Program Supplies - Medical | - |
| 2010 | Utility Vouchers | - |
| 2011 | Other Client Activities | 2,000 |
| 2012 | Other (specify) | - |
| 2013 | Other (specify) | - |
| 2014 | Other (specify) | - |
| 2015 | Other (specify) | - |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 3,000 |

TOTAL PROGRAM EXPENSES \$ 3,000

PROGRAM FUNDING SOURCES

| 8000: TOTAL PROGRAM REVENUES | | |
|-------------------------------------|---|-----------------|
| Acct # | Line Item Description | Amount |
| 8001 | Revenue Allocated by DBH | \$ - |
| 8002 | Client Fees | - |
| 8003 | Client Insurance | - |
| 8004 | Grants (Specify) | - |
| 8005 | Other (CSS - Mental Health Services Act (MHSA)) | 3,000 |
| 8006 | Other (Specify) | - |
| TOTAL PROGRAM REVENUES | | \$ 3,000 |

TOTAL PROGRAM ESTIMATED REVENUES: \$ 3,000

NET PROGRAM COST: \$ -

Housing Supportive Services - Village at Paragon
RH Community Builders
Fiscal Year 2026-27 Cost Reimbursement Budget Narrative

| PROGRAM EXPENSE | | | |
|------------------------------------|---------------------------------|--------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 2000: DIRECT CLIENT SUPPORT | | 3,000 | |
| 2001 | Child Care | - | |
| 2002 | Client Housing Support | - | |
| 2003 | Client Transportation & Support | - | |
| 2004 | Clothing, Food, & Hygiene | - | |
| 2005 | Education Support | - | |
| 2006 | Employment Support | 350 | Costs of supporting clients with gaining employees including but not limited to uniforms, equipment, and background checks |
| 2007 | Household Items for Clients | 650 | Cost of cleaning supplies or basic household necessities to support housing stability |
| 2008 | Medication Supports | - | |
| 2009 | Program Supplies - Medical | - | |
| 2010 | Utility Vouchers | - | |
| 2011 | Other Client Activities | 2,000 | Supplies for client activities including groups such as art therapy, exercise groups, and season themed activities to build community and housing stability |
| 2012 | Other (specify) | - | |
| 2013 | Other (specify) | - | |
| 2014 | Other (specify) | - | |
| 2015 | Other (specify) | - | |
| 2016 | Other (specify) | - | |

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 3,000

Housing Supportive Services - Village at Paragon
RH Community Builders
Fiscal Year 2027-28 Cost Reimbursement Budget

PROGRAM EXPENSES

2000: DIRECT CLIENT SUPPORT

| Acct # | Line Item Description | Amount |
|---------------------------------|---------------------------------|-----------------|
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | - |
| 2003 | Client Transportation & Support | - |
| 2004 | Clothing, Food, & Hygiene | - |
| 2005 | Education Support | - |
| 2006 | Employment Support | 350 |
| 2007 | Household Items for Clients | 650 |
| 2008 | Medication Supports | - |
| 2009 | Program Supplies - Medical | - |
| 2010 | Utility Vouchers | - |
| 2011 | Other Client Activities | 2,000 |
| 2012 | Other (specify) | - |
| 2013 | Other (specify) | - |
| 2014 | Other (specify) | - |
| 2015 | Other (specify) | - |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 3,000 |

TOTAL PROGRAM EXPENSES \$ 3,000

PROGRAM FUNDING SOURCES

8000: TOTAL PROGRAM REVENUES

| Acct # | Line Item Description | Amount |
|-------------------------------|---|-----------------|
| 8001 | Revenue Allocated by DBH | \$ - |
| 8002 | Client Fees | - |
| 8003 | Client Insurance | - |
| 8004 | Grants (Specify) | - |
| 8005 | Other (CSS - Mental Health Services Act (MHSA)) | 3,000 |
| 8006 | Other (Specify) | - |
| TOTAL PROGRAM REVENUES | | \$ 3,000 |

TOTAL PROGRAM ESTIMATED REVENUES: \$ 3,000

NET PROGRAM COST: \$ -

Housing Supportive Services - Village at Paragon
RH Community Builders
Fiscal Year 2027-28 Cost Reimbursement Budget Narrative

| PROGRAM EXPENSE | | | |
|------------------------------------|---------------------------------|--------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 2000: DIRECT CLIENT SUPPORT | | 3,000 | |
| 2001 | Child Care | - | |
| 2002 | Client Housing Support | - | |
| 2003 | Client Transportation & Support | - | |
| 2004 | Clothing, Food, & Hygiene | - | |
| 2005 | Education Support | - | |
| 2006 | Employment Support | 350 | Costs of supporting clients with gaining employees including but not limited to uniforms, equipment, and background checks |
| 2007 | Household Items for Clients | 650 | Cost of cleaning supplies or basic household necessities to support housing stability |
| 2008 | Medication Supports | - | |
| 2009 | Program Supplies - Medical | - | |
| 2010 | Utility Vouchers | - | |
| 2011 | Other Client Activities | 2,000 | Supplies for client activities including groups such as art therapy, exercise groups, and season themed activities to build community and housing stability |
| 2012 | Other (specify) | - | |
| 2013 | Other (specify) | - | |
| 2014 | Other (specify) | - | |
| 2015 | Other (specify) | - | |
| 2016 | Other (specify) | - | |

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 3,000

Housing Supportive Services - Village at Paragon
RH Community Builders
Fiscal Year 2028-29 Cost Reimbursement Budget

PROGRAM EXPENSES

2000: DIRECT CLIENT SUPPORT

| Acct # | Line Item Description | Amount |
|---------------------------------|---------------------------------|-----------------|
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | - |
| 2003 | Client Transportation & Support | - |
| 2004 | Clothing, Food, & Hygiene | - |
| 2005 | Education Support | - |
| 2006 | Employment Support | 350 |
| 2007 | Household Items for Clients | 650 |
| 2008 | Medication Supports | - |
| 2009 | Program Supplies - Medical | - |
| 2010 | Utility Vouchers | - |
| 2011 | Other Client Activities | 2,000 |
| 2012 | Other (specify) | - |
| 2013 | Other (specify) | - |
| 2014 | Other (specify) | - |
| 2015 | Other (specify) | - |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 3,000 |

TOTAL PROGRAM EXPENSES \$ 3,000

PROGRAM FUNDING SOURCES

8000: TOTAL PROGRAM REVENUES

| Acct # | Line Item Description | Amount |
|-------------------------------|---|-----------------|
| 8001 | Revenue Allocated by DBH | \$ - |
| 8002 | Client Fees | - |
| 8003 | Client Insurance | - |
| 8004 | Grants (Specify) | - |
| 8005 | Other (CSS - Mental Health Services Act (MHSA)) | 3,000 |
| 8006 | Other (Specify) | - |
| TOTAL PROGRAM REVENUES | | \$ 3,000 |

TOTAL PROGRAM ESTIMATED REVENUES: \$ 3,000

NET PROGRAM COST: \$ -

Housing Supportive Services - Village at Paragon
RH Community Builders
Fiscal Year 2028-29 Cost Reimbursement Budget Narrative

| PROGRAM EXPENSE | | | |
|------------------------------------|---------------------------------|--------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 2000: DIRECT CLIENT SUPPORT | | 3,000 | |
| 2001 | Child Care | - | |
| 2002 | Client Housing Support | - | |
| 2003 | Client Transportation & Support | - | |
| 2004 | Clothing, Food, & Hygiene | - | |
| 2005 | Education Support | - | |
| 2006 | Employment Support | 350 | Costs of supporting clients with gaining employees including but not limited to uniforms, equipment, and background checks |
| 2007 | Household Items for Clients | 650 | Cost of cleaning supplies or basic household necessities to support housing stability |
| 2008 | Medication Supports | - | |
| 2009 | Program Supplies - Medical | - | |
| 2010 | Utility Vouchers | - | |
| 2011 | Other Client Activities | 2,000 | Supplies for client activities including groups such as art therapy, exercise groups, and season themed activities to build community and housing stability |
| 2012 | Other (specify) | - | |
| 2013 | Other (specify) | - | |
| 2014 | Other (specify) | - | |
| 2015 | Other (specify) | - | |
| 2016 | Other (specify) | - | |

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 3,000

Housing Supportive Services - Village at Paragon
RH Community Builders
Fiscal Year 2029-30 Cost Reimbursement Budget

PROGRAM EXPENSES

2000: DIRECT CLIENT SUPPORT

| Acct # | Line Item Description | Amount |
|---------------------------------|---------------------------------|-----------------|
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | - |
| 2003 | Client Transportation & Support | - |
| 2004 | Clothing, Food, & Hygiene | - |
| 2005 | Education Support | - |
| 2006 | Employment Support | 350 |
| 2007 | Household Items for Clients | 650 |
| 2008 | Medication Supports | - |
| 2009 | Program Supplies - Medical | - |
| 2010 | Utility Vouchers | - |
| 2011 | Other Client Activities | 2,000 |
| 2012 | Other (specify) | - |
| 2013 | Other (specify) | - |
| 2014 | Other (specify) | - |
| 2015 | Other (specify) | - |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 3,000 |

TOTAL PROGRAM EXPENSES \$ 3,000

PROGRAM FUNDING SOURCES

8000: TOTAL PROGRAM REVENUES

| Acct # | Line Item Description | Amount |
|-------------------------------|---|-----------------|
| 8001 | Revenue Allocated by DBH | \$ - |
| 8002 | Client Fees | - |
| 8003 | Client Insurance | - |
| 8004 | Grants (Specify) | - |
| 8005 | Other (CSS - Mental Health Services Act (MHSA)) | 3,000 |
| 8006 | Other (Specify) | - |
| TOTAL PROGRAM REVENUES | | \$ 3,000 |

TOTAL PROGRAM ESTIMATED REVENUES: \$ 3,000

NET PROGRAM COST: \$ -

Housing Supportive Services - Village at Paragon
RH Community Builders
Fiscal Year 2029-30 Cost Reimbursement Budget Narrative

| PROGRAM EXPENSE | | | |
|------------------------------------|---------------------------------|--------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 2000: DIRECT CLIENT SUPPORT | | 3,000 | |
| 2001 | Child Care | - | |
| 2002 | Client Housing Support | - | |
| 2003 | Client Transportation & Support | - | |
| 2004 | Clothing, Food, & Hygiene | - | |
| 2005 | Education Support | - | |
| 2006 | Employment Support | 350 | Costs of supporting clients with gaining employees including but not limited to uniforms, equipment, and background checks |
| 2007 | Household Items for Clients | 650 | Cost of cleaning supplies or basic household necessities to support housing stability |
| 2008 | Medication Supports | - | |
| 2009 | Program Supplies - Medical | - | |
| 2010 | Utility Vouchers | - | |
| 2011 | Other Client Activities | 2,000 | Supplies for client activities including groups such as art therapy, exercise groups, and season themed activities to build community and housing stability |
| 2012 | Other (specify) | - | |
| 2013 | Other (specify) | - | |
| 2014 | Other (specify) | - | |
| 2015 | Other (specify) | - | |
| 2016 | Other (specify) | - | |

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 3,000

**Housing Support Services - Santa Clara
RH Community Builders
HSS FFS Maximum Compensation**

**Instructions: At the top, please provide the name of the program and your organization's name.
For each FY, please provide your proposed maximum compensation based upon estimated
services provided within the blue cells in column E.**

| | | |
|--------------------------------------|--|-------------------|
| Maximum Compensation FY 25-26 | | \$ 340,938 |
| Maximum Compensation FY 26-27 | | \$ 683,650 |
| Maximum Compensation FY 27-28 | | \$ 717,835 |
| Maximum Compensation FY 28-29 | | \$ 753,725 |
| Maximum Compensation FY 29-30 | | \$ 791,410 |

| | |
|-------------------------------------|---------------------|
| Program Maximum Compensation | \$ 3,287,558 |
|-------------------------------------|---------------------|

Housing Support Services - Santa Clara
RH Community Builders
FY 2025-26 Ramp Up Budget

PROGRAM EXPENSES

| 1000: DIRECT SALARIES & BENEFITS | | | | | |
|---|---------------------------|-------------|------------------|------------------|------------------|
| Direct Employee Salaries | | | | | |
| Acct # | Administrative Position | FTE | Admin | Program | Total |
| 1101 | Director | 0.10 | \$ 2,254 | | \$ 2,254 |
| 1102 | Program Manager | 0.15 | 2,340 | | 2,340 |
| 1103 | Team Lead | 0.20 | 2,774 | | 2,774 |
| 1104 | Clinical Supervisor | 0.25 | 2,817 | | 2,817 |
| 1105 | E.H.R./Billing Specialist | 0.15 | 1,820 | | 1,820 |
| 1106 | Compliance Manager | 0.15 | 1,820 | | 1,820 |
| 1107 | Clinical Trianer | 0.15 | 2,860 | | 2,860 |
| 1108 | Adminstrative Assistant | 0.25 | 2,166 | | 2,166 |
| 1109 | | | - | | - |
| 1110 | | | - | | - |
| 1111 | | | - | | - |
| 1112 | | | - | | - |
| 1113 | | | - | | - |
| 1114 | | | - | | - |
| 1115 | | | - | | - |
| Direct Personnel Admin Salaries Subtotal | | 1.40 | \$ 18,851 | | \$ 18,851 |
| Acct # | Program Position | FTE | Admin | Program | Total |
| 1116 | Case Manager | 1.00 | | \$ 6,587 | \$ 6,587 |
| 1117 | Clinician | 1.00 | | 7,800 | 7,800 |
| 1118 | Peer Support Specalst | 1.00 | | 4,853 | 4,853 |
| 1119 | | | | - | - |
| 1120 | | | | - | - |
| 1121 | | | | - | - |
| 1122 | | | | - | - |
| 1123 | | | | - | - |
| 1124 | | | | - | - |
| 1125 | | | | - | - |
| 1126 | | | | - | - |
| 1127 | | | | - | - |
| 1128 | | | | - | - |
| 1129 | | | | - | - |
| 1130 | | | | - | - |
| 1131 | | | | - | - |
| 1132 | | | | - | - |
| 1133 | | | | - | - |
| 1134 | | | | - | - |
| Direct Personnel Program Salaries Subtotal | | 3.00 | | \$ 19,240 | \$ 19,240 |
| Direct Personnel Salaries Subtotal | | 4.40 | \$ 18,851 | \$ 19,240 | \$ 38,091 |
| Direct Employee Benefits | | | | | |
| Acct # | Description | | Admin | Program | Total |
| 1201 | Retirement | | \$ 525 | \$ 325 | \$ 850 |
| 1202 | Worker's Compensation | | 1,970 | 1,603 | 3,573 |
| 1203 | Health Insurance | | 275 | 550 | 825 |
| 1204 | Other (specify) | | - | - | - |
| 1205 | Other (specify) | | - | - | - |
| 1206 | Other (specify) | | - | - | - |
| Direct Employee Benefits Subtotal: | | | \$ 2,770 | \$ 2,478 | \$ 5,248 |
| Direct Payroll Taxes & Expenses: | | | | | |
| Acct # | Description | | Admin | Program | Total |
| 1301 | OASDI | | \$ 1,437 | \$ 2,192 | \$ 3,629 |
| 1302 | FICA/MEDICARE | | 1,773 | 2,705 | 4,478 |
| 1303 | SUI | | 120 | 70 | 190 |
| 1304 | Other (specify) | | - | - | - |
| 1305 | Other (specify) | | - | - | - |
| 1306 | Other (specify) | | - | - | - |
| Direct Payroll Taxes & Expenses Subtotal: | | | \$ 3,330 | \$ 4,967 | \$ 8,297 |
| DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL: | | | | | |
| | | | \$ 24,951 | \$ 26,685 | \$ 51,636 |

| DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE: | Admin | Program |
|---|-------|---------|
| | 48% | 52% |

| 2000: DIRECT CLIENT SUPPORT | | |
|-----------------------------|-----------------------|--------|
| Acct # | Line Item Description | Amount |
| 2001 | | |
| 2002 | | |
| 2003 | | |
| 2004 | | |
| 2005 | | |
| 2006 | | |
| 2007 | | |
| 2008 | | |
| 2009 | | |
| 2010 | | |
| 2011 | | |
| 2012 | | |
| 2013 | | |
| 2014 | | |
| 2015 | | |
| 2016 | | |
| DIRECT CLIENT CARE TOTAL | | \$ - |

| 3000: DIRECT OPERATING EXPENSES | | |
|----------------------------------|--------------------------------------|----------|
| Acct # | Line Item Description | Amount |
| 3001 | Telecommunications | \$ 500 |
| 3002 | Printing/Postage | 250 |
| 3003 | Office, Household & Program Supplies | 2,000 |
| 3004 | Advertising | 1,184 |
| 3005 | Staff Development & Training | 3,500 |
| 3006 | Staff Mileage | 250 |
| 3007 | Subscriptions & Memberships | - |
| 3008 | Vehicle Maintenance | - |
| 3009 | Other (specify) | - |
| 3010 | Other (specify) | - |
| 3011 | Other (specify) | - |
| 3012 | Other (specify) | - |
| DIRECT OPERATING EXPENSES TOTAL: | | \$ 7,684 |

| 4000: DIRECT FACILITIES & EQUIPMENT | | |
|-------------------------------------|-----------------------|----------|
| Acct # | Line Item Description | Amount |
| 4001 | Building Maintenance | \$ - |
| 4002 | Rent/Lease Building | 3,000 |
| 4003 | Rent/Lease Equipment | - |
| 4004 | Rent/Lease Vehicles | - |
| 4005 | Security | - |
| 4006 | Utilities | 500 |
| 4007 | Other (specify) | - |
| 4008 | Other (specify) | - |
| 4009 | Other (specify) | - |
| 4010 | Other (specify) | - |
| DIRECT FACILITIES/EQUIPMENT TOTAL: | | \$ 3,500 |

| 5000: DIRECT SPECIAL EXPENSES | | |
|--------------------------------|---|----------|
| Acct # | Line Item Description | Amount |
| 5001 | Consultant (Network & Data Management) | \$ - |
| 5002 | HMIS (Health Management Information System) | 900 |
| 5003 | Contractual/Consulting Services (Specify) | 465 |
| 5004 | Translation Services | - |
| 5005 | Other (specify) | - |
| 5006 | Other (specify) | - |
| 5007 | Other (specify) | - |
| 5008 | Other (specify) | - |
| DIRECT SPECIAL EXPENSES TOTAL: | | \$ 1,365 |

| 6000: INDIRECT EXPENSES | | |
|-------------------------|---|----------|
| Acct # | Line Item Description | Amount |
| | Administrative Overhead | |
| 6001 | Use this line and only this line for approved indirect cost rate | \$ 8,115 |
| | Administrative Overhead | |
| 6002 | Professional Liability Insurance | |
| 6003 | Accounting/Bookkeeping | - |
| 6004 | External Audit | - |
| 6005 | Insurance (Specify): | - |
| 6006 | Payroll Services | - |
| 6007 | Depreciation (Provider-Owned Equipment to be Used for Program Purposes) | - |
| 6008 | Personnel (Indirect Salaries & Benefits) | - |
| 6009 | Other (specify) | - |
| 6010 | Other (specify) | - |
| 6011 | Other (specify) | - |
| 6012 | Other (specify) | - |
| 6013 | Other (specify) | - |
| INDIRECT EXPENSES TOTAL | | \$ 8,115 |

| | |
|--------------------|--------|
| INDIRECT COST RATE | 10.00% |
|--------------------|--------|

| 7000: DIRECT FIXED ASSETS | | |
|-----------------------------|--|-----------|
| Acct # | Line Item Description | Amount |
| 7001 | Computer Equipment & Software | \$ 8,000 |
| 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data | 3,500 |
| 7003 | Furniture & Fixtures | 5,500 |
| 7004 | Leasehold/Tenant/Building Improvements | - |
| 7005 | Other Assets over \$500 with Lifespan of 2 Years + | |
| 7006 | Assets over \$5,000/unit (Specify) | |
| 7007 | Other (specify) | - |
| 7008 | Other (specify) | - |
| FIXED ASSETS EXPENSES TOTAL | | \$ 17,000 |

| | |
|------------------------|-----------|
| TOTAL PROGRAM EXPENSES | \$ 89,300 |
|------------------------|-----------|

PROGRAM FUNDING SOURCES

| 8000: TOTAL PROGRAM REVENUES | | |
|------------------------------|--|-----------|
| Acct # | Line Item Description | Amount |
| 8001 | Revenue Allocated by DBH | \$ - |
| 8002 | Client Fees | - |
| 8003 | Client Insurance | - |
| 8004 | Grants (Specify) | - |
| 8005 | Other (CSS- Mental Health Services Act (MHSA)) | 89,300 |
| 8006 | Grants (Specify) | - |
| TOTAL PROGRAM REVENUES | | \$ 89,300 |

| | |
|-----------------------------------|-----------|
| TOTAL PROGRAM ESTIMATED REVENUES: | \$ 89,300 |
|-----------------------------------|-----------|

| | |
|-------------------|------|
| NET PROGRAM COST: | \$ - |
|-------------------|------|

**Housing Support Services - Santa Clara
RH Community Builders**

FY 2025-26 Ramp Up Budget FTE Details

PARTIAL FTE DETAIL

For all positions with FTE's split among multiple programs/contracts the below must be filled out

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| Director | HHS/Crossroads Village | 15% |
| | HHS/Alta Monte | 10% |
| | HHS/Santa Clara | 10% |
| | HHS/Trinity | 10% |
| | HHS/Paragon | 10% |
| | HHS/Alegre | 20% |
| | HHS/Broadway | 15% |
| | The Flats/DSS/Fresno County | 10% |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|---------------------|-----------------------------------|-------------|
| Clinical Supervisor | HHS/Santa Clara | 25% |
| | HHS/Trinity | 20% |
| | HHS/Paragon | 25% |
| | HHS/Alegre | 12% |
| | HHS/Broadway | 18% |
| | | |
| | | |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|-----------------|-----------------------------------|-------------|
| Program Manager | HHS/Crossroads Village | 15% |
| | HHS/Alta Monte | 5% |
| | HHS/Santa Clara | 15% |
| | HHS/Trinity | 10% |
| | HHS/Paragon | 15% |
| | HHS/Alegre | 25% |
| | HHS/Broadway | 15% |
| | | |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| Team Lead | HHS/Crossroads Village | 47% |
| | HHS/Alta Monte | 33% |
| | HHS/Santa Clara | 20% |
| | | |
| | | |
| | | |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------------------|-----------------------------------|-------------|
| E.H.R/Billing Specialist | HHS/Crossroads Village | 16% |
| | HHS/Alta Monte | 15% |
| | HHS/Santa Clara | 15% |
| | HHS/Trinity | 10% |
| | HHS/Paragon | 19% |
| | HHS/Alegre | 20% |
| | HHS/Broadway | 5.00% |
| | | |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------------|-----------------------------------|-------------|
| Compliance Manager | HHS/Crossroads Village | 40% |
| | HHS/Santa Clara | 15% |
| | HHS/Alta Monte | 13% |
| | HHS/Alegre | 30% |
| | | |
| | | |
| Total | | 0.98 |

| Position | Contract #/Name/Department/County | FTE % |
|------------------|-----------------------------------|-------|
| Clinical Trainer | HHS/Crossroads Village | 15% |
| | HHS/Alta Monte | 15% |

| | | |
|--------------|-----------------|-------------|
| | HHS/Santa Clara | 15% |
| | HHS/Trinity | 15% |
| | HHS/Paragon | 15% |
| | HHS/Alegre | 25% |
| | | |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|-------------------------|-----------------------------------|-------------|
| Adminstrative Assistant | HHS/Crossroads Village | 15% |
| | HHS/Santa Clara | 25% |
| | HHS/Trinity | 15% |
| | HHS/Paragon | 25% |
| | HHS/Alegre | 20% |
| | | |
| | | |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|----------|-----------------------------------|-------|
| | | |
| | | |
| | | |

| | | |
|--------------|--|--------------------|
| | | |
| | | |
| | | |
| | | |
| Total | | <u>0.00</u> |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|--------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | <u>0.00</u> |

Housing Support Services - Santa Clara
RH Community Builders
FY 2025-26 Ramp Up Budget Narrative

| PROGRAM EXPENSE | | | |
|---|---------------------------|---------------|--|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 1000: DIRECT SALARIES & BENEFITS | | 51,636 | |
| Administrative Positions | | 18,851 | |
| 1101 | Director | 2,254 | 2 Months allocated wages to support program operations including hiring, policy & procedure creation, and contract management |
| 1102 | Program Manager | 2,340 | 2 months allocated wages to support program operations focused on hiring, implementing policy & procedures, and program ramp up |
| 1103 | Team Lead | 2,774 | 2 months allocate wages to support site teams with launching programs |
| 1104 | Clinical Supervisor | 2,817 | 2 months allocated wages to support program opening, hiring clinical team, and implementing clinical policies |
| 1105 | E.H.R./Billing Specialist | 1,820 | 2 months allocated wages for coordination with staff access to SmartCare and launching operations |
| 1106 | Compliance Manager | 1,820 | 2 months allocated wages to launch program focused on creation of policy, site certifications, and staff credentialing |
| 1107 | Clinical Trianer | 2,860 | 2 months allocated wages to create trainings and train new staff for program operations |
| 1108 | Adminstrative Assistant | 2,166 | 2 months allocated for adminstrative support to the program launch |
| 1109 | 0 | - | |
| 1110 | 0 | - | |
| 1111 | 0 | - | |
| 1112 | 0 | - | |
| 1113 | 0 | - | |
| 1114 | 0 | - | |
| 1115 | 0 | - | |
| Program Positions | | 19,240 | |
| 1116 | Case Manager | 6,587 | 1 Months allocated wages. CM maintains a case load of persons served in the program, providing linkage and facilitating each PS needs. |
| 1117 | Clinician | 7,800 | 1 Months allocated wages. Clinician provides assessment, individual therapy, and rehabilitation services to persons served in the program. |
| 1118 | Peer Support Specialist | 4,853 | 1 Months allocated wages for Peer Support Specialist to allow hiring and certification to occur before services become billable. |
| 1119 | 0 | - | |
| 1120 | 0 | - | |
| 1121 | 0 | - | |
| 1122 | 0 | - | |
| 1123 | 0 | - | |
| 1124 | 0 | - | |
| 1125 | 0 | - | |
| 1126 | 0 | - | |
| 1127 | 0 | - | |
| 1128 | 0 | - | |
| 1129 | 0 | - | |
| 1130 | 0 | - | |
| 1131 | 0 | - | |
| 1132 | 0 | - | |
| 1133 | 0 | - | |
| 1134 | 0 | - | |
| Direct Employee Benefits | | 5,248 | |
| 1201 | Retirement | 850 | 3% match for employees who opt in. Benefits begin 1st of the month after 60 days of hire. |
| 1202 | Worker's Compensation | 3,573 | Allocated cost of employee's worker's compenstation coverage. |
| 1203 | Health Insurance | 825 | Full coverage of cost of health insurance for employees, benefits begin 1st of the month after 60 days of hire. |
| 1204 | Other (specify) | - | |
| 1205 | Other (specify) | - | |
| 1206 | Other (specify) | - | |
| Direct Payroll Taxes & Expenses: | | 8,297 | |
| 1301 | OASDI | 3,629 | 6.2% on all wages |
| 1302 | FICA/MEDICARE | 4,478 | 7.65% on all wages |
| 1303 | SUI | 190 | .5% on 1st \$7,000 of wages- assumed that Director and Fiscal Analyst are internal transfers. |
| 1304 | Other (specify) | - | |
| 1305 | Other (specify) | - | |
| 1306 | Other (specify) | - | |

| PROGRAM EXPENSE | | | |
|------------------------------------|-----------|-----|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 2000: DIRECT CLIENT SUPPORT | | - | |
| 2001 | | | |
| 2002 | | | |
| 2003 | | | |
| 2004 | | | |
| 2005 | | | |
| 2006 | | | |
| 2007 | | | |
| 2008 | | | |
| 2009 | | | |
| 2010 | | | |
| 2011 | | | |
| 2012 | | | |
| 2013 | | | |
| 2014 | | | |
| 2015 | | | |
| 2016 | | | |

| 3000: DIRECT OPERATING EXPENSES | | 7,684 | |
|--|--------------------------------------|--------------|---|
| 3001 | Telecommunications | 500 | Cellphones, email, and internet connection for program staff. |
| 3002 | Printing/Postage | 250 | Printing for DBH required compliance and business cards |
| 3003 | Office, Household & Program Supplies | 2,000 | Start up office supplies for the program including common office supplies- paper, pens, desk equipment, and monthly printing costs. |
| 3004 | Advertising | 1,184 | indeed ad sponsor for hiring |
| 3005 | Staff Development & Training | 3,500 | Monthly fee for performance management software by FTE, CPR training for initial staffing. Peer Specialist Certification training and testing fees. |
| 3006 | Staff Mileage | 250 | Reimbursement at Federally approved rate for staff traveling in personal transportation. |
| 3007 | Subscriptions & Memberships | - | |
| 3008 | Vehicle Maintenance | - | |
| 3009 | Other (specify) | - | |
| 3010 | Other (specify) | - | |
| 3011 | Other (specify) | - | |
| 3012 | Other (specify) | - | |

| 4000: DIRECT FACILITIES & EQUIPMENT | | 3,500 | |
|--|----------------------|--------------|--|
| 4001 | Building Maintenance | - | |
| 4002 | Rent/Lease Building | 3,000 | Rent for home office for program staff |
| 4003 | Rent/Lease Equipment | - | |
| 4004 | Rent/Lease Vehicles | - | |
| 4005 | Security | - | |
| 4006 | Utilities | 500 | Utilities at office of staff |
| 4007 | Other (specify) | - | |
| 4008 | Other (specify) | - | |
| 4009 | Other (specify) | - | |
| 4010 | Other (specify) | - | |

| 5000: DIRECT SPECIAL EXPENSES | | 1,365 | |
|--------------------------------------|---|--------------|--|
| 5001 | Consultant (Network & Data Management) | - | |
| 5002 | HMIS (Health Management Information System) | 900 | 1 HMIS license for site |
| 5003 | Contractual/Consulting Services (Specify) | 465 | Onboarding expenses for new employees including background and drug tests per contract requirements. |
| 5004 | Translation Services | - | |
| 5005 | Other (specify) | - | |
| 5006 | Other (specify) | - | |
| 5007 | Other (specify) | - | |
| 5008 | Other (specify) | - | |

| 6000: INDIRECT EXPENSES | | 8,115 | |
|--------------------------------|--|--------------|------------------------------|
| 6001 | Administrative Overhead | 8,115 | 10% De Minimus Indirect Rate |
| 6002 | Professional Liability Insurance | - | |
| 6003 | Accounting/Bookkeeping | - | |
| 6004 | External Audit | - | |
| 6005 | Insurance (Specify): | - | |
| 6006 | Payroll Services | - | |
| 6007 | Depreciation (Provider-Owned Equipment to be Used) | - | |
| 6008 | Personnel (Indirect Salaries & Benefits) | - | |
| 6009 | Other (specify) | - | |
| 6010 | Other (specify) | - | |

| PROGRAM EXPENSE | | | |
|-----------------|-----------------|-----|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 6011 | Other (specify) | - | |
| 6012 | Other (specify) | - | |
| 6013 | Other (specify) | - | |

| 7000: DIRECT FIXED ASSETS | | 17,000 | |
|---------------------------|---|--------|---|
| 7001 | Computer Equipment & Software | 8,000 | 3 Computers and equipment for onsite employees including laptops, docking stations, monitors, keyboard/mouse, and various wires for connections |
| 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA | 3,500 | 3 cellphones and ipads for onsite employees |
| 7003 | Furniture & Fixtures | 5,500 | Supplemental furniture for program site to ensure HIPAA compliance, furniture for HSS admin office for allocated staff. |
| 7004 | Leasehold/Tenant/Building Improvements | - | |
| 7005 | Other Assets over \$500 with Lifespan of 2 Years + | - | |
| 7006 | Assets over \$5,000/unit (Specify) | - | |
| 7007 | Other (specify) | - | |
| 7008 | Other (specify) | - | |

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 89,300

**Housing Support Services - Santa Clara
RH Community Builders
Fiscal Year 2025-26 Cost Reimbursement Budget**

PROGRAM EXPENSES

| 2000: DIRECT CLIENT SUPPORT | | |
|------------------------------------|---------------------------------|-----------------|
| Acct # | Line Item Description | Amount |
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | - |
| 2003 | Client Transportation & Support | - |
| 2004 | Clothing, Food, & Hygiene | - |
| 2005 | Education Support | - |
| 2006 | Employment Support | 500 |
| 2007 | Household Items for Clients | 500 |
| 2008 | Medication Supports | - |
| 2009 | Program Supplies - Medical | - |
| 2010 | Utility Vouchers | - |
| 2011 | Other Client Activities | 1,500 |
| 2012 | Other (specify) | - |
| 2013 | Other (specify) | - |
| 2014 | Other (specify) | - |
| 2015 | Other (specify) | - |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 2,500 |

| | |
|-------------------------------|-----------------|
| TOTAL PROGRAM EXPENSES | \$ 2,500 |
|-------------------------------|-----------------|

PROGRAM FUNDING SOURCES

| 8000: TOTAL PROGRAM REVENUES | | |
|-------------------------------------|--|-----------------|
| Acct # | Line Item Description | Amount |
| 8001 | Revenue Allocated by DBH | \$ - |
| 8002 | Client Fees | - |
| 8003 | Client Insurance | - |
| 8004 | Grants (Specify) | - |
| 8005 | Other (CSS- Mental Health Services Act (MHSA)) | 2,500 |
| 8006 | Other (Specify) | - |
| TOTAL PROGRAM REVENUES | | \$ 2,500 |

| | |
|--|-----------------|
| TOTAL PROGRAM ESTIMATED REVENUES: | \$ 2,500 |
|--|-----------------|

| | |
|--------------------------|-------------|
| NET PROGRAM COST: | \$ - |
|--------------------------|-------------|

Housing Support Services - Santa Clara
RH Community Builders
Fiscal Year 2025-26 Cost Reimbursement Budget Narrative

| PROGRAM EXPENSE | | | |
|------------------------------------|---------------------------------|--------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 2000: DIRECT CLIENT SUPPORT | | 2,500 | |
| 2001 | Child Care | - | |
| 2002 | Client Housing Support | - | |
| 2003 | Client Transportation & Support | - | |
| 2004 | Clothing, Food, & Hygiene | - | |
| 2005 | Education Support | - | |
| 2006 | Employment Support | 500 | Costs of supporting clients with gaining employees including but not limited to uniforms, equipment, and background checks |
| 2007 | Household Items for Clients | 500 | Cost of cleaning supplies or basic household necessities to support housing stability |
| 2008 | Medication Supports | - | |
| 2009 | Program Supplies - Medical | - | |
| 2010 | Utility Vouchers | - | |
| 2011 | Other Client Activities | 1,500 | Supplies for client activities including groups such as art therapy, exercise groups, and season themed activities to build community and housing stability |
| 2012 | Other (specify) | - | |
| 2013 | Other (specify) | - | |
| 2014 | Other (specify) | - | |
| 2015 | Other (specify) | - | |
| 2016 | Other (specify) | - | |

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 2,500

**Housing Support Services - Santa Clara
RH Community Builders
Fiscal Year 2026-27 Cost Reimbursement Budget**

PROGRAM EXPENSES

| 2000: DIRECT CLIENT SUPPORT | | |
|------------------------------------|---------------------------------|-----------------|
| Acct # | Line Item Description | Amount |
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | - |
| 2003 | Client Transportation & Support | - |
| 2004 | Clothing, Food, & Hygiene | - |
| 2005 | Education Support | - |
| 2006 | Employment Support | 500 |
| 2007 | Household Items for Clients | 1,500 |
| 2008 | Medication Supports | - |
| 2009 | Program Supplies - Medical | - |
| 2010 | Utility Vouchers | - |
| 2011 | Other Client Activities | 3,000 |
| 2012 | Other (specify) | - |
| 2013 | Other (specify) | - |
| 2014 | Other (specify) | - |
| 2015 | Other (specify) | - |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 5,000 |

| | |
|-------------------------------|-----------------|
| TOTAL PROGRAM EXPENSES | \$ 5,000 |
|-------------------------------|-----------------|

PROGRAM FUNDING SOURCES

| 8000: TOTAL PROGRAM REVENUES | | |
|-------------------------------------|--|-----------------|
| Acct # | Line Item Description | Amount |
| 8001 | Revenue Allocated by DBH | \$ - |
| 8002 | Client Fees | - |
| 8003 | Client Insurance | - |
| 8004 | Grants (Specify) | - |
| 8005 | Other (CSS- Mental Health Services Act (MHSA)) | 5,000 |
| 8006 | Other (Specify) | - |
| TOTAL PROGRAM REVENUES | | \$ 5,000 |

| | |
|--|-----------------|
| TOTAL PROGRAM ESTIMATED REVENUES: | \$ 5,000 |
|--|-----------------|

| | |
|--------------------------|-------------|
| NET PROGRAM COST: | \$ - |
|--------------------------|-------------|

Housing Support Services - Santa Clara
RH Community Builders
Fiscal Year 2026-27 Cost Reimbursement Budget Narrative

| PROGRAM EXPENSE | | | |
|------------------------------------|---------------------------------|--------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 2000: DIRECT CLIENT SUPPORT | | 5,000 | |
| 2001 | Child Care | - | |
| 2002 | Client Housing Support | - | |
| 2003 | Client Transportation & Support | - | |
| 2004 | Clothing, Food, & Hygiene | - | |
| 2005 | Education Support | - | |
| 2006 | Employment Support | 500 | Costs of supporting clients with gaining employees including but not limited to uniforms, equipment, and background checks |
| 2007 | Household Items for Clients | 1,500 | Cost of cleaning supplies or basic household necessities to support housing stability |
| 2008 | Medication Supports | - | |
| 2009 | Program Supplies - Medical | - | |
| 2010 | Utility Vouchers | - | |
| 2011 | Other Client Activities | 3,000 | Supplies for client activities including groups such as art therapy, exercise groups, and season themed activities to build community and housing stability |
| 2012 | Other (specify) | - | |
| 2013 | Other (specify) | - | |
| 2014 | Other (specify) | - | |
| 2015 | Other (specify) | - | |
| 2016 | Other (specify) | - | |

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 5,000

**Housing Support Services - Santa Clara
RH Community Builders
Fiscal Year 2027-28 Cost Reimbursement Budget**

PROGRAM EXPENSES

| 2000: DIRECT CLIENT SUPPORT | | |
|------------------------------------|---------------------------------|-----------------|
| Acct # | Line Item Description | Amount |
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | - |
| 2003 | Client Transportation & Support | - |
| 2004 | Clothing, Food, & Hygiene | - |
| 2005 | Education Support | - |
| 2006 | Employment Support | 500 |
| 2007 | Household Items for Clients | 1,500 |
| 2008 | Medication Supports | - |
| 2009 | Program Supplies - Medical | - |
| 2010 | Utility Vouchers | - |
| 2011 | Other Client Activities | 3,000 |
| 2012 | Other (specify) | - |
| 2013 | Other (specify) | - |
| 2014 | Other (specify) | - |
| 2015 | Other (specify) | - |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 5,000 |

| | |
|-------------------------------|-----------------|
| TOTAL PROGRAM EXPENSES | \$ 5,000 |
|-------------------------------|-----------------|

PROGRAM FUNDING SOURCES

| 8000: TOTAL PROGRAM REVENUES | | |
|-------------------------------------|--|-----------------|
| Acct # | Line Item Description | Amount |
| 8001 | Revenue Allocated by DBH | \$ - |
| 8002 | Client Fees | - |
| 8003 | Client Insurance | - |
| 8004 | Grants (Specify) | - |
| 8005 | Other (CSS- Mental Health Services Act (MHSA)) | 5,000 |
| 8006 | Other (Specify) | - |
| TOTAL PROGRAM REVENUES | | \$ 5,000 |

| | |
|--|-----------------|
| TOTAL PROGRAM ESTIMATED REVENUES: | \$ 5,000 |
|--|-----------------|

| | |
|--------------------------|-------------|
| NET PROGRAM COST: | \$ - |
|--------------------------|-------------|

Housing Support Services - Santa Clara
RH Community Builders
Fiscal Year 2027-28 Cost Reimbursement Budget Narrative

| PROGRAM EXPENSE | | | |
|------------------------------------|---------------------------------|--------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 2000: DIRECT CLIENT SUPPORT | | 5,000 | |
| 2001 | Child Care | - | |
| 2002 | Client Housing Support | - | |
| 2003 | Client Transportation & Support | - | |
| 2004 | Clothing, Food, & Hygiene | - | |
| 2005 | Education Support | - | |
| 2006 | Employment Support | 500 | Costs of supporting clients with gaining employees including but not limited to uniforms, equipment, and background checks |
| 2007 | Household Items for Clients | 1,500 | Cost of cleaning supplies or basic household necessities to support housing stability |
| 2008 | Medication Supports | - | |
| 2009 | Program Supplies - Medical | - | |
| 2010 | Utility Vouchers | - | |
| 2011 | Other Client Activities | 3,000 | Supplies for client activities including groups such as art therapy, exercise groups, and season themed activities to build community and housing stability |
| 2012 | Other (specify) | - | |
| 2013 | Other (specify) | - | |
| 2014 | Other (specify) | - | |
| 2015 | Other (specify) | - | |
| 2016 | Other (specify) | - | |

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 5,000

**Housing Support Services - Santa Clara
RH Community Builders
Fiscal Year 2028-29 Cost Reimbursement Budget**

PROGRAM EXPENSES

| 2000: DIRECT CLIENT SUPPORT | | |
|------------------------------------|---------------------------------|-----------------|
| Acct # | Line Item Description | Amount |
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | - |
| 2003 | Client Transportation & Support | - |
| 2004 | Clothing, Food, & Hygiene | - |
| 2005 | Education Support | - |
| 2006 | Employment Support | 500 |
| 2007 | Household Items for Clients | 1,500 |
| 2008 | Medication Supports | - |
| 2009 | Program Supplies - Medical | - |
| 2010 | Utility Vouchers | - |
| 2011 | Other Client Activities | 3,000 |
| 2012 | Other (specify) | - |
| 2013 | Other (specify) | - |
| 2014 | Other (specify) | - |
| 2015 | Other (specify) | - |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 5,000 |

| | |
|-------------------------------|-----------------|
| TOTAL PROGRAM EXPENSES | \$ 5,000 |
|-------------------------------|-----------------|

PROGRAM FUNDING SOURCES

| 8000: TOTAL PROGRAM REVENUES | | |
|-------------------------------------|--|-----------------|
| Acct # | Line Item Description | Amount |
| 8001 | Revenue Allocated by DBH | \$ - |
| 8002 | Client Fees | - |
| 8003 | Client Insurance | - |
| 8004 | Grants (Specify) | - |
| 8005 | Other (CSS- Mental Health Services Act (MHSA)) | 5,000 |
| 8006 | Other (Specify) | - |
| TOTAL PROGRAM REVENUES | | \$ 5,000 |

| | |
|--|-----------------|
| TOTAL PROGRAM ESTIMATED REVENUES: | \$ 5,000 |
|--|-----------------|

| | |
|--------------------------|-------------|
| NET PROGRAM COST: | \$ - |
|--------------------------|-------------|

Housing Support Services - Santa Clara
RH Community Builders
Fiscal Year 2028-29 Cost Reimbursement Budget Narrative

| PROGRAM EXPENSE | | | |
|------------------------------------|---------------------------------|--------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 2000: DIRECT CLIENT SUPPORT | | 5,000 | |
| 2001 | Child Care | - | |
| 2002 | Client Housing Support | - | |
| 2003 | Client Transportation & Support | - | |
| 2004 | Clothing, Food, & Hygiene | - | |
| 2005 | Education Support | - | |
| 2006 | Employment Support | 500 | Costs of supporting clients with gaining employees including but not limited to uniforms, equipment, and background checks |
| 2007 | Household Items for Clients | 1,500 | Cost of cleaning supplies or basic household necessities to support housing stability |
| 2008 | Medication Supports | - | |
| 2009 | Program Supplies - Medical | - | |
| 2010 | Utility Vouchers | - | |
| 2011 | Other Client Activities | 3,000 | Supplies for client activities including groups such as art therapy, exercise groups, and season themed activities to build community and housing stability |
| 2012 | Other (specify) | - | |
| 2013 | Other (specify) | - | |
| 2014 | Other (specify) | - | |
| 2015 | Other (specify) | - | |
| 2016 | Other (specify) | - | |

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 5,000

**Housing Support Services - Santa Clara
RH Community Builders
Fiscal Year 2029-30 Cost Reimbursement Budget**

PROGRAM EXPENSES

2000: DIRECT CLIENT SUPPORT

| Acct # | Line Item Description | Amount |
|---------------------------------|---------------------------------|-----------------|
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | - |
| 2003 | Client Transportation & Support | - |
| 2004 | Clothing, Food, & Hygiene | - |
| 2005 | Education Support | - |
| 2006 | Employment Support | 500 |
| 2007 | Household Items for Clients | 1,500 |
| 2008 | Medication Supports | - |
| 2009 | Program Supplies - Medical | - |
| 2010 | Utility Vouchers | - |
| 2011 | Other Client Activities | 3,000 |
| 2012 | Other (specify) | - |
| 2013 | Other (specify) | - |
| 2014 | Other (specify) | - |
| 2015 | Other (specify) | - |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 5,000 |

TOTAL PROGRAM EXPENSES \$ 5,000

PROGRAM FUNDING SOURCES

8000: TOTAL PROGRAM REVENUES

| Acct # | Line Item Description | Amount |
|-------------------------------|--|-----------------|
| 8001 | Revenue Allocated by DBH | \$ - |
| 8002 | Client Fees | - |
| 8003 | Client Insurance | - |
| 8004 | Grants (Specify) | - |
| 8005 | Other (CSS- Mental Health Services Act (MHSA)) | 5,000 |
| 8006 | Other (Specify) | - |
| TOTAL PROGRAM REVENUES | | \$ 5,000 |

TOTAL PROGRAM ESTIMATED REVENUES: \$ 5,000

NET PROGRAM COST: \$ -

Housing Support Services - Santa Clara
RH Community Builders
Fiscal Year 2029-30 Cost Reimbursement Budget Narrative

| PROGRAM EXPENSE | | | |
|------------------------------------|---------------------------------|--------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 2000: DIRECT CLIENT SUPPORT | | 5,000 | |
| 2001 | Child Care | - | |
| 2002 | Client Housing Support | - | |
| 2003 | Client Transportation & Support | - | |
| 2004 | Clothing, Food, & Hygiene | - | |
| 2005 | Education Support | - | |
| 2006 | Employment Support | 500 | Costs of supporting clients with gaining employees including but not limited to uniforms, equipment, and background checks |
| 2007 | Household Items for Clients | 1,500 | Cost of cleaning supplies or basic household necessities to support housing stability |
| 2008 | Medication Supports | - | |
| 2009 | Program Supplies - Medical | - | |
| 2010 | Utility Vouchers | - | |
| 2011 | Other Client Activities | 3,000 | Supplies for client activities including groups such as art therapy, exercise groups, and season themed activities to build community and housing stability |
| 2012 | Other (specify) | - | |
| 2013 | Other (specify) | - | |
| 2014 | Other (specify) | - | |
| 2015 | Other (specify) | - | |
| 2016 | Other (specify) | - | |

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 5,000

**Housing Support Services - Trinity
RH Community Builders
HSS FFS Maximum Compensation**

**Instructions: At the top, please provide the name of the program and your organization's name.
For each FY, please provide your proposed maximum compensation based upon estimated
services provided within the blue cells in column E.**

| | | |
|--------------------------------------|--|-------------------|
| Maximum Compensation FY 25-26 | | \$ 291,660 |
| Maximum Compensation FY 26-27 | | \$ 409,052 |
| Maximum Compensation FY 27-28 | | \$ 429,505 |
| Maximum Compensation FY 28-29 | | \$ 450,980 |
| Maximum Compensation FY 29-30 | | \$ 473,530 |

| | |
|-------------------------------------|---------------------|
| Program Maximum Compensation | \$ 2,054,727 |
|-------------------------------------|---------------------|

Housing Support Services - Trinity
RH Community Builders
FY 2025-26 Ramp Up Budget

PROGRAM EXPENSES

| 1000: DIRECT SALARIES & BENEFITS | | | | | |
|--|---------------------------|------|-----------|-----------|-----------|
| Direct Employee Salaries | | | | | |
| Acct # | Administrative Position | FTE | Admin | Program | Total |
| 1101 | Director | 0.10 | \$ 2,254 | | \$ 2,254 |
| 1102 | Program Manager | 0.10 | 1,560 | | 1,560 |
| 1103 | Team Lead | 0.15 | 2,080 | | 2,080 |
| 1104 | Clinical Supervisor | 0.20 | 2,253 | | 2,253 |
| 1105 | E.H.R./Billing Specialist | 0.10 | 1,214 | | 1,214 |
| 1106 | | | | | - |
| 1107 | Clinical Trianer | 0.15 | 2,860 | | 2,860 |
| 1108 | Adminstrative Assistant | 0.15 | 1,300 | | 1,300 |
| 1109 | Fiscal Analyst | 0.15 | 2,080 | | 2,080 |
| 1110 | | | - | | - |
| 1111 | | | - | | - |
| 1112 | | | - | | - |
| 1113 | | | - | | - |
| 1114 | | | - | | - |
| 1115 | | | - | | - |
| Direct Personnel Admin Salaries Subtotal | | 1.10 | \$ 15,601 | | \$ 15,601 |
| Acct # | Program Position | FTE | Admin | Program | Total |
| 1116 | Case Manager | 1.00 | | \$ 6,587 | \$ 6,587 |
| 1117 | Clinician | 0.50 | | 3,900 | 3,900 |
| 1118 | Peer Support Specalst | 1.00 | | 4,853 | 4,853 |
| 1119 | | | | - | - |
| 1120 | | | | - | - |
| 1121 | | | | - | - |
| 1122 | | | | - | - |
| 1123 | | | | - | - |
| 1124 | | | | - | - |
| 1125 | | | | - | - |
| 1126 | | | | - | - |
| 1127 | | | | - | - |
| 1128 | | | | - | - |
| 1129 | | | | - | - |
| 1130 | | | | - | - |
| 1131 | | | | - | - |
| 1132 | | | | - | - |
| 1133 | | | | - | - |
| 1134 | | | | - | - |
| Direct Personnel Program Salaries Subtotal | | 2.50 | | \$ 15,340 | \$ 15,340 |
| Direct Personnel Salaries Subtotal | | 3.60 | \$ 15,601 | \$ 15,340 | \$ 30,941 |
| Direct Employee Benefits | | | | | |
| Acct # | Description | | Admin | Program | Total |
| 1201 | Retirement | | \$ 80 | \$ 600 | \$ 680 |
| 1202 | Worker's Compensation | | 1,363 | 1,305 | 2,668 |
| 1203 | Health Insurance | | 600 | 1,500 | 2,100 |
| 1204 | Other (specify) | | - | - | - |
| 1205 | Other (specify) | | - | - | - |
| 1206 | Other (specify) | | - | - | - |
| Direct Employee Benefits Subtotal: | | | \$ 2,043 | \$ 3,405 | \$ 5,448 |
| Direct Payroll Taxes & Expenses: | | | | | |
| Acct # | Description | | Admin | Program | Total |
| 1301 | OASDI | | \$ 995 | \$ 951 | \$ 1,946 |
| 1302 | FICA/MEDICARE | | 1,226 | 1,173 | 2,399 |
| 1303 | SUI | | 23 | 105 | 128 |
| 1304 | Other (specify) | | - | - | - |
| 1305 | Other (specify) | | - | - | - |
| 1306 | Other (specify) | | - | - | - |
| Direct Payroll Taxes & Expenses Subtotal: | | | \$ 2,244 | \$ 2,229 | \$ 4,473 |
| DIRECT EMPLOYEE SALARIES & BENEFITS TOTAL: | | | \$ 19,888 | \$ 20,974 | \$ 40,862 |

| DIRECT EMPLOYEE SALARIES & BENEFITS PERCENTAGE: | Admin | Program |
|---|-------|---------|
| | 49% | 51% |

| 2000: DIRECT CLIENT SUPPORT | | |
|-----------------------------|-----------------------|--------|
| Acct # | Line Item Description | Amount |
| 2001 | | |
| 2002 | | |
| 2003 | | |
| 2004 | | |
| 2005 | | |
| 2006 | | |
| 2007 | | |
| 2008 | | |
| 2009 | | |
| 2010 | | |
| 2011 | | |
| 2012 | | |
| 2013 | | |
| 2014 | | |
| 2015 | | |
| 2016 | | |
| DIRECT CLIENT CARE TOTAL | | \$ - |

| 3000: DIRECT OPERATING EXPENSES | | |
|----------------------------------|--------------------------------------|----------|
| Acct # | Line Item Description | Amount |
| 3001 | Telecommunications | \$ 350 |
| 3002 | Printing/Postage | 250 |
| 3003 | Office, Household & Program Supplies | 1,000 |
| 3004 | Advertising | 250 |
| 3005 | Staff Development & Training | 1,500 |
| 3006 | Staff Mileage | 250 |
| 3007 | Subscriptions & Memberships | - |
| 3008 | Vehicle Maintenance | - |
| 3009 | Other (specify) | - |
| 3010 | Other (specify) | - |
| 3011 | Other (specify) | - |
| 3012 | Other (specify) | - |
| DIRECT OPERATING EXPENSES TOTAL: | | \$ 3,600 |

| 4000: DIRECT FACILITIES & EQUIPMENT | | |
|-------------------------------------|-----------------------|----------|
| Acct # | Line Item Description | Amount |
| 4001 | Building Maintenance | \$ - |
| 4002 | Rent/Lease Building | 1,500 |
| 4003 | Rent/Lease Equipment | - |
| 4004 | Rent/Lease Vehicles | - |
| 4005 | Security | - |
| 4006 | Utilities | 250 |
| 4007 | Other (specify) | - |
| 4008 | Other (specify) | - |
| 4009 | Other (specify) | - |
| 4010 | Other (specify) | - |
| DIRECT FACILITIES/EQUIPMENT TOTAL: | | \$ 1,750 |

| 5000: DIRECT SPECIAL EXPENSES | | |
|--------------------------------|--|--------|
| Acct # | Line Item Description | Amount |
| 5001 | Consultant (Network & Data Management) | \$ - |
| 5002 | HMIS (Health Management Information System) | - |
| 5003 | Contractual/Consulting Services Background & Onboarding Exp. | 650 |
| 5004 | Translation Services | - |
| 5005 | Other (specify) | - |
| 5006 | Other (specify) | - |
| 5007 | Other (specify) | - |
| 5008 | Other (specify) | - |
| DIRECT SPECIAL EXPENSES TOTAL: | | \$ 650 |

| 6000: INDIRECT EXPENSES | | |
|-------------------------|---|----------|
| Acct # | Line Item Description | Amount |
| | Administrative Overhead | |
| 6001 | Use this line and only this line for approved indirect cost rate | \$ 5,664 |
| | Administrative Overhead | |
| 6002 | Professional Liability Insurance | - |
| 6003 | Accounting/Bookkeeping | - |
| 6004 | External Audit | - |
| 6005 | Insurance (Specify): | - |
| 6006 | Payroll Services | - |
| 6007 | Depreciation (Provider-Owned Equipment to be Used for Program Purposes) | - |
| 6008 | Personnel (Indirect Salaries & Benefits) | - |
| 6009 | Other (specify) | - |
| 6010 | Other (specify) | - |
| 6011 | Other (specify) | - |
| 6012 | Other (specify) | - |
| 6013 | Other (specify) | - |
| INDIRECT EXPENSES TOTAL | | \$ 5,664 |

| | |
|--------------------|--------|
| INDIRECT COST RATE | 10.00% |
|--------------------|--------|

| 7000: DIRECT FIXED ASSETS | | |
|-----------------------------|--|----------|
| Acct # | Line Item Description | Amount |
| 7001 | Computer Equipment & Software | \$ 4,256 |
| 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA Data | 2,000 |
| 7003 | Furniture & Fixtures | 3,500 |
| 7004 | Leasehold/Tenant/Building Improvements | - |
| 7005 | Other Assets over \$500 with Lifespan of 2 Years + | - |
| 7006 | Assets over \$5,000/unit (Specify) | - |
| 7007 | Other (specify) | - |
| 7008 | Other (specify) | - |
| FIXED ASSETS EXPENSES TOTAL | | \$ 9,756 |

| | |
|------------------------|-----------|
| TOTAL PROGRAM EXPENSES | \$ 62,282 |
|------------------------|-----------|

PROGRAM FUNDING SOURCES

| 8000: TOTAL PROGRAM REVENUES | | |
|------------------------------|---|-----------|
| Acct # | Line Item Description | Amount |
| 8001 | Revenue Allocated by DBH | \$ - |
| 8002 | Client Fees | - |
| 8003 | Client Insurance | - |
| 8004 | Grants (Specify) | - |
| 8005 | Other (Mental Health Services Act (MHSA)) | 62,282 |
| 8006 | Other (Specify) | - |
| TOTAL PROGRAM REVENUES | | \$ 62,282 |

| | |
|-----------------------------------|-----------|
| TOTAL PROGRAM ESTIMATED REVENUES: | \$ 62,282 |
|-----------------------------------|-----------|

| | |
|-------------------|------|
| NET PROGRAM COST: | \$ - |
|-------------------|------|

**Housing Support Services - Trinity
RH Community Builders
FY 2025-26 Ramp Up Budget FTE Details**

PARTIAL FTE DETAIL

For all positions with FTE's split among multiple programs/contracts the below must be filled out

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| Director | HHS/Crossroads Village | 15% |
| | HHS/Alta Monte | 10% |
| | HHS/Santa Clara | 10% |
| | HHS/Trinity | 10% |
| | HHS/Paragon | 10% |
| | HHS/Alegre | 20% |
| | HHS/Broadway | 15% |
| | The Flats/DSS/Fresno County | 10% |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|-----------------|-----------------------------------|-------------|
| Program Manager | HHS/Crossroads Village | 15% |
| | HHS/Alta Monte | 5% |
| | HHS/Santa Clara | 15% |
| | HHS/Trinity | 10% |
| | HHS/Paragon | 15% |
| | HHS/Alegre | 25% |
| | HHS/Broadway | 15% |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|---------------------|-----------------------------------|-------------|
| Clinical Supervisor | HHS/Santa Clara | 25% |
| | HHS/Trinity | 20% |
| | HHS/Paragon | 25% |
| | HHS/Alegre | 12% |
| | HHS/Broadway | 18% |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------------------|-----------------------------------|-------------|
| E.H.R/Billing Specialist | HHS/Crossroads Village | 16% |
| | HHS/Alta Monte | 15% |
| | HHS/Santa Clara | 15% |
| | HHS/Trinity | 10% |
| | HHS/Paragon | 19% |
| | HHS/Alegre | 20% |
| | HHS/Broadway | 5% |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|------------------|-----------------------------------|-------------|
| Clinical Trainer | HHS/Crossroads Village | 15% |
| | HHS/Alta Monte | 15% |
| | HHS/Santa Clara | 15% |
| | HHS/Trinity | 15% |
| | HHS/Paragon | 15% |
| | HHS/Alegre | 25% |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------------------|-----------------------------------|-------|
| Administrative Assistant | HHS/Crossroads Village | 15% |
| | HHS/Santa Clara | 25% |

| | | |
|--------------|-------------|-------------|
| | HHS/Trinity | 15% |
| | HHS/Paragon | 25% |
| | HHS/Alegre | 20% |
| | | |
| | | |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| Team Lead | HHS/Trinity | 15% |
| | HHS/Paragon | 25% |
| | HHS/Alegre | 45% |
| | HHS/Broadway | 15% |
| | | |
| | | |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| Clinician | HHS/Trinity | 50% |
| | HHS/Alegre | 50% |
| | | |
| | | |
| | | |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|----------------|---------------------------------------|-------------|
| Fiscal Analyst | HHS/Alta Monte | 0.10 |
| | HHS/Trinity | 0.15 |
| | HHS/Alegre | 0.15 |
| | HHS/Broadway | 0.15 |
| | The Flats/DSS/Fresno County | 0.25 |
| | Landlord Engagement/DSS/Fresno County | 0.20 |
| | | |
| Total | | 1.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|-------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | 0.00 |

| Position | Contract #/Name/Department/County | FTE % |
|----------|-----------------------------------|-------|
| | | |
| | | |
| | | |

| | | |
|--------------|--|--------------------|
| | | |
| | | |
| | | |
| | | |
| Total | | <u>0.00</u> |

| Position | Contract #/Name/Department/County | FTE % |
|--------------|-----------------------------------|--------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | <u>0.00</u> |

Housing Support Services - Trinity
RH Community Builders
FY 2025-26 Ramp Up Budget Narrative

| PROGRAM EXPENSE | | | |
|---|---------------------------|---------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 1000: DIRECT SALARIES & BENEFITS | | 40,862 | |
| Administrative Positions | | 15,601 | |
| 1101 | Director | 2,254 | 2 Months allocated wages to support program operations including hiring, policy & procedure creation, and contract management |
| 1102 | Program Manager | 1,560 | 2 months allocated wages to support program operations focused on hiring, implementing policy & procedures, and program ramp up |
| 1103 | Team Lead | 2,080 | 2 months allocate wages to support site teams with launching programs |
| 1104 | Clinical Supervisor | 2,253 | 2 months allocated wages to support program opening, hiring clinical team, and implementing clinical policies |
| 1105 | E.H.R./Billing Specialist | 1,214 | 2 months allocated wages for coordination with staff access to SmartCare and launching operations |
| 1106 | 0 | - | |
| 1107 | Clinical Trianer | 2,860 | 2 months allocated wages to create trainings and train new staff for program operations |
| 1108 | Adminstrative Assistant | 1,300 | 2 months allocated for adminstrative support to the program launch |
| 1109 | Fiscal Analyst | 2,080 | 2 months allocated wages to support program budget compliance and fiscal compliance |
| 1110 | 0 | - | |
| 1111 | 0 | - | |
| 1112 | 0 | - | |
| 1113 | 0 | - | |
| 1114 | 0 | - | |
| 1115 | 0 | - | |
| Program Positions | | 15,340 | |
| 1116 | Case Manager | 6,587 | 1 Months allocated wages. CM maintains a case load of persons served in the program, providing linkage and facilitating each PS needs. |
| 1117 | Clinician | 3,900 | 1Months allocated wages. Clinician provides assessment, individual therapy, and rehabilitation services to persons served in the program. |
| 1118 | Peer Support Specialist | 4,853 | 1 Months allocated wages for Peer Support Specialist to allow hiring and certification to occur before services become billable. |
| 1119 | 0 | - | |
| 1120 | 0 | - | |
| 1121 | 0 | - | |
| 1122 | 0 | - | |
| 1123 | 0 | - | |
| 1124 | 0 | - | |
| 1125 | 0 | - | |
| 1126 | 0 | - | |
| 1127 | 0 | - | |
| 1128 | 0 | - | |
| 1129 | 0 | - | |
| 1130 | 0 | - | |
| 1131 | 0 | - | |
| 1132 | 0 | - | |
| 1133 | 0 | - | |
| 1134 | 0 | - | |
| Direct Employee Benefits | | 5,448 | |
| 1201 | Retirement | 680 | 3% match for employees who opt in. Benefits begin 1st of the month after 60 days of hire. |
| 1202 | Worker's Compensation | 2,668 | Allocated cost of employee's worker's compenstation coverage. |
| 1203 | Health Insurance | 2,100 | Full coverage of cost of health insurance for employees, benefits begin 1st of the month after 60 days of hire. |
| 1204 | Other (specify) | - | |
| 1205 | Other (specify) | - | |
| 1206 | Other (specify) | - | |
| Direct Payroll Taxes & Expenses: | | 4,473 | |
| 1301 | OASDI | 1,946 | 6.2% on all wages |
| 1302 | FICA/MEDICARE | 2,399 | 7.65% on all wages |
| 1303 | SUI | 128 | .5% on 1st \$7,000 of wages- assumed that Director and Fiscal Analyst are internal transfers. |
| 1304 | Other (specify) | - | |
| 1305 | Other (specify) | - | |
| 1306 | Other (specify) | - | |

| PROGRAM EXPENSE | | | |
|------------------------------------|-----------|-----|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 2000: DIRECT CLIENT SUPPORT | | - | |
| 2001 | | | |
| 2002 | | | |
| 2003 | | | |
| 2004 | | | |
| 2005 | | | |
| 2006 | | | |
| 2007 | | | |
| 2008 | | | |
| 2009 | | | |
| 2010 | | | |
| 2011 | | | |
| 2012 | | | |
| 2013 | | | |
| 2014 | | | |
| 2015 | | | |
| 2016 | | | |

| 3000: DIRECT OPERATING EXPENSES | | 3,600 | |
|--|--------------------------------------|--------------|---|
| 3001 | Telecommunications | 350 | Cellphones, email, and internet connection for program staff. |
| 3002 | Printing/Postage | 250 | Printing for DBH required compliance and business cards |
| 3003 | Office, Household & Program Supplies | 1,000 | Start up office supplies for the program including common office supplies- paper, pens, desk equipment, and monthly printing costs. |
| 3004 | Advertising | 250 | indeed ad sponsor for hiring |
| 3005 | Staff Development & Training | 1,500 | Monthly fee for performance management software by FTE, CPR training for initial staffing. |
| 3006 | Staff Mileage | 250 | Reimbursement at Federally approved rate for staff traveling in personal transportation. |
| 3007 | Subscriptions & Memberships | - | |
| 3008 | Vehicle Maintenance | - | |
| 3009 | Other (specify) | - | |
| 3010 | Other (specify) | - | |
| 3011 | Other (specify) | - | |
| 3012 | Other (specify) | - | |

| 4000: DIRECT FACILITIES & EQUIPMENT | | 1,750 | |
|--|----------------------|--------------|---|
| 4001 | Building Maintenance | - | |
| 4002 | Rent/Lease Building | 1,500 | Share of Cost by FTE for admin office of Housing Supportive Services Program. |
| 4003 | Rent/Lease Equipment | - | |
| 4004 | Rent/Lease Vehicles | - | |
| 4005 | Security | - | |
| 4006 | Utilities | 250 | Share of Cost by FTE for admin office of Housing Supportive Services Program. |
| 4007 | Other (specify) | - | |
| 4008 | Other (specify) | - | |
| 4009 | Other (specify) | - | |
| 4010 | Other (specify) | - | |

| 5000: DIRECT SPECIAL EXPENSES | | 650 | |
|--------------------------------------|--|------------|--|
| 5001 | Consultant (Network & Data Management) | - | |
| 5002 | HMIS (Health Management Information System) | - | |
| 5003 | Contractual/Consulting Services Background & Onboarding Exp. | 650 | Onboarding expenses for new employees including background and drug tests per contract requirements. |
| 5004 | Translation Services | - | |
| 5005 | Other (specify) | - | |
| 5006 | Other (specify) | - | |
| 5007 | Other (specify) | - | |
| 5008 | Other (specify) | - | |

| 6000: INDIRECT EXPENSES | | 5,664 | |
|--------------------------------|--|--------------|------------------------------|
| 6001 | Administrative Overhead | 5,664 | 10% De Minimus Indirect Rate |
| 6002 | Professional Liability Insurance | - | |
| 6003 | Accounting/Bookkeeping | - | |
| 6004 | External Audit | - | |
| 6005 | Insurance (Specify): | - | |
| 6006 | Payroll Services | - | |
| 6007 | Depreciation (Provider-Owned Equipment to be Used) | - | |
| 6008 | Personnel (Indirect Salaries & Benefits) | - | |
| 6009 | Other (specify) | - | |
| 6010 | Other (specify) | - | |

| PROGRAM EXPENSE | | | |
|-----------------|-----------------|-----|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 6011 | Other (specify) | - | |
| 6012 | Other (specify) | - | |
| 6013 | Other (specify) | - | |

| 7000: DIRECT FIXED ASSETS | | 9,756 | |
|---------------------------|---|-------|--|
| 7001 | Computer Equipment & Software | 4,256 | 3 laptop computers, docking stations, 2 screens per computer, keyboard/mouse per computer, various cables to connect laptops/docks/screens |
| 7002 | Copiers, Cell Phones, Tablets, Devices to Contain HIPAA | 2,000 | 3 cellphones and cases, ipad for site timeclock, copier |
| 7003 | Furniture & Fixtures | 3,500 | Supplemental furniture for program site to ensure HIPAA compliance, furniture for HSS admin office for allocated staff. |
| 7004 | Leasehold/Tenant/Building Improvements | - | |
| 7005 | Other Assets over \$500 with Lifespan of 2 Years + | - | |
| 7006 | Assets over \$5,000/unit (Specify) | - | |
| 7007 | Other (specify) | - | |
| 7008 | Other (specify) | - | |

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 62,282

**Housing Support Services - Trinity
RH Community Builders
Fiscal Year 2025-26 Cost Reimbursement Budget**

PROGRAM EXPENSES

| 2000: DIRECT CLIENT SUPPORT | | |
|------------------------------------|---------------------------------|-----------------|
| Acct # | Line Item Description | Amount |
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | - |
| 2003 | Client Transportation & Support | - |
| 2004 | Clothing, Food, & Hygiene | - |
| 2005 | Education Support | - |
| 2006 | Employment Support | 150 |
| 2007 | Household Items for Clients | 250 |
| 2008 | Medication Supports | - |
| 2009 | Program Supplies - Medical | - |
| 2010 | Utility Vouchers | - |
| 2011 | Other Client Activities | 1,100 |
| 2012 | Other (specify) | - |
| 2013 | Other (specify) | - |
| 2014 | Other (specify) | - |
| 2015 | Other (specify) | - |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 1,500 |

| | |
|-------------------------------|-----------------|
| TOTAL PROGRAM EXPENSES | \$ 1,500 |
|-------------------------------|-----------------|

PROGRAM FUNDING SOURCES

| 8000: TOTAL PROGRAM REVENUES | | |
|-------------------------------------|---|-----------------|
| Acct # | Line Item Description | Amount |
| 8001 | Revenue Allocated by DBH | \$ - |
| 8002 | Client Fees | - |
| 8003 | Client Insurance | - |
| 8004 | Grants (Specify) | - |
| 8005 | Other (Mental Health Services Act (MHSA)) | 1,500 |
| 8006 | Other (Specify) | - |
| TOTAL PROGRAM REVENUES | | \$ 1,500 |

| | |
|--|-----------------|
| TOTAL PROGRAM ESTIMATED REVENUES: | \$ 1,500 |
|--|-----------------|

| | |
|--------------------------|-------------|
| NET PROGRAM COST: | \$ - |
|--------------------------|-------------|

Housing Support Services - Trinity
RH Community Builders
Fiscal Year 2025-26 Cost Reimbursement Budget Narrative

| PROGRAM EXPENSE | | | |
|------------------------------------|---------------------------------|--------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 2000: DIRECT CLIENT SUPPORT | | 1,500 | |
| 2001 | Child Care | - | |
| 2002 | Client Housing Support | - | |
| 2003 | Client Transportation & Support | - | |
| 2004 | Clothing, Food, & Hygiene | - | |
| 2005 | Education Support | - | |
| 2006 | Employment Support | 150 | Costs of supporting clients with gaining employees including but not limited to uniforms, equipment, and background checks |
| 2007 | Household Items for Clients | 250 | Cost of cleaning supplies or basic household necessities to support housing stability |
| 2008 | Medication Supports | - | |
| 2009 | Program Supplies - Medical | - | |
| 2010 | Utility Vouchers | - | |
| 2011 | Other Client Activities | 1,100 | Supplies for client activities including groups such as art therapy, exercise groups, and season themed activities to build community and housing stability |
| 2012 | Other (specify) | - | |
| 2013 | Other (specify) | - | |
| 2014 | Other (specify) | - | |
| 2015 | Other (specify) | - | |
| 2016 | Other (specify) | - | |

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 1,500

**Housing Support Services - Trinity
RH Community Builders
Fiscal Year 2026-27 Cost Reimbursement Budget**

PROGRAM EXPENSES

| 2000: DIRECT CLIENT SUPPORT | | |
|------------------------------------|---------------------------------|-----------------|
| Acct # | Line Item Description | Amount |
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | - |
| 2003 | Client Transportation & Support | - |
| 2004 | Clothing, Food, & Hygiene | - |
| 2005 | Education Support | - |
| 2006 | Employment Support | 250 |
| 2007 | Household Items for Clients | 500 |
| 2008 | Medication Supports | - |
| 2009 | Program Supplies - Medical | - |
| 2010 | Utility Vouchers | - |
| 2011 | Other Client Activities | 2,250 |
| 2012 | Other (specify) | - |
| 2013 | Other (specify) | - |
| 2014 | Other (specify) | - |
| 2015 | Other (specify) | - |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 3,000 |

| | |
|-------------------------------|-----------------|
| TOTAL PROGRAM EXPENSES | \$ 3,000 |
|-------------------------------|-----------------|

PROGRAM FUNDING SOURCES

| 8000: TOTAL PROGRAM REVENUES | | |
|-------------------------------------|---|-----------------|
| Acct # | Line Item Description | Amount |
| 8001 | Revenue Allocated by DBH | \$ - |
| 8002 | Client Fees | - |
| 8003 | Client Insurance | - |
| 8004 | Grants (Specify) | - |
| 8005 | Other (Mental Health Services Act (MHSA)) | 3,000 |
| 8006 | Other (Specify) | - |
| TOTAL PROGRAM REVENUES | | \$ 3,000 |

| | |
|--|-----------------|
| TOTAL PROGRAM ESTIMATED REVENUES: | \$ 3,000 |
|--|-----------------|

| | |
|--------------------------|-------------|
| NET PROGRAM COST: | \$ - |
|--------------------------|-------------|

Housing Support Services - Trinity
RH Community Builders
Fiscal Year 2026-27 Cost Reimbursement Budget Narrative

| PROGRAM EXPENSE | | | |
|------------------------------------|---------------------------------|--------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 2000: DIRECT CLIENT SUPPORT | | 3,000 | |
| 2001 | Child Care | - | |
| 2002 | Client Housing Support | - | |
| 2003 | Client Transportation & Support | - | |
| 2004 | Clothing, Food, & Hygiene | - | |
| 2005 | Education Support | - | |
| 2006 | Employment Support | 250 | Costs of supporting clients with gaining employees including but not limited to uniforms, equipment, and background checks |
| 2007 | Household Items for Clients | 500 | Cost of cleaning supplies or basic household necessities to support housing stability |
| 2008 | Medication Supports | - | |
| 2009 | Program Supplies - Medical | - | |
| 2010 | Utility Vouchers | - | |
| 2011 | Other Client Activities | 2,250 | Supplies for client activities including groups such as art therapy, exercise groups, and season themed activities to build community and housing stability |
| 2012 | Other (specify) | - | |
| 2013 | Other (specify) | - | |
| 2014 | Other (specify) | - | |
| 2015 | Other (specify) | - | |
| 2016 | Other (specify) | - | |

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 3,000

**Housing Support Services - Trinity
RH Community Builders
Fiscal Year 2027-28 Cost Reimbursement Budget**

PROGRAM EXPENSES

| 2000: DIRECT CLIENT SUPPORT | | |
|------------------------------------|---------------------------------|-----------------|
| Acct # | Line Item Description | Amount |
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | - |
| 2003 | Client Transportation & Support | - |
| 2004 | Clothing, Food, & Hygiene | - |
| 2005 | Education Support | - |
| 2006 | Employment Support | 250 |
| 2007 | Household Items for Clients | 500 |
| 2008 | Medication Supports | - |
| 2009 | Program Supplies - Medical | - |
| 2010 | Utility Vouchers | - |
| 2011 | Other Client Activities | 2,250 |
| 2012 | Other (specify) | - |
| 2013 | Other (specify) | - |
| 2014 | Other (specify) | - |
| 2015 | Other (specify) | - |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 3,000 |

| | |
|-------------------------------|-----------------|
| TOTAL PROGRAM EXPENSES | \$ 3,000 |
|-------------------------------|-----------------|

PROGRAM FUNDING SOURCES

| 8000: TOTAL PROGRAM REVENUES | | |
|-------------------------------------|---|-----------------|
| Acct # | Line Item Description | Amount |
| 8001 | Revenue Allocated by DBH | \$ - |
| 8002 | Client Fees | - |
| 8003 | Client Insurance | - |
| 8004 | Grants (Specify) | - |
| 8005 | Other (Mental Health Services Act (MHSA)) | 3,000 |
| 8006 | Other (Specify) | - |
| TOTAL PROGRAM REVENUES | | \$ 3,000 |

| | |
|--|-----------------|
| TOTAL PROGRAM ESTIMATED REVENUES: | \$ 3,000 |
|--|-----------------|

| | |
|--------------------------|-------------|
| NET PROGRAM COST: | \$ - |
|--------------------------|-------------|

Housing Support Services - Trinity
RH Community Builders
Fiscal Year 2027-28 Cost Reimbursement Budget Narrative

| PROGRAM EXPENSE | | | |
|------------------------------------|---------------------------------|--------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 2000: DIRECT CLIENT SUPPORT | | 3,000 | |
| 2001 | Child Care | - | |
| 2002 | Client Housing Support | - | |
| 2003 | Client Transportation & Support | - | |
| 2004 | Clothing, Food, & Hygiene | - | |
| 2005 | Education Support | - | |
| 2006 | Employment Support | 250 | Costs of supporting clients with gaining employees including but not limited to uniforms, equipment, and background checks |
| 2007 | Household Items for Clients | 500 | Cost of cleaning supplies or basic household necessities to support housing stability |
| 2008 | Medication Supports | - | |
| 2009 | Program Supplies - Medical | - | |
| 2010 | Utility Vouchers | - | |
| 2011 | Other Client Activities | 2,250 | Supplies for client activities including groups such as art therapy, exercise groups, and season themed activities to build community and housing stability |
| 2012 | Other (specify) | - | |
| 2013 | Other (specify) | - | |
| 2014 | Other (specify) | - | |
| 2015 | Other (specify) | - | |
| 2016 | Other (specify) | - | |

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 3,000

**Housing Support Services - Trinity
RH Community Builders
Fiscal Year 2028-29 Cost Reimbursement Budget**

PROGRAM EXPENSES

| 2000: DIRECT CLIENT SUPPORT | | |
|------------------------------------|---------------------------------|-----------------|
| Acct # | Line Item Description | Amount |
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | - |
| 2003 | Client Transportation & Support | - |
| 2004 | Clothing, Food, & Hygiene | - |
| 2005 | Education Support | - |
| 2006 | Employment Support | 250 |
| 2007 | Household Items for Clients | 500 |
| 2008 | Medication Supports | - |
| 2009 | Program Supplies - Medical | - |
| 2010 | Utility Vouchers | - |
| 2011 | Other Client Activities | 2,250 |
| 2012 | Other (specify) | - |
| 2013 | Other (specify) | - |
| 2014 | Other (specify) | - |
| 2015 | Other (specify) | - |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 3,000 |

| | |
|-------------------------------|-----------------|
| TOTAL PROGRAM EXPENSES | \$ 3,000 |
|-------------------------------|-----------------|

PROGRAM FUNDING SOURCES

| 8000: TOTAL PROGRAM REVENUES | | |
|-------------------------------------|---|-----------------|
| Acct # | Line Item Description | Amount |
| 8001 | Revenue Allocated by DBH | \$ - |
| 8002 | Client Fees | - |
| 8003 | Client Insurance | - |
| 8004 | Grants (Specify) | - |
| 8005 | Other (Mental Health Services Act (MHSA)) | 3,000 |
| 8006 | Other (Specify) | - |
| TOTAL PROGRAM REVENUES | | \$ 3,000 |

| | |
|--|-----------------|
| TOTAL PROGRAM ESTIMATED REVENUES: | \$ 3,000 |
|--|-----------------|

| | |
|--------------------------|-------------|
| NET PROGRAM COST: | \$ - |
|--------------------------|-------------|

Housing Support Services - Trinity
RH Community Builders
Fiscal Year 2028-29 Cost Reimbursement Budget Narrative

| PROGRAM EXPENSE | | | |
|------------------------------------|---------------------------------|--------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 2000: DIRECT CLIENT SUPPORT | | 3,000 | |
| 2001 | Child Care | - | |
| 2002 | Client Housing Support | - | |
| 2003 | Client Transportation & Support | - | |
| 2004 | Clothing, Food, & Hygiene | - | |
| 2005 | Education Support | - | |
| 2006 | Employment Support | 250 | Costs of supporting clients with gaining employees including but not limited to uniforms, equipment, and background checks |
| 2007 | Household Items for Clients | 500 | Cost of cleaning supplies or basic household necessities to support housing stability |
| 2008 | Medication Supports | - | |
| 2009 | Program Supplies - Medical | - | |
| 2010 | Utility Vouchers | - | |
| 2011 | Other Client Activities | 2,250 | Supplies for client activities including groups such as art therapy, exercise groups, and season themed activities to build community and housing stability |
| 2012 | Other (specify) | - | |
| 2013 | Other (specify) | - | |
| 2014 | Other (specify) | - | |
| 2015 | Other (specify) | - | |
| 2016 | Other (specify) | - | |

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 3,000

**Housing Support Services - Trinity
RH Community Builders
Fiscal Year 2029-30 Cost Reimbursement Budget**

PROGRAM EXPENSES

| 2000: DIRECT CLIENT SUPPORT | | |
|------------------------------------|---------------------------------|-----------------|
| Acct # | Line Item Description | Amount |
| 2001 | Child Care | \$ - |
| 2002 | Client Housing Support | - |
| 2003 | Client Transportation & Support | - |
| 2004 | Clothing, Food, & Hygiene | - |
| 2005 | Education Support | - |
| 2006 | Employment Support | 250 |
| 2007 | Household Items for Clients | 500 |
| 2008 | Medication Supports | - |
| 2009 | Program Supplies - Medical | - |
| 2010 | Utility Vouchers | - |
| 2011 | Other Client Activities | 2,250 |
| 2012 | Other (specify) | - |
| 2013 | Other (specify) | - |
| 2014 | Other (specify) | - |
| 2015 | Other (specify) | - |
| 2016 | Other (specify) | - |
| DIRECT CLIENT CARE TOTAL | | \$ 3,000 |

| | |
|-------------------------------|-----------------|
| TOTAL PROGRAM EXPENSES | \$ 3,000 |
|-------------------------------|-----------------|

PROGRAM FUNDING SOURCES

| 8000: TOTAL PROGRAM REVENUES | | |
|-------------------------------------|---|-----------------|
| Acct # | Line Item Description | Amount |
| 8001 | Revenue Allocated by DBH | \$ - |
| 8002 | Client Fees | - |
| 8003 | Client Insurance | - |
| 8004 | Grants (Specify) | - |
| 8005 | Other (Mental Health Services Act (MHSA)) | 3,000 |
| 8006 | Other (Specify) | - |
| TOTAL PROGRAM REVENUES | | \$ 3,000 |

| | |
|--|-----------------|
| TOTAL PROGRAM ESTIMATED REVENUES: | \$ 3,000 |
|--|-----------------|

| | |
|--------------------------|-------------|
| NET PROGRAM COST: | \$ - |
|--------------------------|-------------|

Housing Support Services - Trinity
RH Community Builders
Fiscal Year 2029-30 Cost Reimbursement Budget Narrative

| PROGRAM EXPENSE | | | |
|------------------------------------|---------------------------------|--------------|---|
| ACCT # | LINE ITEM | AMT | DETAILED DESCRIPTION OF ITEMS BUDGETED IN EACH ACCOUNT LINE |
| 2000: DIRECT CLIENT SUPPORT | | 3,000 | |
| 2001 | Child Care | - | |
| 2002 | Client Housing Support | - | |
| 2003 | Client Transportation & Support | - | |
| 2004 | Clothing, Food, & Hygiene | - | |
| 2005 | Education Support | - | |
| 2006 | Employment Support | 250 | Costs of supporting clients with gaining employees including but not limited to uniforms, equipment, and background checks |
| 2007 | Household Items for Clients | 500 | Cost of cleaning supplies or basic household necessities to support housing stability |
| 2008 | Medication Supports | - | |
| 2009 | Program Supplies - Medical | - | |
| 2010 | Utility Vouchers | - | |
| 2011 | Other Client Activities | 2,250 | Supplies for client activities including groups such as art therapy, exercise groups, and season themed activities to build community and housing stability |
| 2012 | Other (specify) | - | |
| 2013 | Other (specify) | - | |
| 2014 | Other (specify) | - | |
| 2015 | Other (specify) | - | |
| 2016 | Other (specify) | - | |

TOTAL PROGRAM EXPENSE FROM BUDGET NARRATIVE: 3,000