

APPENDIX C-2

BUDGET

Organization Name: Albany County Health Department

Budget Period: Commencing on: 1/1/2020 Ending on: 12/31/2024

Personal Service

Number	Title	Annual Salary	% Time Devoted to This Project	Total Amount Budgeted From NYS
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Total Salary	_____
Fringe Benefits (specify rate)	_____
TOTAL PERSONAL SERVICE: N/A	_____

Other Than Personal Service	Amount
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Category

Supplies	
Travel	
Telephone	
Postage	
Photocopy	
*Other Contractual Services (specify)	
Equipment (Defray Cost of Defibrillator)	_____

TOTAL OTHER THAN PERSONAL SERVICE	\$400,000
HIV/AIDS Surveillance Case Report Forms 400 @ \$200.00/form annually	
GRAND TOTAL	\$400,000

BUDGET
Year 1

Organization Name: Albany County Health Department

Budget Period: Commencing on: 1/1/2020 Ending on: 12/31/2020

Personal Service

Number	Title	Annual Salary	% Time Devoted to This Project	Total Amount Budgeted From NYS
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Total Salary	
Fringe Benefits (specify rate)	
TOTAL PERSONAL SERVICE: N/A	

Other Than Personal Service	Amount
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Category

- Supplies
- Travel
- Telephone
- Postage
- Photocopy
- *Other Contractual Services (specify)
- Equipment (Defray Cost of Defibrillator)

TOTAL OTHER THAN PERSONAL SERVICE	<u>\$80,000</u>
HIV/AIDS Surveillance Case Report Forms 400 @ \$200.00/form	
GRAND TOTAL	<u>\$80,000</u>

BUDGET
Year 2

Organization Name: Albany County Health Department

Budget Period: Commencing on: 1/1/2021 Ending on: 12/31/2021

Personal Service

Number	Title	Annual Salary	% Time Devoted to This Project	Total Amount Budgeted From NYS
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Total Salary	_____
Fringe Benefits (specify rate)	_____
TOTAL PERSONAL SERVICE: N/A	_____

Other Than Personal Service	Amount
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Category

Supplies	
Travel	
Telephone	
Postage	
Photocopy	
*Other Contractual Services (specify)	
Equipment (Defray Cost of Defibrillator)	_____

TOTAL OTHER THAN PERSONAL SERVICE	<u>\$80,000</u>
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HIV/AIDS Surveillance Case Report Forms 400 @ \$200.00/form

GRAND TOTAL	<u>\$80,000</u>
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BUDGET
Year 3

Organization Name: Albany County Health Department

Budget Period: Commencing on: 1/1/2022 Ending on: 12/31/2022

Personal Service

Number	Title	Annual Salary	% Time Devoted to This Project	Total Amount Budgeted From NYS
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Total Salary	_____
Fringe Benefits (specify rate)	_____
TOTAL PERSONAL SERVICE: N/A	_____

Other Than Personal Service	Amount
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Category

Supplies

Travel

Telephone

Postage

Photocopy

*Other Contractual Services (specify)

Equipment (Defray Cost of Defibrillator)

TOTAL OTHER THAN PERSONAL SERVICE	<u>\$80,000</u>
HIV/AIDS Surveillance Case Report Forms 400 @ \$200.00/form	
GRAND TOTAL	<u>\$80,000</u>

BUDGET
Year 4

Organization Name: Albany County Health Department

Budget Period: Commencing on: 1/1/2023 Ending on: 12/31/2023

Personal Service

Number	Title	Annual Salary	% Time Devoted to This Project	Total Amount Budgeted From NYS
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Total Salary	_____
Fringe Benefits (specify rate)	_____
TOTAL PERSONAL SERVICE: N/A	_____

Other Than Personal Service	Amount
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Category

Supplies	
Travel	
Telephone	
Postage	
Photocopy	
*Other Contractual Services (specify)	
Equipment (Defray Cost of Defibrillator)	_____

TOTAL OTHER THAN PERSONAL SERVICE	<u>\$80,000</u>
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HIV/AIDS Surveillance Case Report Forms 400 @ \$200.00/form

GRAND TOTAL	<u>\$80,000</u>
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BUDGET
Year 5

Organization Name: Albany County Health Department

Budget Period: Commencing on: 1/1/2024 Ending on: 12/31/2024

Personal Service

Number	Title	Annual Salary	% Time Devoted to This Project	Total Amount Budgeted From NYS
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Total Salary	_____
Fringe Benefits (specify rate)	_____
TOTAL PERSONAL SERVICE: N/A	_____

Other Than Personal Service	Amount
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Category

Supplies

Travel

Telephone

Postage

Photocopy

*Other Contractual Services (specify)

Equipment (Defray Cost of Defibrillator)

TOTAL OTHER THAN PERSONAL SERVICE	<u>\$80,000</u>
HIV/AIDS Surveillance Case Report Forms 400 @ \$200.00/form	
GRAND TOTAL	<u>\$80,000</u>