### **APPENDIX C-2**

### **BUDGET**

Organization I	Name: <u>Albany County</u>	Health Departme	ent	
Budget Period: Commencing on: 1/1/2020 Ending			on: <u>12/31/2024</u> _	
Personal Serv	rice			
Number	Title	Annual Salary	Devoted to	Total Amount Budgeted From NYS
	s (specify rate) ONAL SERVICE: N//	Ą		
Other Than Personal Service			Amount	
Catego	Supplies Supplies Travel Telephone Postage Photocopy *Other Contractual Secuipment (Defray C	\ • • · · · · · · · · · · · · · · · · ·	r)	
TOTAL OTHER THAN PERSONAL SERVICE			\$400,000	
HIV/AIDS Surveillance Case Report Forms 400 @ \$200.00/form annually GRAND TOTAL				

Organizatio	n Name: <u>All</u>	oany County Health Depar	tment	
Budget Period: Commencing on: 1/1/2020		Endir	Ending on: <u>12/31/2020</u>	
Personal S	ervice			
Number	Title	Annual Salary	% Time Devoted to This Project	Total Amount Budgeted From NYS
	efits (specify	rate) ERVICE: N/A		
Other Than	Personal S	ervice		Amount
Cate			= -	
TOTAL OTHER THAN PERSONAL SERVICE			\$80,000	
HIV/AIDS Surveillance Case Report Forms 400 @ \$200.00/form GRAND TOTAL			<u>\$80,000</u>	

Organization Name: Albany County Health Department					
Budget Period: Commencing on: 1/1/2021 Endin		g on: <u>12/31/2021</u>			
Personal Service					
Number	Title	Annual Salary	% Time Devoted to This Project	Total Amount Budgeted From NYS	
Total Salary Fringe Benefits (specify rate) TOTAL PERSONAL SERVICE: N/A					
Other Than Personal Service			Amount		
Category Supplies Travel Telephone Postage Photocopy *Other Contractual Services (specify) Equipment (Defray Cost of Defibrillator)					
TOTAL OTHER THAN PERSONAL SERVICE			\$80,000		
HIV/AIDS Surveillance Case Report Forms 400 @ \$200.00/form GRAND TOTAL			<u>\$80,000</u>		

Organizatio	on Name: <u>Alba</u>	ny County Health Depar	tment	
Budget Pe	Budget Period: Commencing on: 1/1/2022 Endin		g on: <u>12/31/2022</u> _	
Personal S	ervice			
Number	Title	Annual Salary	% Time Devoted to This Project	Total Amount Budgeted From NYS
	y efits (specify ra RSONAL SER			
Other Thar	n Personal Ser	vice		Amount
Cate		itractual Services (speci (Defray Cost of Defibrill	• /	
		ERSONAL SERVICE	® \$200 00 %s mas	\$80,000
HIV/AIDS Surveillance Case Report Forms 400 @ \$200.00/form GRAND TOTAL			\$80,000	

Organizatio	n Name: <u>Albany C</u>	ounty Health Depar	tment	
Budget Period: Commencing on: 1/1/2023 Ending		g on: <u>12/31/2023</u> _		
Personal Se	ervice			
Number	Title	Annual Salary	% Time Devoted to This Project	Total Amount Budgeted From NYS
	/ efits (specify rate) RSONAL SERVICE	E: N/A		
Other Than Personal Service			Amount	
Cate	Supplies Travel Telephone Postage Photocopy *Other Contract	ual Services (speci ray Cost of Defibrill	• /	
TOTAL OTHER THAN PERSONAL SERVICE				\$80,000_
HIV/AIDS Surveillance Case Report Forms 400 @ \$200.00/form				\$80.000

Organization	Name: Albai	ny County Health Depart	ment	
Budget Perio	Budget Period: Commencing on: 1/1/2024 Endin		g on: <u>12/31/2024</u> _	
Personal Ser	vice			
Number	Title	Annual Salary	% Time Devoted to This Project	Total Amount Budgeted From NYS
Total Salary Fringe Benef TOTAL PERS				
Other Than Personal Service				Amount
Categ	Supplies Travel Telephone Postage Photocopy *Other Con	tractual Services (specif (Defray Cost of Defibrilla	<i>,</i>	
TOTAL OTHER THAN PERSONAL SERVICE				\$80,000
HIV/AIDS Surveillance Case Report Forms 400 @ \$200.00/form GRAND TOTAL				\$80,00 <u>0</u>