

**New York State Department Of Health
AIDS Institute
Summary Budget Form - HRI Contracts**

Contractor: Albany County Department of Health
Contract Period: April 1, 2020 - March 31, 2021
Federal ID #: 14-6002563

Indicate intended voucher frequency with an (X) below:

Quarterly **X**
 Monthly

		RW Grantees Only	
Budget Items		Third Party Revenue <small>Show anticipated use of revenue generated by this contract. (Medicaid and ADAP Plus)</small>	Administrative Costs <small>Must be 10% of total award.</small>
(A)	SALARIES		
(B)	FRINGE BENEFITS		
(C)	SUPPLIES		\$465
(D)	TRAVEL		
(E)	EQUIPMENT		
(F)	MISCELLANEOUS		
(G)	SUBCONTRACTS/CONSULTANTS		
(H)	INDIRECT COSTS		
(I)	RESTRICTED <small>A budget modification is required to access these funds.</small>		
TOTAL (Sum of lines A through I)			\$465
		Ryan White Administrative Costs Rate : 0.44%	

Notes:

- 1: AIDS Institute contract managers may require additional information necessary for approval of requested dollar amounts.
- 2: In order to maintain HIV confidentiality, please do not include any information on the forms which could indicate HIV status. Particular attention should be paid to position titles, job descriptions and any narrative that may contain information related to HIV status.
- 3: When requesting payments for this contract, all expenses must be incurred within the contract period and paid for prior to the submittal of reimbursement vouchers.
- 4: The allowability of costs for this contract is subject to the Uniform Guidance applicable to your organization.

Organization Type	Administrative Requirements
Non-profit	Uniform Guidance
Institutes of Higher Education	Uniform Guidance
State, Local, and Indian Tribal governments	Uniform Guidance
Hospitals	2CFR Part 215
For Profit	45 CFR Part 74

Contractors must sign here to certify all budgeted items included in this contract budget are allowable under AIDS Institute and Ryan White Contractor guidance:



Financial Officer or Contract Signatory

Salaries

Contractor: Albany County Department of Health

Contract Period: April 1, 2020 - March 31, 2021

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Number of pay periods in a calendar year: _____

Number of hours in full-time agency work week: _____

[illegible]

Notes:

1: If the full % of effort worked on this contract cannot be supported, this formula may need to be adjusted and a notation should be made that the balance is supported in-kind.

2: This rate has been calculated using the proportion of administrative salaries to the total salaries requested on the contract. It may be applied to Other than Personal Services expenses where appropriate.

3: Administrative salaries whose positions that are not directly related to patient care. When allocating salaries between administrative and program categories, the subcontractor must have a system of internal controls that justify the cost of the salaries, are reasonable over the long term, enter into the record on a timely manner, are consistent and auditable.

4: Please note: Salary increases included on budget modifications must include the type of salary increase as well as a copy of the agency's approved written policy regarding salary increases.

Fringe Benefits and Position Descriptions

Contractor: Albany County Department of Health

Contract Period:

Federal ID #: 14-6002563

FRINGE BENEFITS

1. Does your agency have a federally approved fringe benefit rate?

Contractor must attach a copy of federally approved rate agreement.

Approved Rate (%) : _____

Amount Requested (\$) : _____

Complete 2-7 below.

2. Total salary expense based on most recent audited financial statements:

\$130,017,869

3. Total fringe benefits expense based on most recent audited financial statements:

\$80,603,387

4. Agency Fringe Benefit Rate: *(amount from #3 divided by amount from #2)*

61.99%

5. Date of most recently audited financial statements:

12/31/18

Attach a copy of the statement of functional expenses supporting the figures listed in #2 and #3.

6. Requested rate and amount for fringe benefits:

Rate Requested (%) : 60.00%

Amount Requested (\$) : \$37,488

For RW Grantee use only- Administrative Costs : _____

7. If the rate requested on this contract exceeds the rate supported by latest audited financials, please justify below.

POSITION DESCRIPTIONS

For each position listed on the salaries budget page, provide a brief description of the duties supported by this contract. Contractors with consolidated contracts should indicate the initiative affiliated with the position. All contractors must have full job descriptions on file and available upon request. If additional space is needed, attach page 3a.

Title: Supervisor

Contract Duties : Oversee the ExPS Program including direct supervision of the DIS Worker. Provide annual performance evaluation of full time DIS worker, and provide feedback for annual evaluation of other Program Staff. Coordinate follow up and corrective actions following client complaints, or issues arising during Quality Assurance audits and other evaluative activities. Responsible to assign and close cases on the tracking system. Coordinate provision of community education to Medical Providers and other groups on the Expanded Partner Services Program.

Title: DIS Worker

Contract Duties :

Title:

Contract Duties :

Position Descriptions (continued)

Contractor: Albany County Department of Health
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For each position listed on the salary budget page, provide a brief description of the duties supported by this contract. Contractors with consolidated contracts should indicate the initiative affiliated with the position. All contractors must have full job descriptions on file and available upon request.

Title:

Contract Duties :

Title:

Contract Duties :

Title:

Contract Duties :

Title:

Contract Duties :

Title:

Contract Duties :

Title:

Contract Duties :

Supplies, Travel and Equipment

Contractor: Albany County Department of Health
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SUPPLIES : *Contractors should utilize their institution's policy for categorizing supplies and all software.*

Office : \$465
Program : \$500

Total : \$965
For RW Grantee use only- Administrative Costs : \$465
(Includes Office Supplies/Software not related to patient care.)

TRAVEL : *Include staff, client and conference travel. Contract manager approval is required for out-of-state travel. Funds budgeted for conference travel must be directly related to the funded program. Contractors without reimbursement policies should use New York State travel reimbursement policy.*

Staff : \$1,500
Client (mileage only) : \$200
Conference : \$100

Total : \$1,800
For RW Grantee use only- Administrative Costs : _____
(Includes Administrative Travel.)

Is mileage requested? Yes No (circle one)
(For personal auto or agency auto, proof of liability insurance is required.)

EQUIPMENT : *Itemize anticipated equipment purchases. Federal regulations define "equipment" as items with a unit cost of \$5,000 or more. Some contractors will have similar thresholds to differentiate "equipment" from "supplies" and these thresholds may be lower than \$5,000. Contractors should utilize their institution's threshold policy for categorizing equipment for any items with a unit cost of less than \$5,000. Items with a unit cost of \$5,000 or more must be categorized as equipment*

What is your institution's threshold for equipment? _____ **If your institution does not have a specific threshold you must follow the federal threshold of \$5,000 or more.**

Item

Amount

Justification

Total : _____

For RW Grantee use only- Administrative Costs : _____
(Includes Equipment not related to patient care.)

Miscellaneous

Contractor: Albany County Department of Health
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SPACE COSTS:					OTHER : <small>May include postage, printing, equipment rental or maintenance, stipends, meetings, media advertising, recruitment, gift cards, metrocards or other appropriate costs. Please indicate with an "X" if the item requested is a shared cost. For shared costs, contractor must keep methodology on file to support the amount requested.</small>											
This Section for All Contracts																
(a) Provide an address for each site location in the box below. If additional space is needed, include additional sheets as necessary. <i>Please list if space is Rented or Owned.</i>																
(b) Detail the methodology and calculation used to allocate space costs for each location supported by this contract in the box below.																
Total Space Costs Requested on this contract:																
This Section for Ryan White Part B Funded Contracts Only																
Ryan White Part B Funded agencies must select and complete Method 1 <u>or</u> Method 2 to calculate Administrative costs for Space on this contract.																
<i>Method 1 = Total Space Costs requested on contract multiplied by the percentage of Administrative Salaries as calculated on the Salary Expense page = Administrative Space Costs (Line C.)</i>																
Total Space costs requested on the contract based on the Methodology listed in (b) above:																
Percentage of Administrative Salaries from the Salary Expense page:																
(C)Administrative costs based on Method 1:																
<i>Method 2 = Space costs are broken down into (A) Administrative Space and (B) Programmatic Space. *All Programmatic Space must include a methodology to show how the cost was determined. When using Method 2, the amount of Administrative Space listed in Column A represents the total of Administrative space costs and this total must be listed in Line C. If you have Administrative salaries on the contract and are using Method 2, there must be a portion of Administrative Space costs included in column A.</i>																
	(A) Administrative Space	(B) Program Space	*Methodology for Programmatic Space to show how cost is determined	(A+B) Admin + Program Space Cost												
1																
2																
3																
4																
5																
6																
7																
8																
9																
Totals																
Total :																
(C) Administrative costs based on Method 2 :																
Column A - Admin Costs = Space used by administrative staff, space for general use and shared spaces are considered administrative.																
Column B - Program Costs = Space Costs related to Direct Client Services. These are areas primarily utilized to provide core medical and support services for eligible RWHAP clients (e.g. food bank, counseling rooms and areas dedicated to groups)																
(Phones or cells used by administrative staff are considered administrative. *The salary percentage calculated on the Salary budget page should be used to calculate the administrative costs associated with these items)					TELECOMMUNICATIONS:											
					Detail below the methodology and calculation used to allocate telecommunication costs to this contract. Include costs for all telephone lines funded by this contract, including fax and broadband internet. Include any telecommunication installation or equipment costs, hotline, long distance, cell phone or internet expenses that apply to this contract. Requests for cell phone costs must include a breakdown of those costs related to direct client services.											
					<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 80%;"><u>Item</u></th> <th style="width: 20%;"><u>Amount</u></th> </tr> <tr> <td>Cell phone service for smart phone \$53/month x 12</td> <td align="right">\$636</td> </tr> <tr> <td>Lexis Nexis subscription \$115/month x 12</td> <td align="right">\$1,380</td> </tr> <tr> <td colspan="2" style="height: 50px;"></td> </tr> <tr> <td align="right">(a) Total :</td> <td align="right">\$2,016</td> </tr> </table>		<u>Item</u>	<u>Amount</u>	Cell phone service for smart phone \$53/month x 12	\$636	Lexis Nexis subscription \$115/month x 12	\$1,380			(a) Total :	\$2,016
					<u>Item</u>	<u>Amount</u>										
					Cell phone service for smart phone \$53/month x 12	\$636										
Lexis Nexis subscription \$115/month x 12	\$1,380															
(a) Total :	\$2,016															
(b) Total Cell Phone Costs related to Direct Client Services:																
(a-b) Balance of Telecommunication costs to be used for the Calculation of RW Administrative Costs:																
Percentage of Administrative Salaries from the Salary Expense page:					For RW Grantee use only- Administrative Costs :											
For AI use Only - Sum of Ryan White Administrative Costs:					MISCELLANEOUS (Telecommunications, Space and Other)											
					\$2,016											

Subcontracts/Consultants & Indirect Costs

Contractor: Albany County Department of Health

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SUBCONTRACTS/CONSULTANTS :

Provide a listing of all subcontracts, including consultant contracts, a description of the services to be provided and an estimate of the hours worked and rate per hour, if applicable. If the subcontractor/consultant has not been selected, please indicate "TBA" in Agency/Name. Contractors are required to use a structured selection process consistent with agency policy and maintain copies of all subcontracts and documentation of the selection process. Line item budgets and workscopes must be submitted for each subcontractor/consultant budget over \$10,000.

Agency/Name

Description of Services

Amount

Total : _____

For RW Grantee use only- Administrative Costs : _____

(Includes subcontracts/consultants who perform administrative, non service delivery functions.)

INDIRECT COSTS: *Costs used to support the indirect rate requested may NOT be directly billed to the contract.*

Does your agency have a federally approved indirect cost rate?

Rate Approved (%) : _____

Rate Requested (%) : _____

Amount Requested : _____

MTDC defined: All direct salaries and wages, applicable fringe, materials and supplies , and services, travel, and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under each award).

Exclusions: equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support and the portion of each subaward in excess of \$25,000.

(1) All contractors are entitled to a 10% Indirect Cost Rate (MTDC) .

(2) All contractors with a federally approved rate may request up to 20% of their approved rate unless otherwise stated in the RFA from which this contract was selected.

Submit a copy of the federally approved indirect rate agreement to support the request.

Indicate the requested rate and amount for indirect costs.

Rate Requested (%) : _____

Amount Requested (\$) : _____



Financial Officer or Contract Signatory

All Contractors requesting indirect costs must sign above to confirm costs included in this rate are not duplicated elsewhere on the contract.

For RW Grantee use only- Administrative Costs : _____

(Includes 100% Indirect Costs)

Grant and Foundation Funding from All Other Sources

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Contract Period: April 1, 2020 - March 31, 2021

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List all grant and foundation funding which supports HIV programs in your organization, excluding research grants. Program summaries should include the program activities and targeted groups as well as any other information needed to explain how the funding is being utilized.

Funding Source	Total Funding Amount	Funding Period	Program Summary
HRI/NYS Dept of Health - Expanded Partner Services	\$105,000	4/1/2019 - 3/31/2020	Locate HIV positive individuals who show evidence of not receiving

Furniture and Equipment Inventory

Contractor: Albany County Department of Health
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The inventory must include all furniture and equipment purchased on this contract in prior years under the equipment budget line. Items purchased under the supplies line may be included on this form if they are considered part of the agency's furniture and equipment inventory. Questions on disposal policy should be directed to your AIDS Institute contract manager or see AIDS Institute Fiscal Guidelines for Contract Processing.

Furniture/Equipment Description <i>(Item, model number, manufacturer)</i>	Serial Number (if applicable)	Date Purchased	Cost	Location	Status of Furniture/Equipment <i>(Please list status as : Excellent, Very good, Good, Fair or Poor)</i>