

BUDGET PROJECTION SHEET

| | | |
|--|-----------------|--|
| CIC Grant Program: | BHD | Instructions: please follow the naming convention outlined for the grant program for which you are applying. Examples: BHD = County/Tribe Name BHD Program; IMMGP = IMMGP- Name of Entity Applying; IMPACTS = County/Tribe Name IMPACTS Program; JMOUD = County/City Name + Name of Jail; JRP = County Name/Victim Service Provider Name; ORT = Name of Agency/Task Force; RI = Legal Name of Entity Applying TC = County Name + Court Type |
| Name of Applicant: | Columbia County | |
| Date: | | |
| Is the applicant a Tribal Government? | | |

INSTRUCTIONS: The budget projection sheet must be submitted using the original formatting and formulas provided to the applicant by the CIC, or it will not be accepted.

edited to align with DOJ guidance, suggest also editing "justification" directions on budget projection sheet

Directions:
 In the "Program Supported" field, identify the specific program/project the position supports.
 In the "Employing Organization / Contracted Organization" field, identify the entity that will employ the position or the contractual service provider funding the position.
 In the "% Time per Month" field, input the whole percentage of the position's time dedicated to grant-related work. Example: a half-time case manager = 50
 In the "Monthly Rate" field, combine salary/wages and fringe benefits for a single month at full time, regardless of the value included in the "% Time per Month" field.
 In the "# Months Employed" field, indicate the number of months the position is expected to be funded during the grant period.

| Position Title | Program Supported | Employing Organization / Contracted Organization | Is this a new or existing position to your organization, and is it currently funded by the CIC grant for which you're applying? Existing Position - Currently C/C Grant Funded | % Time per Month | Monthly Rate (wages/fringe) | # Months Employed | Total Amount Requested | Personnel Narrative: For each requested item to the left, provide a brief (1-3 sentences) description and justification as to how it meets or fulfills the purpose/intent of the program. Grant requests must demonstrate how funds will be used to create community-based pathways to treatment, recovery support services, housing, case management or other services through a collaborative program between law enforcement agencies and behavioral health entities or community-based social services organizations that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, and who often have other service needs. |
|----------------------------------|------------------------------------|--|---|------------------|-----------------------------|-------------------|------------------------|--|
| 1 Administrative case specialist | Columbia County Deflection program | Columbia County Community Justice | | 100% | 8952.0 | 11 | 98,472.00 | This position facilitates the program and participants engagement through the deflection program. They also maintain communication between community partners and law enforcement agencies to track the data within REDCap for the deflection program. |
| 2 | | | Select Option | | | | 0.00 (2) | |
| 3 | | | Select Option | | | | 0.00 (3) | |
| 4 | | | Select Option | | | | 0.00 (4) | |
| 5 | | | Select Option | | | | 0.00 (5) | |
| 6 | | | Select Option | | | | 0.00 (6) | |
| 7 | | | Select Option | | | | 0.00 (7) | |
| 8 | | | Select Option | | | | 0.00 (8) | |
| 9 | | | Select Option | | | | 0.00 (9) | |
| 10 | | | Select Option | | | | 0.00 (10) | |
| Personnel Total: | | | | | | | \$ 98,472.00 | |

Housing & Facilities: Eligible expenses for space/utilities necessary to complete program work, short-/long-term housing support for participants, or programs within correctional facilities

Directions:
 In the "Item Description" field, identify what the expense covers (generally).
 In the "Program Supported" field, identify the specific program/project the expense supports.
 In the "Organization / Contracted Organization" field, identify the entity that will provide the housing & facilities or the contractual service provider that will provide the housing & facilities service.

| Item Description | Program Supported | Organization / Contracted Organization | Unit Type | Price per Unit | # Units Required | Total Amount Requested | Housing & Facilities Narrative: For each requested item to the left, provide a brief (1-3 sentences) description and justification as to how it meets or fulfills the purpose/intent of the program. Grant requests must demonstrate how funds will be used to create community-based pathways to treatment, recovery support services, housing, case management or other services through a collaborative program between law enforcement agencies and behavioral health entities or community-based social services organizations that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, and who often have other service needs. |
|--|-------------------|--|---------------|----------------|------------------|------------------------|---|
| 1 | | | Select Option | | | 0.00 (1) | |
| 2 | | | Select Option | | | 0.00 (2) | |
| 3 | | | Select Option | | | 0.00 (3) | |
| 4 | | | Select Option | | | 0.00 (4) | |
| 5 | | | Select Option | | | 0.00 (5) | |
| 6 | | | Select Option | | | 0.00 (6) | |
| 7 | | | Select Option | | | 0.00 (7) | |
| 8 | | | Select Option | | | 0.00 (8) | |
| 9 | | | Select Option | | | 0.00 (9) | |
| 10 | | | Select Option | | | 0.00 (10) | |
| Housing & Facilities Total: | | | | | | \$ - | |

Equipment: Permanent or non-expendable equipment with a purchase price of \$5,000 or more, or a useable life of two or more years, for a single item

Directions:
 In the "Item Description" field, identify the name/type of equipment to be purchased.
 In the "Program Supported" field, identify the specific program/project the equipment supports.
 In the "Organization Served / Contracted Organization" field, identify the entity that will own and operate the equipment as well as the contractual service provider, if applicable.
 In the "# of Units Required" field, indicate the number of individual items to be purchased.

| Item Description | Program Supported | Organization Served / Contracted Organization | Price per Unit | # Units Required | Total Amount Requested | Equipment Narrative: For each requested item to the left, provide a brief (1-3 sentences) description and justification as to how it meets or fulfills the purpose/intent of the program. Grant requests must demonstrate how funds will be used to create community-based pathways to treatment, recovery support services, housing, case management or other services through a collaborative program between law enforcement agencies and behavioral health entities or community-based social services organizations that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, and who often have other service needs. |
|-------------------------|-------------------|---|----------------|------------------|------------------------|--|
| 1 | | | | | 0.00 (1) | |
| 2 | | | | | 0.00 (2) | |
| 3 | | | | | 0.00 (3) | |
| 4 | | | | | 0.00 (4) | |
| 5 | | | | | 0.00 (5) | |
| 6 | | | | | 0.00 (6) | |
| 7 | | | | | 0.00 (7) | |
| 8 | | | | | 0.00 (8) | |
| 9 | | | | | 0.00 (9) | |
| 10 | | | | | 0.00 (10) | |
| Equipment Total: | | | | | \$ - | |

Supplies: Consumable materials or supplies, including the cost of small items of equipment that do not meet the threshold for the "Equipment" category

Directions:
 In the "Item Description" field, identify the name/type of supplies to be purchased.
 In the "Program Supported" field, identify the specific program/project the supplies supports.
 In the "Organization Served / Contracted Organization" field, identify the entity that will use the supplies as well as the contractual service provider, if applicable.
 In the "# of Units Required" field, indicate the number of individual items to be purchased.

| Item Description | Program Supported | Organization Served / Contracted Organization | Price per Unit | # Units Required | Total Amount Requested | Supplies Narrative: For each requested item to the left, provide a brief (1-3 sentences) description and justification as to how it meets or fulfills the purpose/intent of the program. Grant requests must demonstrate how funds will be used to create community-based pathways to treatment, recovery support services, housing, case management or other services through a collaborative program between law enforcement agencies and behavioral health entities or community-based social services organizations that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, and who often have other service needs. |
|-------------------------------------|------------------------------------|---|----------------|------------------|------------------------|---|
| 1 general office supplies | Columbia County Deflection program | Columbia County Community Justice | 310.00 | 12.0 | 3,720.00 | This will keep our office supplies stocked within our deflection space. |
| 2 client supplies | Columbia County Deflection program | Columbia County Community Justice | 667.00 | 12.0 | 8,004.00 | This will allow us to provide certain client supplies, dial ride vouchers, clothing vouchers etc. |
| 3 small non capital equipment items | Columbia County Deflection program | Columbia County Community Justice | 400.00 | 12.0 | 4,800.00 | This will allow us to furnish our deflection dedicated office space. |
| 4 | | | | | 0.00 (4) | |
| 5 | | | | | 0.00 (5) | |
| 6 | | | | | 0.00 (6) | |
| 7 | | | | | 0.00 (7) | |
| 8 | | | | | 0.00 (8) | |
| 9 | | | | | 0.00 (9) | |
| 10 | | | | | 0.00 (10) | |
| Supplies Total: | | | | | \$ 16,524.00 | |

Direct Services: Any service that is provided directly to participants or program operations whose main purpose does not fit within personnel, housing & facilities, or supplies (for example: SUD treatment, detox services, housing services)

Directions:
 Items should be limited to non-billable services.
 In the "Program Supported" field, identify the specific program/project the direct participant service supports.

In the "Organization / Contracted Organization," identify the entity that will deliver the direct participant service or the contractual service provider that will provide the services.

| Item Description | Program Supported | Organization / Contracted Organization | Unit Type | Price per Unit | # Units Required | Total Amount Requested | Direct Services Narrative: |
|------------------------|------------------------------------|--|---------------|----------------|------------------|------------------------|--|
| | | | | | | | For each requested item to the left, provide a brief (1-3 sentences) description and justification as to how it meets or fulfills the purpose/intent of the program. Grant requests must demonstrate how funds will be used to create community-based pathways to treatment, recovery support services, housing, case management or other services through a collaborative program between law enforcement agencies and behavioral health entities or community-based social services organizations that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, and who often have other service needs. |
| 1 Peer support hotline | Columbia County Deflection program | Columbia County Community Justice | Monthly | 1,667.00 | 17.0 | 20,004.00 | This peer support hotline is used to assess participants to determine resources and connect them with a peer support mentor. |
| 2 | | | Select Option | | | 0.00 | 2) |
| 3 | | | Select Option | | | 0.00 | 3) |
| 4 | | | Select Option | | | 0.00 | 4) |
| 5 | | | Select Option | | | 0.00 | 5) |
| 6 | | | Select Option | | | 0.00 | 6) |
| 7 | | | Select Option | | | 0.00 | 7) |
| 8 | | | Select Option | | | 0.00 | 8) |
| 9 | | | Select Option | | | 0.00 | 9) |
| 10 | | | Select Option | | | 0.00 | 10) |
| Direct Services | | | | | | | |
| Total: | | | | | | \$ 20,004.00 | |

Training/Associated Travel: Eligible expenses for transportation, lodging, per diem, and registrations for trainings that support grant purposes

Directions:
 Each line item should be dedicated to a single training cost or travel cost.
 All travel expenses must follow state DAS and federal GSA regulations; luxury expenses are not allowed (e.g. first-class seating).
 In the "Program Supported" field, identify the specific program/project the training supports.
 In the "Organization Served / Contracted Organization" field, identify the entity that will have personnel attending training as well as the contractual service provider, if applicable.
 In the "Is this a Training or Travel Cost?" field, select to which this line item relates from the dropdown menu.
 In the "Training or Travel Costs (Per Individual)" field, input the estimated individual travel cost or registration cost for one attendee.

| Training Title | Program Supported | Organization Served / Contracted Organization | Location of Training | Is this a Training or Travel Cost? | Training or Travel Costs (Per Individual) | # of Individuals Attending | Total Amount Requested | Training/Associated Travel Narrative: |
|------------------------|-------------------|---|----------------------|------------------------------------|---|----------------------------|------------------------|---|
| | | | | | | | | For each requested item to the left, provide a brief (1-3 sentences) description and justification as to how it meets or fulfills the purpose/intent of the program. For travel line items, please indicate with which training it is associated. Grant requests must demonstrate how funds will be used to create community-based pathways to treatment, recovery support services, housing, case management or other services through a collaborative program between law enforcement agencies and behavioral health entities or community-based social services organizations that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, and who often have other service needs. |
| 1 | | | | Select Option | | | 0.00 | 1) |
| 2 | | | | Select Option | | | 0.00 | 2) |
| 3 | | | | Select Option | | | 0.00 | 3) |
| 4 | | | | Select Option | | | 0.00 | 4) |
| 5 | | | | Select Option | | | 0.00 | 5) |
| 6 | | | | Select Option | | | 0.00 | 6) |
| 7 | | | | Select Option | | | 0.00 | 7) |
| 8 | | | | Select Option | | | 0.00 | 8) |
| 9 | | | | Select Option | | | 0.00 | 9) |
| 10 | | | | Select Option | | | 0.00 | 10) |
| Training/Travel | | | | | | | | |
| Total: | | | | | | | \$ - | |

Administrative Costs: Activities associated with administering the grant such as purchasing, budgeting, payroll, reporting, accounting and staff services

Directions:
 Total Administrative Costs may not exceed 10% of total funds requested, unless an exception is granted by the Commission.
 In the "Item Description" field, identify the specific activities to be conducted.
 In the "Program Supported" field, identify the specific program/project the expense supports.
 In the "Organization Served / Contracted Organization" field, identify the entity that will be conducting the administrative activities (this might be a contractual service provider if activities associated with administering the grant is contracted out).

| Item Description | Program Supported | Organization Served / Contracted Organization | Total Amount Requested | Administrative Costs Narrative: |
|------------------------|------------------------------------|---|------------------------|--|
| | | | | For each requested item to the left, provide a brief (1-3 sentences) description and justification as to how it meets or fulfills the purpose/intent of the program. Grant requests must demonstrate how funds will be used to create community-based pathways to treatment, recovery support services, housing, case management or other services through a collaborative program between law enforcement agencies and behavioral health entities or community-based social services organizations that assist individuals who may have substance use disorder, another behavioral health disorder or co-occurring disorders, and who often have other service needs. |
| 1 Administrative costs | Columbia County Deflection program | Columbia County Community Justice | \$ 15,000.00 | 1) |
| 2 | | | | 2) |
| 3 | | | | 3) |
| 4 | | | | 4) |
| 5 | | | | 5) |
| 6 | | | | 6) |
| 7 | | | | 7) |
| 8 | | | | 8) |
| 9 | | | | 9) |
| 10 | | | | 10) |
| Administrative | | | | |
| Total: | | | \$ 15,000.00 | |

Budget Projection Totals: This section will be automatically calculated based on the information provided above

| Budget Categories | Category Totals | | |
|---------------------------------------|----------------------|--------------------|--|
| Personnel | \$ 98,472.00 | | |
| Housing & Facilities | \$ - | | |
| Equipment | \$ - | | |
| Supplies | \$ 16,524.00 | | |
| Direct Services | \$ 20,004.00 | | |
| Training/Travel | \$ - | | |
| Subtotal | \$ 135,000.00 | | |
| Administrative Costs | Total | % of Total Request | |
| All Items | \$ 15,000.00 | 10% | *No more than 10%, without exception request |
| Budget Projection Grand Total: | \$ 150,000.00 | | |