

Detailed Program Budget

TYPE OF GRANT	Substance Abuse Prevention and Treatment Block Grant	SFY	2020-21
COUNTY	San Benito	Submission Date	7/17/2020

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Program Contact	Rachel White	Phone	831-636-4020
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Program Name	Outpatient Services
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Summary	
Category	Amount
Staff Expenses	\$ 333,217.53
Consultant/Contract Costs	\$ 55,123.47
Equipment	\$ -
Supplies	\$ -
Travel	\$ -
Other Expenses	\$ -
County Administrative Costs	\$ -
Total Cost of Program	\$ 388,341.00

I. Staffing Itemized Detail				
Category	Detail	Annual Salary	Grant FTE	Total Not to Exceed
Staff Expenses	Substance Abuse Counselor	\$ 58,971.23	0.300	\$ 17,691.37
Staff Expenses	Substance Abuse Counselor	\$ 50,549.81	0.300	\$ 15,164.94
Staff Expenses	Substance Abuse Counselor	\$ 53,301.80	0.300	\$ 15,990.54
Staff Expenses	Substance Abuse Counselor	\$ 60,678.47	0.300	\$ 18,203.54
Staff Expenses	Substance Abuse Counselor	\$ 62,223.36	0.300	\$ 18,667.01
Staff Expenses	Substance Abuse Clinician I/II	\$ 97,925.65	0.250	\$ 24,481.41
Staff Expenses	Substance Abuse Clinician I/II	\$ 97,925.65	0.250	\$ 24,481.41
Staff Expenses	Quality Improvement Supervisor I/II	\$ 72,855.48	0.100	\$ 7,285.55
Staff Expenses	Quality Improvement Supervisor I/II	\$ 79,960.37	0.100	\$ 7,996.04
Staff Expenses	Quality Improvement Supervisor I/II	\$ 69,742.92	0.100	\$ 6,974.29
Staff Expenses	Quality Improvement Supervisor I/II	\$ 72,855.48	0.100	\$ 7,285.55
Staff Expenses	Office Assistant	\$ 29,805.93	0.500	\$ 14,902.96
Staff Expenses	Director	\$ 147,186.81	0.100	\$ 14,718.68
Staff Expenses	Assistant Director	\$ 117,921.57	0.100	\$ 11,792.16
Staff Expenses	Administrative Services Manager	\$ 56,488.45	0.100	\$ 5,648.84
Staff Expenses	Accountant III	\$ 53,071.04	0.100	\$ 5,307.10
		\$ -	0.000	\$ -
		\$ -	0.000	\$ -
Staff Expenses	Benefits for all Staff Above	\$ 116,626.14	1	\$ 116,626.14

Detailed Program Budget

II. Itemized Detail

Category	Detail	Amount	Total
Consultant/Contract Costs	Residential Services	\$ 55,123.47	\$ 55,123.47
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -
		\$ -	\$ -

DHCS Approval By:

Date: