EXHIBIT E, FY24 ANNUAL BUDGET

All bu	All budget numbers are estimates. Contract billing will be on a cost reimbursement basis for actual expenses incurred.										
EXPENDITURE CATEGORIES											
Personnel Services: Salary/Benefits							Annual Budget				
Position Title	Description of Work		Gross or Annual Salary			Fringe	Total Personnel		Percent of Time on Project	Total Amount Requested	
Clinical Director	MJ	0	\$	95,000	\$	23,750	\$	118,750.00	60%	\$	71,250.00
Project Manager	Jeannie	0	\$	70,000	\$	17,500	\$	87,500.00	17%	\$	14,875.00
Director of Clinical	Ozzie	0	\$	100,000	\$	25,000	\$	125,000.00	40%	\$	50,000.00
Therapist		0	\$	75,000	\$	18,750	\$	93,750.00	100%	\$	93,750.00
Therapist		0	\$	75,000.00	\$	18,750	\$	93,750.00	100%	\$	93,750.00
Therapist		0	\$	75,000.00	\$	18,750	\$	93,750.00	100%	\$	93,750.00
Therapist		0	\$	75,000.00	\$	18,750	\$	93,750.00	100%	\$	93,750.00
Peer Navigator		0	\$	55,000.00	\$	13,750	\$	68,750.00	100%	\$	68,750.00
Peer Navigator		0	\$	55,000.00	\$	13,750	\$	68,750.00	100%	\$	68,750.00
Peer Navigator		0	\$	55,000.00	\$	13,750	\$	68,750.00	100%	\$	68,750.00
Peer Navigator		0	\$	55,000.00	\$	13,750	\$	68,750.00	100%	\$	68,750.00
Admissions Coordinator		0	\$	45,000.00	\$	11,250	\$	56,250.00	50%	\$	28,125.00
Community Outreach		0	\$	45,000.00	\$	11,250	\$	56,250.00	25%	\$	14,062.50
										\$	-
Total Personnel Services (including fringe benefits							\$	828,312.50			
Client Costs							Annual Budget				
Item	Description of Item			Rate			Quantity	Total Amount Requested			
Mileage	Navigators using personal ve	ehicles for case	mana	agement, etc	\$	0.66	399	.40	12	\$	3,139.28

Supplies	Costs to move from outpatient into housing - initial costs (first month and intake fee)	\$	1,000.00		20	\$	20,000.00	
Supplies	Stock a small supply closet for outpatient clients	\$	50.00		50	\$	2,500.00	
						\$	-	
Total Client Costs							25,639.28	
Operating							Annual Budget	
Item	Description of Item		Rate		Quantity	Red	Total Amount quested from BHA	
Staff Development	Peer certification exam fee	\$	295.00		4	\$	1,180.00	
Staff Development	Peer certification training	\$	850.00		4	\$	3,400.00	
Vehicle	New Van Purchase	\$	40,000.00		2	\$	80,000.00	
Office Supplies	pens, paper, etc \$150 per FTE	\$	150.00		11	\$	1,650.00	
Printer	Printer lease	\$	100.00		12	\$	1,200.00	
Furniture	Arbor House Furniture	\$	20,000.00		1	\$	20,000.00	
Software	ECW - 30% of cost	\$	2,080.00		12	\$	24,960.00	
Software	Doxy	\$	50.00		12	\$	600.00	
Software	per employee email hosting, etc	\$	15.00		12	\$	180.00	
Supplies	UA Sample cups	\$	1,500.00		12	\$	18,000.00	
Supplies	Breathalizer	\$	120.00		12	\$	1,440.00	
Supplies	UA sample processing	\$	50.00		50	\$	2,500.00	
Staff Development	EMDR Training	\$	1,500.00		3	\$	4,500.00	
Total Operating								
Professional Fees							Annual Budget	
Item	Description of Item		Rate		Quantity		Total Amount Requested	
Licensing	Licensing of Outpatient Office (BHA)	\$	1,750.00		1	\$	1,750.00	
Total Professional Fees								
TOTAL DIRECT COSTS (TDC)							1,015,311.78	
Exclusions from Indirect Cost Base expenses per OMB 2CFR § 200								
Subaward in excess of \$25,000								
					Rent			
Equipment (over \$5000)								

	Other Unallowable Expenses (not allowed a direct cost) such	ch as land, real estat	te purchase, etc.				
Total Expenses per OMB 2CFR § 200							
MODIFIED TOTAL DIRECT COSTS (MTDC)							
Indirect Costs							
Item	Description of Item	Percentage		Total Amount Requested from BHA			
	De Minimis (10%)		10%	\$	93,531.18		
	Total Indirect						
Grand Total Expenses							
Total Client Services							
,	s receiving must be used to offset costs in this area the current year's fee for services schedule issued by BHA and not to exceed contro	ect amount					
	Matching Funds						
Total Contracts and Grants							
Grand Total Revenue Offset							
			Net Cost	\$	1,108,843.00		

\$ 1,108,843.00

\$