

<b>Contractor Name</b>	Colorado Health Network, Inc.	<b>Program Contact Name, Title, Phone and Email</b>	Matt Fischer, Director of Prevention Services 303.962.5321 matt.fischer@coloradohealthnetwork.org
<b>Budget Period</b>	April 1-April 2024	<b>Fiscal Contact Name, Title, Phone and Email</b>	Randy Vessell, CFO 303.962.5312 randy.vessell@coloradohealthnetwork.org
<b>Project Name</b>	Region 19 Treatment RFP		

Expenditure Categories						
Personal Services						
Position Title	Description of Work	Budget Item Supports SOW (Yes/No)	Gross or Annual Salary	Fringe	Percent of Time on Project	Total Amount Requested
Prevention Manager	Supports expansion work, supervises prevention coordinators	Yes	\$63,279.00	\$13,921.38	50%	\$38,600.19
Director of Prevention Services	Supports manager and staff, expansion work	Yes	\$94,502.50	\$20,790.55	5%	\$5,764.65
Director of Behavioral Health	Supports staff with clinical supervision	Yes	\$101,365.00	\$22,300.30	20%	\$24,733.06
Social Worker	Supports clients with linkage to care and other resources	Yes	\$51,726.00	\$11,379.72	100%	\$63,105.72

Personal Services Hourly Employees						
List all hourly personnel to perform work for the project. Include proposed salaries, time and effort percentage (full time equivalent or FTE), and fringe benefits. In the justification, include the role and expected contribution of budgeted personnel. A description of how fringe benefits are projected and what components are included in the calculation (insurance, paid time off, etc.) must be included.						
Position Title	Description of Work	Budget Item Supports SOW (Yes/No)	Hourly Wage	Hourly Fringe	Total # of Hours on Project	Total Amount Requested
Peer Specialist	Linkage to care support	Yes	\$23.00	\$5.06	2,080.00	\$58,364.80
Peer Specialist	Linkage to care support	Yes	\$23.00	\$5.06	520.00	\$14,591.20
						\$0.00
						\$0.00
						\$0.00
						\$0.00
(including fringe benefits)						\$205,159.62

Supplies & Operating Expenses						
Item	Description of Item	Budget Item Supports SOW (Yes/No)	Rate	Quantity	Total Amount Requested	
Marketing/Outreach supplies	Flyers, educational info, stickers, banners, etc.	Yes	\$ 10.00	200.00	\$2,000.00	
Fuel for van	Gasoline for Mobile SAP van	Yes	\$ 4.50	1,560.00	\$7,020.00	
Outreach Supplies	Warm weather, cold weather supplies, snacks, etc.	Yes	\$5,000.00	1	\$5,000.00	
Linkage to care Supplies	Bus passes, gift cards, phone cards, motel stay stay,	Yes	\$5,000.00	1	\$5,000.00	
Printing/ Copying	Printing and copier lease expenses	Yes	\$50.00	12	\$600.00	
Postage Shipping	Monthly shipping and postage costs	Yes	\$50.00	12	\$600.00	
Office Supplies	Monthly costs for office supplies	Yes	\$100.00	12	\$1,200.00	
Mobile Van	Purchase van for mobile BH and treatment services	Yes	\$55,000.00	1	\$55,000.00	
Mobile Van Modifications	Modify van for Behavioral health/linkage work with	Yes	\$15,000.00	1	\$15,000.00	
Insurance for Van	Insurance for van for mobile SAP services	Yes	\$175.00	12	\$2,100.00	
Computers for new staff	Computers, work station monitors, and printers	Yes	\$2,600.00	4	\$10,400.00	
Staff Developmet	Skillpaths and other training for staff's work with clients	Yes	\$500.00	3	\$1,500.00	
<b>total supplies &amp; Operating Expenses</b>						<b>\$105,420.00</b>

Travel						
Item	Description of Item	Budget Item Supports SOW (Yes/No)	Rate	Quantity	Total Amount Requested	
Conference	Conference	Yes	\$2,500.00	3	\$7,500.00	
Regional Travel	Mileage	Yes	\$0.66	4469	\$2,927.20	
Hotels	Hotel Stays	Yes	\$102.00	10	\$1,020.00	
Meals	Per diem	Yes	\$79.00	20	\$1,580.00	
Air Fare	Flights for conference	Yes	\$525.00	3	\$1,575.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
<b>Total Travel</b>						<b>\$14,602.20</b>

Contractual						
Subcontractor Name	Description of Item	Budget Item Supports SOW (Yes/No)	Rate	Quantity	Total Amount Requested	
Unknown Contractor	Build out for 2.5 additional desk spaces at SCHN	Yes	\$1.00	13000	\$13,000.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
					\$0.00	
<b>Total Contractual</b>						<b>\$13,000.00</b>
<b>SUB-TOTAL BEFORE INDIRECT</b>						<b>\$338,181.82</b>

Indirect						
Item	Description of Item	Total Amount Requested				
De minimis indirect cost rate		10% \$33,818.18				
<b>Total Indirect</b>		<b>\$33,818.18</b>				
<b>TOTAL</b>		<b>\$372,000</b>				