**Request for Proposals #2019-BH02:**

**Solano County Health & Social Services:**

**Behavioral Health Division**

**Mobile Crisis Services**

# **ATTACHMENT D: BUDGET NARRATIVE**

MAXIMUM TEN (10) PAGES

Describe each section as it pertains to the proposed program. Add additional rows, as needed.

|  |  |  |
| --- | --- | --- |
| **1** |  | Personnel Expenses |
|  | a | Staff Salaries: For each staff position listed on the Budget Worksheet, explain how the salaries were determined and provide support for the stated salary. For example, state the classification and provide the published salary range for the employee in the stated classification; |
|  | b | Must include positions and “FTE” (actual percentage of time devoted to the project) for each position of staff employees allocated to the program. |
| **2** |  | Employer's contributions or expenses for social security, employee's life and health insurance plans, unemployment insurance, pension plans, and other similar expenses. These expenses are allowable when they are included in the contract and are in accordance with the agency's approved written policies.  NOTE: Salary and fringe benefits must be pro-rated for non-full-time employees, if agency provides fringe benefits to part time employees. Salaries and Benefits of personnel involved in more than one program must be charged to each program based on the actual percentage of time spent on each program. The annualized actual percentage charged for a particular position (e.g., Project Director) cannot exceed the annual percentage approved in the award. Similarly, the dollar amount charged for a particular position also must not exceed the dollar amount in the approved award. Functional timesheets or an allocation plan must be maintained which support the time charged. |
| **3** |  | Necessary expenditures exclusive of personnel salaries and benefits. Such expenses include all costs associated with the delivery of the program. The expenses must be program-related (i.e., to further the program objectives) and be incurred during the contract period. County reserves the right to make the final determination if an operating expense is allowable and necessary. |
| **4** |  | Subcontractor:  Costs associated with contracts secured by the lead agency (if applicable) for work to carry out activities in the proposal. Proposals may include up to 2 subcontractors who may not make up more than 25% of the budget. If the Potential Contractor plans to utilize a subcontractor, the subcontractor summary budget must also be included. |
| **5** |  | Administrative and Indirect Costs:  Shared costs that cannot be directly assigned to a particular activity, but are necessary to the operation of the Agency and the performance of the program. The costs of operating and maintaining facilities, accounting services and administrative salaries are examples of indirect costs. Indirect costs should be calculated as a percentage of salaries and benefits and operating expenses. If an agency uses an indirect cost rate above 10%, a Cost Allocation Plan that supports a higher indirect cost rate must be provided. Subcontractors are generally not included in the indirect cost calculation. |
|  |  | The Potential Contractor must provide its Cost Allocation plan if the proposal contains funding for indirect or administrative overhead costs (include as an attachment). |
| **6** |  | Include the name and title of the individual responsible for fiscal management and cost control. Describe this person’s training, experience, and tenure in this position. |
| **7** |  | Describe the fiscal and operational infrastructure and experience to support this program. This may include number of employees in leadership and the fiscal department, tenure of each employee, and any relevant information that supports the depth and breadth of the fiscal and operational infrastructure of the organization. Infrastructure should be described within the context of the proposer’s entire set of business that relies upon that infrastructure. |
| **8** |  | A statement as to whether, in the last ten years, the Proposer has filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors; and if so, an explanation providing relevant details. |
| **9** |  | Proposer’s most recent year of independent audited financial statements for a fiscal year ended within the last 24 months (2 copies). a. In lieu of audited financial statements, the County will accept the agency’s Form 990. |
| **10** |  | Documentation disclosing the amount of cash flows from operating activities for the Proposer’s most current operating period (2 copies). Said documentation must indicate whether the cash flows are positive or negative. If applicable, documentation must include a detailed explanation of any factors contributing to negative cash flows. |