

Attachment A.3

**Mental Health Triage Personnel Grant
Annual Fiscal Report**

SAMPLE

Fiscal Year: 15-16

County: Bonita

Date: Apr-17

	<u>Total Hours Worked</u>	<u>County Staff FTEs</u>	<u>County Staff</u>	<u>Contract Staff FTEs</u>	<u>Contract Staff</u>
A. Expenditures					
1. Personnel Expenditures (Staff Title)					
a. <u>Program Director</u>	<u>2080</u>	<u></u>	<u></u>	<u>1</u>	<u>70,000</u>
b. <u>Case Manager</u>	<u>1040</u>	<u></u>	<u></u>	<u>0.5</u>	<u>28,000</u>
c. <u>Clerical</u>	<u>520</u>	<u></u>	<u></u>	<u>0.25</u>	<u>15,000</u>
d. <u>Clinician</u>	<u>10400</u>	<u></u>	<u></u>	<u>5</u>	<u>300,000</u>
e. <u></u>	<u></u>	<u></u>	<u>\$</u>	<u></u>	<u>\$</u>
f. <u></u>	<u></u>	<u></u>	<u>\$</u>	<u></u>	<u>\$</u>
g. <u></u>	<u></u>	<u></u>	<u>\$</u>	<u></u>	<u>\$</u>
h. <u></u>	<u></u>	<u></u>	<u>\$</u>	<u></u>	<u>\$</u>
i. <u></u>	<u></u>	<u></u>	<u>\$</u>	<u></u>	<u>\$</u>
	Total FTEs and Salaries	<u></u>	\$	6.75	413,000
	Total Employee Benefits	<u></u>	<u></u>	<u></u>	40,000
2. Total Personnel Expenditures					453,000
3. Evaluation					<u>10,000</u>
4. Direct					<u>20,000</u>
5. Indirect					<u>5,000</u>
6. County Administration Expenditures					<u>51,500</u>
7. Subtotal (Personnel, Evaluation, Admin)					539,500
B. Received Revenues					
1. Medi-Cal (FFP Only)					<u>10,000</u>
2. Other Revenue					<u>0</u>
3. Total Revenue					10,000
C. Grant Funding					
1. Total Awarded					<u>600,000</u>
2. Total Spent					<u>529,500</u>
3. Total Unspent					70,500
D. Interest Earned					<u>\$</u>

X
Signature of Mental Health/Behavioral Health Director or Designee Date

X
Signature of County Auditor/Controller Date