



Section 3: Project Budget | Kern Health Systems: CalAIM Housing & Homeless Incentive Payment Program (HHIP) Application
Part B

Name of organization:	
Prepared by (name, title, phone number(s), and email address):	

Section 3: Project Budget

To complete your application please fill out the chart below and relevant documents below.

Area	Funding Request
Funding Area 1 (Outreach)	
Funding Area 2 (Prevention & Diversion)	
Funding Area 3 (Permanent Housing)	
Funding Area 4 (Sheltering)	
Funding Area 5 (System Supports)	
TOTAL	

Project Budget for Kern Family Health Care

Please include a description of how funds will be spent using the below template:

	Staff Title	% FTE	Funding Area Totals					Other Revenue Sources	In Kind (If Applicable)	Total Funding Request
			Area 1- Outreach	Area 2 - Prevention & Diversion	Area 3 - Permanent Housing	Area 4 - Sheltering	Area 5 - System Supports			
Personnel/Staffing Expenses – (List title and % FTE on project)										
Personnel Subtotal:									\$	-
Operating Expenses –	Description	Expense Cost								
Expenses Subtotal:									\$	-
Other Costs –	Description	Cost								
										\$ -
Costs Subtotal:									\$	-
TOTAL REQUESTED AMOUNT									\$	-

SAMPLE Project Budget for Kern Family Health Care

Please include a description of how funds will be spent using the below template:

Personnel/Staffing Expenses – (List title and % FTE on project)	Staff Title	% FTE	Funding Area Totals					Other Revenue Sources	In Kind (If Applicable)	Total Funding Request
			Area 1 - Delivery System Infrastructure	Area 2 - Provider Capacity Building	Area 3 - Provider Capacity Building	Area 4 - Quality Reporting	Area 5 - System Supports			
	Director	100.00%	\$100,000			\$50,000			\$150,000	
	MA	50.00%		\$50,000	\$50,000				\$100,000	
	LSW	100.00%			\$75,000				\$75,000	
Personnel Subtotal:									\$325,000	
Operating Expenses –	Description	Expense Cost								
	X	\$10,000								
	Y	\$5,000								
	Z	\$25,000								
Expenses Subtotal:									\$40,000	
Other Costs –	Description	Cost								
	X	\$5,000								
Costs Subtotal:									\$5,000	

TOTAL REQUESTED AMOUNT

\$370,000

Please identify and list milestones in selected funding areas. Please also include the dollar amount tied to the milestone(s). You may expand as necessary.



Area 1 Milestones: Outreach

	\$
	\$
	\$
	\$
	\$
	\$

Area 2 Milestones: Prevention & Diversion Programs

	\$
	\$
	\$
	\$
	\$
	\$
	\$

Area 3 Milestones: Permanent (Supportive) Housing

	\$
	\$
	\$
	\$
	\$
	\$

Area 4 Milestones: Sheltering (Interim Housing)

	\$
	\$
	\$
	\$
	\$
	\$

Area 5 Milestones: System Supports

	\$
	\$
	\$
	\$
	\$
	\$