



Kern Health Systems: CalAIM Incentive Payment Program (IPP) 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 tabs to the right.

| Area | Funding Request |
|---|------------------------|
| Funding Area 1 (Delivery System Infrastructure) | |
| Funding Area 2 (ECM Provider Capacity Building) | |
| Funding Area 3 (CS Provider Capacity Building) | |
| Funding Area 4 (Quality Reporting) | |
| TOTAL | |

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 - ECM Provider Capacity Building | Area 3 - CS Provider Capacity Building | Area 4 - Quality Reporting | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 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 - ECM Provider Capacity Building | Area 3 - CS Provider Capacity Building | Area 4 - Quality Reporting | | | |
| | 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 |