

## ELC CARES Funding for Local Health Department

Enter Name of Local Health Department

Contract Term: May 1, 2020

Add Rows and Expenses/Items

Expenditure Type	# of Employees	Max # of Hours (if hourly employee)
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General Services Worker II	41	40/Week
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### Total Salaries and Wages

Total Fringe Benefits (51.51% est.)

Total Personnel

### Supplies

SP - Office Supplies

SP - Lab Supplies (specify types and costs  
of supplies)

SP- Testing Supplies (specify)

SP- Other Supplies (specify)

Total Supplies

### Equipment

Equipment

Total Equipment

### Travel

TC - Travel In State

TC - Travel Out of State

Total Travel

### Other Costs

OC - Communications

OC - Computers

OC - Training

OC - Meeting/Conferences

OC - Facilities Operation  
OC - Other (specify)  
**Total Other Costs**

**Total Direct Cost**

**FA - Indirect (Use CDPH Approved Cost Rate for ICR) 15.449%**

**Total Budget**

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Items as Needed

[illegible]

\$	-
\$	-
\$	-

\$ 853,029.00
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Indirect Type	15.449%	\$ 131,784.00
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\$ 984,813.00
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Proposal/Approval Budget	\$ 984,813.00
Carryforward	
Difference	\$ 0.00

**Please Specify the Laboratory and Testing Supplies Requested**

[illegible]

[illegible]