

FRHD CHC GRANT BUDGET REPORTING FORM

Agency Name:

Hospice of the Valleys

PROGRAM NAME:

Fallbrook Senior Assistance Program & Butterfly Memorial

Not all line items will correspond with your program budget. If the item does not fully align either leave it blank or group it in the best category possible. However, be sure your program budget is fully itemized.

A	INDIRECT EXPENSES:	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
A1	Administrative Support- 10 hours per quarter @ \$24.72/hr. 40 hours total+ 20% taxes/benefits	\$ 57,844.00	\$ 1,186.56	\$ 296.64			
A2	General Insurance (not program specific)	\$ -	\$ -				
A3	Accounting & audit expenses	\$ -	\$ -				
A4	Consultant/Contractor Fees	\$ -	\$ -				
A5	Physical Assets (Rent, Facility Costs)	\$ -	\$ -				
A6	Utilities	\$ -	\$ -				
A7	IT & Internet	\$ -	\$ -				
A8	Marketing & Communications	\$ -	\$ -				
A9	Office Supplies	\$ -	\$ -				
A10	Training & Education	\$ -	\$ -				
A11	Other: specify	\$ -	\$ -				
TOTAL INDIRECT EXPENSE		\$57,844.00	\$1,186.56	\$296.64	\$0.00	\$0.00	\$0.00
B	PERSONNEL EXPENSES - PROGRAM SPECIFIC	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
B1	Bereavement Staff= 2 @ \$30/hr + taxes & benefits x 3 hours = \$216	\$ 432.00	\$ 216.00				
B2	Bereavement Coordinator = \$38.85/hr + taxes & benefits x 3 hours = \$139.86	\$ 279.72	\$ 139.86				
B3	Social Worker = \$45.84/hr + taxes & benefits x 3 hours = \$165.02	\$ 330.04	\$ 165.02				
B4	Development Coordinator = \$24.72/hr + taxes & benefits x 4 hours = 118.66	\$ 237.32	\$ 118.66				
B5	Director of Development = \$40.80/hr + taxes & benefits x 4 hours = \$195.84	\$ 391.68	\$ 195.84				
B6	Volunteer Manager = \$29.92/hr + taxes & benefits x 3 hours = \$107.71	\$ 215.42	\$ 107.71				
B7	Other: specify	\$ -	\$ -				
TOTAL PERSONNEL EXPENSE		\$1,886.18	\$943.09	\$0.00	\$0.00	\$0.00	\$0.00
C	DIRECT PROGRAM EXPENSES	PROGRAM COST	REQUESTED FROM FRHD	AMOUNT USED Q1	AMOUNT USED Q2	AMOUNT USED Q3	AMOUNT USED Q4
C1	Equipment	\$ -	\$ -				
C2	Program/Project Supplies- Butterfly Memorial Event in Fallbrook (flyer, program, butterflies, supplies)	\$ 2,400.00	\$ 1,200.00	\$ 420.00			
C3	Printing/Duplicating	\$ -	\$ -				
C4	Travel/Mileage	\$ -	\$ -				
C5	Program Specific Insurance	\$ -	\$ -				
C6	Medication Co-pays/Unreimbursed (\$5 x 533 medications)	\$ 45,000.00	\$ 2,665.00				
C7	Full Electric Beds (\$0.90 daily rate x 1,472 patient days on service)	\$ 27,000.00	\$ 1,324.80	\$ 264.60			
C8	Incontinence Supplies (\$0.77 daily rate x 1,472 patient days on service)	\$ 23,000.00	\$ 1,133.44	\$ 208.74			
C9	Overbed Tables (\$0.86 daily rate x 1,472 patient days on service)	\$ 26,000.00	\$ 1,265.92	\$ 252.84			
C10	Hospice Hearts (10 x 25 patients @ \$6.00/each)	\$ 12,000.00	\$ 1,500.00	\$ 420.00			
C11	0	\$ -	\$ -				
C12	0	\$ -	\$ -				
TOTAL OTHER EXPENSES		\$135,400.00	\$9,089.16	\$1,566.18	\$0.00	\$0.00	\$0.00

D	TOTALS	W	Z	
		PROGRAM COST	FRHD Funds Expended	
		\$195,130.18	\$1,862.82	\$11,218.81