



London Breed, Mayor

Department of Human Services
 Department of Aging and Adult Services
 Office of Early Care and Education

Trent Rhorer, Executive Director

MEMORANDUM

TO: AGING & ADULT SERVICES COMMISSION

THROUGH: SHIREEN MCSPADDEN, EXECUTIVE DIRECTOR

FROM: CINDY KAUFFMAN, DEPUTY DIRECTOR
 JOHN TSUTAKAWA, DIRECTOR OF CONTRACTS *JTS*

DATE: FEBRUARY 15, 2019

SUBJECT: GRANT MODIFICATION: **INSTITUTE ON AGING (NON-PROFIT)**
 TO EXTEND THE SUPPORT AT HOME PILOT PROGRAM FOR
 OLDER ADULTS AND ADULTS WITH DISABILITIES

GRANT TERM:	<u>Current</u> 5/1/2017- 4/30/2019	<u>Modification</u> 5/1/2019- 6/30/2020	<u>Revised</u> 5/1/2017- 6/30/2020	<u>Contingency</u>	<u>Total</u> 5/1/2017- 6/30/2020
GRANT AMOUNT:	\$3,750,000	\$1,858,352	\$5,608,352	\$560,835	\$6,169,187
ANNUAL AMOUNT:	<u>FY16/17</u> \$190,226	<u>FY17/18</u> \$1,779,310	<u>FY18/19</u> \$2,043,629	<u>FY 19/20</u> \$1,595,187	
FUNDING SOURCE MODIFICATION FUNDING: PERCENTAGE:	<u>County</u> \$1,858,352 100%	<u>State</u>	<u>Federal</u>	<u>Contingency</u> \$185,835	<u>Total</u> \$2,044,187 100%

The Department of Aging and Adult Services requests authorization to modify the existing grant agreement with Institute on Aging for the time period beginning May 1, 2019 and ending June 30, 2020, in the amount of \$1,858,352 plus a 10% contingency for a total not to exceed amount of \$6,169,187. The purpose of this modification is to extend the Support at Home program, a home care voucher administration program, to eligible older adults and adults with disabilities through the end of the 19/20 Fiscal year.

Background

Few resources exist to help older adults and adults with disabilities in San Francisco who are typically described as individuals with “upper poor income,” and need some degree of in-home care or are at risk of institutionalization. For this population, affordability of sufficient in-home

care has become increasingly difficult due to ineligibility for most government-administered assistance programs and increases to the minimum wage in San Francisco.

Based on a February 2016 policy report to the Board of Supervisors titled “In Home Care for Seniors”, one possible strategy to effect assistance to this underserved population included a pilot program that partially subsidized the costs of in-home care per person, and expanded service delivery via a sliding scale based on an individual’s income tier and risk of institutionalization. Funding to support this home care pilot was allocated through the Board of Supervisors and Mayor’s Office add-back budgeting process in FY 2016-2017.

Grant Modification

The Support at Home pilot program was launched the final two months of FY16/17, and devoted much of the first year to program ramp up, including program development, infrastructure, client database creation, identifying the payroll vendor, hiring of program staff, and aligning program evaluation elements with UCSF (S@H Program Evaluation Contractor). While this development took a significant portion of FY17/18, program enrollment had additional barriers due to spaces being earmarked for adults with disabilities which had lower than anticipated utilization. These challenges hindered the ability to evaluate the efficacy of the pilot program.

To allow for proper evaluation of the pilot program, the intent of the modification is to extend the pilot an additional 14 months. \$263,165 will be used to fund the additional 2 months of FY18/19 and enhance outreach in order to increase program utilization of adults with disabilities to meet program and evaluation goals for FY19/20. \$1,595,187 will be used to extend the pilot program through the end of FY19/20.

Services to be Provided

Grantee administers a home care voucher administration program that targets San Francisco older adults and adults with disabilities that have both financial and functional need for home care subsidies, and are ineligible for subsidized home care programs such as Medi-Cal In-Home Support Services, Community Living Fund, In-Home Operations, and/or state waiver programs. Activities and services related to the program include, but are not limited to, the following:

Outreach and Waitlist

Grantee utilizes a targeted outreach strategy to identify eligible and interested individuals, and maintains a waitlist that ensures both an ideal case mix and fair access to services.

Intake/Screening and Enrollment Process

Grantee administers a standardized intake process for eligibility determination and enrollment. The enrollment process consists of a face-to-face home visit, needs assessment, verification of eligibility, consent for services, and program orientation. Ineligible individuals are offered alternative community resources if and when applicable.

In-Home Assessment, Re-Assessments, and Care Plan and Monitoring

Grantee utilizes a standardized in-home assessment for both home care and financial needs including, but not limited to, an evaluation of total met and unmet home care needs, unmet financial needs, projection of subsidized home care needs, person-centered goals, and how the home care voucher program would help achieve those goals.

Grantee conducts periodic telephone check-ins and quality assurance reviews. Re-assessments are conducted annually, and when there is a significant change in circumstances. Changes in overall care plan are adjusted accordingly.

Voucher Administration

Grantee is responsible for the effective management of home care vouchers based on the following parameters:

- a standardized sliding scale based on client home care need and ability to pay for care,
- a voucher cap of 15 hours per week per client, and
- administration of both independent and agency provider modes.

Data and Evaluation

Grantee houses and standardizes documentation in a secure manner that is extractable for the purposes of quality assurance and program evaluation. A project team, constituted by the Grantee, DAAS, and University of California, San Francisco (UCSF) collectively develops evaluation tools, administration strategy, and data analysis approach. Grantee administers evaluation tools in collaboration with the project team.

Grantee Performance

Grantee was found to be compliant with Citywide Fiscal and Compliance Monitoring standards in April 2018. Program monitoring took place in April 2018 with no findings.

Grantee Selection

Grantee was selected through RFP (Request for Proposals) #723, which was issued in November 2016.

Funding

This grant modification is funded entirely through City and County funds.

Attachments

Appendix A1: Services to be Provided

Appendix B1: Budget

**APPENDIX A1 – SERVICES TO BE PROVIDED
INSTITUTE ON AGING**

**May 1, 2017 to June 30, 2020
Support at Home Pilot**

I. Purpose

The purpose of this grant is to administer a home care voucher program for older adults and adults with disabilities with unmet home care needs due to affordability challenges within the City and County of San Francisco. The target population consists of older adults and adults with disabilities who are typically described as individuals with “upper poor income,” up to 100% of the area median income (AMI), who cannot afford home care services. This population may forego needed home care services or sacrifice quality of life due to lack of informal support systems and/or inability to afford private pay options, particularly as the cost of living continues to rise in San Francisco. With partial home care subsidization, this program aims to improve health, safety, and quality of life outcomes and to promote aging in place for individuals who are in need of in-home support but are ineligible for In-Home Supportive Services (IHSS) or other publicly-supported home care services due to income/resource limits or other program requirements. The Support at Home Program is not an extension of IHSS nor a Medi-Cal Share of Cost program.

II. Definitions

ADL	Activities of Daily Living include hygiene, dressing, toileting, eating, and grooming
AMI	Area Median Income
DAAS	San Francisco Department of Aging and Adult Services, a division of HSA
Grantee	Institute on Aging (IOA)
HSA	San Francisco Human Services Agency
IADL	Instrumental Activities of Daily Living include managing medicines, shopping, meal preparation, using a telephone, transportation, housework, managing money, and laundry
IHSS	In-Home Supportive Services
IOA Connect	Information and Referral service offered by the Institute on Aging that refers callers to the most appropriate programs within IOA or other resources in San Francisco that serve older adults and adults with disabilities.
Person-Centered Goals	Identified and agreed upon goals indicated by the client’s unique preferences, values and needs.
S@H	Support at Home Program, a home care voucher pilot funded by DAAS

S@H Program Evaluation Grantee	University of California, San Francisco (UCSF), Institute for Health Policy Studies
S@H Project Team	The S@H Project Team includes DAAS, IOA, and UCSF

III. Target Population

To be eligible for the Support at Home Program, an individual must meet the following criteria:

- A resident of San Francisco;
- An older adult aged 60 and above or adult with disabilities aged 18 to 59;
- Require assistance with a minimum of two (2) Activities of Daily Living (ADL) and/or Instrumental Activities of Daily Living (IADL);
- Income up to 100% of Area Median Income (AMI);
- Asset limit of \$40,000 (excluding house and one car);
- Able to demonstrate both financial and functional need for subsidized home care;
- Willing to contribute, on a sliding scale, to supplement home care cost;
- Willing to participate with program requirements and pre/mid/post evaluations; and
- Be ineligible for other subsidized home care through programs such as Medi-Cal In-Home Support Services, Community Living Fund, In-Home Operations, and/or other state waiver programs.

IV. Description of Services

Overview

Grantee is responsible for activities and services related to the administration of home care vouchers for the target population. This includes, but is not limited to, screening applicants for target population criteria, conducting a standardized assessment, determining program eligibility, administering vouchers, assisting with the selection of home care providers when needed, facilitating orientation and training for both consumers and providers, on-going monitoring and program oversight, and addressing issues as needed to support program success. Grantee works in close partnership with the Program Evaluation contractor, University of California, San Francisco (UCSF), to analyze program and client outcomes and data specifically related to clients' success in achieving personal health, mental health, and quality of life goals.

Outreach and Waitlist

Grantee has a targeted outreach strategy across diverse populations to identify eligible and interested individuals. Program outreach strategies are developed with input from community advocates and stakeholder meetings. Marketing materials in threshold languages include city-wide marketing and mass media strategies with target populations. Ongoing outreach is dependent upon the demand for services and waitlist expansion. Grantee maintains a waitlist that ensures fair access to the pilot as space is available while being mindful of the case mix to achieve service and objective outcomes. An ideal case mix is one that has range of individuals across a broad spectrum of functional and income needs, so that no one particular group is over- or under- represented. At a minimum, 50% of the clients are younger adults with disabilities.

Intake and Screening Process

Grantee has a standardized intake process for referrals through IOA Connect who determines initial program eligibility. If an individual is ineligible, IOA Connect Client Service Specialists offer alternative community resources when applicable. Initially eligible referrals are reviewed by Program Director and are either assigned for enrollment or placed on a wait list.

Enrollment

Grantee has a standardized, consumer-friendly enrollment process. Grantee gathers supporting documents and verifies eligibility based on program criteria. Financial verification includes consideration of individual income, assets, household size, and expenses (including, but not limited to, rent/mortgage, insurance, utilities, transportation, food, health care, medications, and caregiver costs). The enrollment process, at a minimum, consists of a face-to-face home visit, needs assessment, verification of eligibility, consent for services, and program orientation. Program orientation includes explanation of pilot goals, value of consumer input, program structure, provider options (independent provider or agency mode), voucher administration, program and client responsibilities, re-assessments, client-centered outcomes, and the evaluation components which may include surveys and telephonic check-ins. Applicants who have completed the enrollment process, consented to services, and started home care under this program are considered clients.

In-Home Assessment

Grantee develops a standardized assessment for both home care and financial needs in a person-centered manner. Applicants receive an in-home assessment, including an evaluation of total met and unmet home care needs, unmet financial needs, projection of subsidized home care needs, and person-centered goals and how the home care voucher program helps to achieve those goals.

Detailed caregiver information includes both formal and informal supports to determine need. The number of hours for unmet functional need is based on a balance of client self-report and reasonableness to close gap for unmet need. Functional ability is assessed according to the ADL and/or IADL scales.

This includes:

- **Domestic services** such as grocery shopping, meal preparation, cleaning, dusting, laundry, and general house work.
- **Non-medical personal services** such as bowel and bladder care, bathing, oral hygiene, grooming, dressing, and transfers.
- **Accompaniment services** such as to and from appointments with physicians, dentists and other health practitioners.

Standardized Re-assessment: A re-assessment is conducted annually and when there is a significant change in circumstances. Adjustments to home care hours, voucher administration, and/or overall care plan are made accordingly. If the client no longer meets program criteria, Grantee manages a standardized transition process that ensures client stability.

Care Plan and Monitoring

Grantee develops a person-centered care plan that describes the grantee and client agreement and responsibilities, and may include clients' family and/or support systems. As defined by program policies and procedures, Grantee conducts telephonic check-ins to review status of home care services including provider mode, authorized hours, client co-pay, and issues including recent hospitalizations, falls, and medical and medication compliance. Similarly, quality assurance reviews are conducted, and address issues such as voucher administration and provider modes.

Voucher Administration

The intent of the home care voucher program is to explore the impacts of a portable home care voucher model. Grantee is responsible for the effective management of the home care vouchers based on the following parameters:

- **Standardized Sliding Scale:** Grantee implements a sliding scale system that is based on clients' overall home care needs and ability to pay for this care. All clients must pay a share of their home care costs. The Grantee maintains a balanced case mix across a broad spectrum of functional and income needs while maximizing the number of clients served annually
- **Voucher Cap:** Grantee ensures that vouchers are capped at fifteen (15) hours per week per client to support equitable management of funds. A client may receive maximum hours if both high level of care and financial need are apparent.
- **Voucher Administration:** Grantee ensures effective management of the home care voucher in both provider modes. This includes having the organizational and technological infrastructure that ensures that the client contribution is paid prior to voucher payment on a monthly basis. Grantee has a responsive and proactive approach for early problem identification and resolution.

Provider Modes

Grantee allows clients the choice of either independent provider or agency mode. The independent provider mode allows clients to choose their provider and more flexibility to direct their own care including hiring, scheduling, and firing their own workers. The agency mode allows clients to work with an agency that provides support, training, and manages the home care workers. Grantee uses discretion to prevent fraud or abuse, and has final authority to approve or deny either provider modes.

- **Provider Wage:** In either independent provider or agency mode, grantee ensures compliance with the City's current applicable minimum wage per hour (not necessarily the consumer cost) for all home care providers.
- **Training Modules:** Grantee provides paid trainings for both provider modes focused on common caregiving issues such as communication, nutrition, safety, and hazards. Grantee standardizes mandatory and optional training modules for home care workers with opt out options, at the discretion of Grantee. At a minimum, all home care providers participate in an orientation about the Support at Home model, receive education on labor laws through a partnership with an organization representing domestic worker rights, as well as the responsibilities of clients, providers, and Grantee.

Home Care Termination

Home care termination is initiated either by Grantee or by client. Reasons for service termination include: client's condition has improved or stabilized and no longer requires caregiver support, client requires a higher level of care, client requires long-term institutionalization, client no longer desires services, client has moved out of area, client is deceased, or client has become unwilling or unable to follow a care plan, including payment of monthly cost sharing amount. Grantee uses a standardized termination process and assists with the transition, including referrals and resources.

End of Home Care Pilot Program

If needed, Grantee has developed plans for a transition period in the last six (6) months of this home care pilot to transition clients to alternate services, complete surveys, and conduct program evaluation.

Data and Evaluation

Grantee houses and standardizes documentation in a secure manner both electronically and with hardcopies as necessary. Documentation supports the scope of services and includes signed consent and release of information forms. Demographic information includes age, race, ethnicity, gender, sexual orientation, and primary language. Grantee also manages data in a way that can be extractable for the purposes of quality assurance and program evaluation. Grantee monitors quality and performance on an ongoing basis, including internal quality assurance activities, using surveys that include Quality of Life and/or satisfaction surveys administered by telephone and/or mail. A Project Team (including Grantee, DAAS, and UCSF) collectively develop evaluation tools, administration strategy, and data analysis approach. Grantee administers additional tools in collaboration with the Project Team.

V. Grantee Responsibilities

Grantee works collaboratively with DAAS on an ongoing basis with regards to program design, program development, implementation, and evaluation. Grantee manages ongoing quality assurance and improvement efforts, including monthly and ad hoc reports and regular meetings with DAAS.

Grantee develops policies and procedures, including a grievance procedure consistent with DAAS guidelines. The program design and policies are consistent with the underlying goal of this program – to ensure the quality and availability of home care services in order to improve physical and mental health, and quality of life outcomes for the target population.

Grantee supports staff development efforts and competencies with trainings and mentoring, always with sensitivity to the needs of diverse populations, including culture, language, gender, and sexual orientation.

Grantee ensures that the database(s) effectively track and export program and voucher data such as demographics, assessment, service authorization, voucher amount, client co-pay, reason for disenrollment, and client outcomes. This includes both client and provider level data for the purpose of program evaluation and data analysis.

Grantee works collaboratively with the program evaluation contractor, UCSF. In partnership with the Grantee and DAAS, UCSF focuses on the impacts of the pilot on the target population and its consistency with original pilot goals. The Support at Home program evaluation is distinctly separate from the Support at Home contract evaluation which will focus on the administration of the scope of work described in this document.

Grantee works in partnership with community advocates and other stakeholders on an ongoing basis to gather feedback on program design, implementation, and outcomes. Grantee may form an advisory committee or other governance structures to assist with this goal.

VI. Service Objectives

Grantee completes project tasks with no more than one (1) month of deviation from timeline.

On an annual basis, Grantee meets the following service objectives:

- **Service Units** include:
 - **175-250 unduplicated clients**, of which at least 50% are under age 60.
 - **43,800 hours** of subsidized care hours provided annually.
- **Service Objectives** include:
 - At least eighty-five percent (85%) of clients receive orientation/training within two (2) weeks of enrollment.
 - At least eighty-five percent (85%) of clients receive subsidized home care within two (2) weeks of enrollment.

VII. Outcome Objectives

On an annual basis, Grantee meets the following outcome thresholds:

Objective 1: At least eighty-five percent (85%) of clients indicate that their financial strain due to home care costs were reduced due to the program.

Objective 2: At least eighty-five percent (85%) of clients indicate that they have improved health-care related outcomes.

Objective 3: At least eighty-five percent (85%) of clients indicate that they are satisfied with voucher administration services provided.

Objective 4: At least eighty-five percent (85%) of clients indicate that they believe that the program helped them towards their person-centered goals at time of annual re-assessment.

These objectives include data from **Client Satisfaction Surveys** administered on an annual basis at a minimum. Objectives are further refined through Grantee's collaboration with the evaluation Project Team.

VIII. Reporting Requirements

Grantee provides various reports during the term of the grant agreement.

- A. Grantee provides an annual report summarizing the contract activities, referencing the tasks as described in Section IV - Description of Services, VI - Service Objectives, and VII - Outcome Objectives. This report also includes accomplishments and challenges encountered by the Contractor. This report is due forty-five (45) days after the completion of the program year.
- B. On an annual basis, Grantee provides results of the Client and Provider Satisfaction Surveys. This may or may not be provided at the same time as the annual report.
- C. Monthly, Quarterly, and Annual Reports are entered into the CARBON (Contracts Administration, Billing and Reporting Online) system.
- D. Grantee develops and delivers ad hoc reports as requested by DAAS/HSA.
- E. Reports requested to be sent via e-mail to the Program Manager and/or Contract Manager to the following addresses:

Carrie Wong
Program Manager
Department of Aging and Adult Services
PO Box 7988
San Francisco, CA 94120
Carrie.Wong@sfgov.org

David Kashani
Contract Manager
Human Services Agency
PO Box 7988
San Francisco, CA 94120
David.Kashani@sfgov.org

IX. Monitoring Activities

A. Program Monitoring: Program monitoring includes review of compliance to specific program standards or requirements; client eligibility and targeted mandates, back up documentation for the units of service and all reporting, and progress of service and outcome objectives; how participant records are collected and maintained; reporting performance including monthly service unit reports, maintenance of service unit logs; agency and organization standards, which include current organizational chart, evidence of provision of training to staff regarding the Elder Abuse Reporting; program operation, which includes a review of a written policies and procedures manual of all DAAS-funded programs, written project income policies if applicable, grievance procedure posted in the center/office, and also given to the consumers who are homebound, hours of operation are current according to the site chart; a board of director list and whether services are provided appropriately according to Sections IV and V.

B. Fiscal Compliance and Contract Monitoring: Fiscal monitoring includes review of the Grantee's organizational budget, the general ledger, quarterly balance sheet, cost allocation procedures and plan, State and Federal tax forms, audited financial statement, fiscal policy manual, supporting documentation for selected invoices, cash receipts and disbursement journals. The compliance monitoring includes review of Personnel Manual, Emergency Operations Plan, Compliance with the Americans with Disabilities Act, subcontracts, and Memorandum of Understandings, and the current board roster and selected board minutes for compliance with the Sunshine Ordinance.

**HUMAN SERVICES AGENCY BUDGET SUMMARY
BY PROGRAM**

	A	B	C	D	E	F	G	H			
1											
2											
3											
4											
5	Name							Term			
6	Institute on Aging							May 1, 2017 - June 30, 2020			
7	(Check One) New <input type="checkbox"/> Renewal <input type="checkbox"/>	Modification <input checked="" type="checkbox"/> X									
8	If modification, Effective Date of Mod.		No. of Mod.								
9	Program: Support at Home Pilot										
10	Budget Reference Page No.(s)										
11	Program Term	FY16-17 (May - June)	FY17-18	FY18-19 (July - April)	Mod	FY 18/19	Revised	FY 18/19	New	FY 19/20	Total
12	Expenditures										
13	Salaries & Benefits	\$50,050	\$361,646	\$294,974		\$120,851		\$415,825		\$426,806	\$1,254,327
14	Operating Expense	\$102,402	\$142,178	\$119,122		\$96,675		\$215,797		\$101,227	\$561,604
15	Subtotal	\$152,452	\$503,824	\$414,096		\$217,526		\$631,622		\$528,033	\$1,815,931
16	Indirect Percentage (%)	15%	15%	15%		15%		15%		15%	15%
17	Indirect Cost (Line 16 X Line 15)	\$22,868	\$75,573	\$62,115		\$32,627		\$94,742		\$79,205	\$272,388
18	Voucher Expenditure	\$14,906	\$1,199,913	\$1,304,253		\$13,012		\$1,317,265		\$987,949	\$3,520,033
19	Total Expenditures	\$190,226	\$1,779,310	\$1,780,464		\$263,165		\$2,043,629		\$1,595,187	\$5,608,352
20	HSA Revenues										
21	Support at Home	\$190,226	\$1,779,310	\$1,780,464		\$263,165		\$1,780,464		\$1,550,000	\$5,300,000
22	OTO 18/19										
23	OTO 19/20									\$45,187	\$45,187
24											
25											
26											
27											
28											
29	TOTAL HSA REVENUES	\$190,226	\$1,779,310	\$1,780,464		\$263,165		\$2,043,629		\$1,595,187	\$5,608,352
30	Other Revenues										
31											
32											
33											
34											
35											
36	Total Revenues	\$190,226	\$1,779,310	\$1,780,464		\$263,165		\$2,043,629		\$1,595,187	\$5,608,352
37	Full Time Equivalent (FTE)	0.54	3.97	3.35				4.67		4.85	
39	Prepared by: Laura Liesem	Telephone No.: 415-750-8761									
40	HSA-CO Review Signature:	Date 04-05-2017									
41	HSA #1										

Salaries & Benefits Detail

Line #	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	
																					Agency Total
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13	Director of Operations/VP of	\$112,498	100%	3%	0.03	\$3,750	20.0%	0.20	\$22,500	0%	0.00	\$0	0%	0.00	\$0	0%	0.00	\$0	0%	0.00	
14	SF Regional Director	\$136,000	100%	3%	0.03	\$3,683	16.2%	0.16	\$22,097	14%	0.14	\$18,414	31%	0.31	\$23,746	\$42,150	30%	0.30	\$40,800	\$108,740	
15	Program Director	\$86,700	100%	15%	0.15	\$13,393	92.7%	0.93	\$80,356	77%	0.77	\$66,963	98%	0.98	\$18,037	\$85,000	100%	1.00	\$86,700	\$265,449	
16	Assessment Coordinator 1	\$66,289	100%	17%	0.17	\$10,681	100.0%	1.00	\$65,289	83%	0.83	\$54,408	92%	0.92	\$6,593	\$60,000	86%	0.86	\$56,304	\$192,474	
17	Assessment Coordinator 2	\$66,900	100%	0%	0.00	\$0	74.0%	0.74	\$49,075	82%	0.82	\$4,828	98%	0.98	\$10,473	\$65,000	92%	0.92	\$60,986	\$175,071	
18	Accounting & Program Coordinator	\$53,040	100%	16%	0.16	\$8,333	94.3%	0.94	\$50,000	79%	0.79	\$41,667	98%	0.98	\$10,333	\$52,000	100%	1.00	\$53,040	\$165,373	
19	Assessment Coordinator 3	\$57,000	100%	0%	0.00	\$0	0.0%	0.00	\$0	0%	0.00	\$0	0%	0.00	\$28,500	\$28,500	77%	0.77	\$43,605	\$72,105	
20																					
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29	TOTALS	\$576,627	7.00	0.54	0.54	\$40,040	3.97	3.97	\$289,317	3.35	3.35	\$235,979	4.57	4.57	\$96,681	\$332,560	4.85	4.85	\$341,445	\$1,003,492	
30	FRINGE BENEFIT RATE	25%																			
31	EMPLOYEE FRINGE BENEFITS	\$144,207				\$10,010			\$72,329			\$58,995			\$24,170	\$83,165			\$85,361	\$250,865	
32																					
33																					
34	TOTAL SALARIES & BENEFITS	\$721,034				\$60,050			\$361,646			\$294,974			\$120,851	\$415,826			\$426,806	\$1,254,327	
35	HSA #2																				
36																					

FY16-17 (May - June)

FY17-18

FY18-19 (July - April)

FY18-19 (MOD)

FY18-19 (Revised)

FY19-20 (New)

Voucher Expense Detail

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
1																		
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12/15/2016