**Chicago Community Health Response Corps** **RFP (Request for Proposal) 2022-2023**

**BUDGET INSTRUCTIONS**

**Budget Summary Form**

This form summarizes budget information entered on the Personnel Budget, Non-Personal Budget, and Community Health Response Corps (CHRC) Wages forms. Budget entries on rows 18-33 will automatically populate.

Enter delegate agency information.

**B1. Agency Name:** Enter the name of your organization.

**B2. FEIN:** The Internal Revenue Service (IRS) assigns a 9-digit federal employer identification number (FEIN) to every organization employing one or more individuals. Please indicate your organization’s FEIN in the space provided. Call the IRS at (800) 829-1040 with questions regarding FEIN.

**C1. Program Name:** “Chicago Community Health Response Corps.” Information has been pre-filled.

**C2. Phone Number:** Please enter the employee contact and phone number for the program.

**C3. E-mail Address:** Please enter the contact email address for the program.

**C4. Program Budget Year**: “2022.” Information has been pre-filled.

**C5. Contract Period:** “November 2022 – June 2023.” Information has been pre-filled.

**C6. Award Amount:** This will automatically calculate.

**D1. Type of Expenditure**: The necessary information has already been provided. In exceptional cases, you may obtain approval to use "other" accounts. If you are unsure how to categorize a specific cost, please contact The Partnership. Please note: For local transportation costs, the automobile allowance is 57.5 cents per mile.

**D2. Account number:** The necessary information has already been provided.

**D3. The Partnership Share:** This column will be automatically populated by formulas based on the information entered in the “Partnership Share” columns on the Personnel and Non-Personnel forms.

**D4. Other Share:** This column will be automatically populated by formulas based on the information entered in the “Other Share” columns on the Personnel and Non-Personnel forms.

**D5. Total Cost:** This column will automatically calculate based on information entered (D3) and (D4).

**D6. Agency Authorization:** Signature of Chief Financial Officer or Equivalent.

**D7. The Partnership Authorization:** To be signed by Partnership Controller.

**E. Percentage of Total Program Costs Paid by Other Share:** This column will be automatically generated by formulas based on the information entered (D4) and (D5).

**Personnel Budget Form**

**The maximum amount allowed for Personnel costs is $97,363.64.**

This form is used to project costs for personnel who will administer the program. You may include indirect costs if applicable.

**Personnel Budget Allocation:** “2022.” Information has been pre-filled.

**A1. Position Title:** List all positions that will be funded under this program.

**A2. Number of Employees:** For each position listed in column (A1), indicate the number of employees to be funded.

**A3. Salary Rate:** For each position listed in column (A1), indicate the corresponding salary rate(s) (either annually or hourly) for each employee. If there are different rates for the same position, start a new line for each position at a different rate.

**A4. Time Spent on Program:** Please indicate the percentage (%) of time that this employee is anticipated to spend on this program.

**A5. Pay Periods:** List the number of pay periods per year.

**A6. The Partnership Share**: For each position listed, please indicate what amount of salary will be paid with Partnership funds.

**A7. Other Share**: This information will be automatically calculated by formulas. Other Share is generated by subtracting column (A6) from column (A8).

**A8. Total Cost:** This information will be automatically calculated by formulas. Total Cost is generated by multiplying columns (A2), (A3), and (A4).

**A9. Summary of Job Responsibilities:** Briefly describe the duties and responsibilities associated with each position listed in column (A1).

**A10. Personnel Totals:** This information will be automatically calculated by formulas. Personnel Totals indicate subtotals for columns (A2), (A6), (A7), and (A8).

**B. Fringe Benefits and Total Personnel Costs:** Both the federal government and the State of Illinois require employers to pay various employee taxes and contributions.[[1]](#footnote-1) These taxes and contributions, along with certain fringe benefits that your organization may wish to offer its employees, are eligible expenses. Please estimate these various costs on the form indicated. You must have written organizational policies to support those costs.

**B1a. Social Security:** The employee tax rate for social security is 4.2% (amount withheld). The employer tax rate for social security is 6.2% (12.4% total). The wage base limit is $117,000. This should be computed every payroll period.

**B1b. Medicare:** The employee tax rate for Medicare tax is 1.45% (amount withheld). The employer tax rate for Medicare tax is also 1.45% (2.9% total). There is no wage base limit for Medicare tax; all covered wages are subject to Medicare tax. This should be computed every payroll period.

**B2. State Unemployment Insurance[[2]](#footnote-2):** Identify the Partnership Share and Total Cost of State Unemployment Insurance in columns G and I, respectively. It is likely that your organization is liable for State Unemployment Insurance. For further information contact the Illinois Department of Employment Security hotline at (800)247-4984.

**B3. State Worker’s Compensation:** Identify the Partnership Share and Total Cost of State Worker's Compensation Insurance in columns G and I, respectively. This insurance is computed at a rate determined by the employee’s type of business or organization. How often an employer must pay worker's compensation is based on the size of the insurance premium. All applicants are encouraged to call the National Council of Compensation Insurance (NCCI) at (800) 622-4123 for technical assistance in this matter.

**B4-B5. Other:** Please list any other employer expenses or benefits the agency will or must offer its employees. Please identify the Partnership Share and the Total Cost in columns G and I.

**B6. Fringe Benefits and Other Total:** This information will be automatically calculated by formulas. Fringe Benefits and Other Totals indicate subtotals for Fringe Benefits columns G-I.

**B7. Personnel Costs Total:** This information will be automatically calculated by formulas. Personnel Costs Totals are calculated by adding Personnel Totals (A10) and Fringe Benefits Totals (B6).

**C. Indirect Costs**: If applicable, you may enter Indirect costs under C. Explain your indirect base and rate.

**Non-Personnel Budget Form**

**The maximum amount allowed for non-Personnel costs is $97,363.64.**

This form should be used to estimate and justify the non-personnel line-item amounts shown in the Budget Summary.

**Non-Personnel Budget Allocation:** “2022.” Information has been pre-filled.

**A1. Type of Expenditure:** The necessary information has already been provided for Rows 9-14. Categories are limited to those given. For any “Other” approved type(s) of expenditure, enter a category name in (A1) and justify its inclusion in (A6).

**A2.** The necessary information has been pre-filled.

**A3. The Partnership Share:** For each type of expenditure and account number, please indicate how much will be paid with Partnership funds.

Regarding Travel, the automobile allowance for local travel is 62.5 cents per mile.

Under Equipment, you must budget for the following items for each CHRC Worker and CHRC Supervisor you employ:

* 1 basic laptop with peripherals (e.g., headset, mouse, etc.)
* 1 smart cellular phone with service for performance period
* 1 Wi-Fi hotspot with service for performance period or other means for Wi-Fi access in instances where CHRC Workers and supervisors work from home and/or other remote locations outside of your organization’s office/worksite.

You may include other equipment costs as needed.

**A4. Other Share:** This information will be automatically calculated by formulas. Other Share is calculated by subtracting (A3) from (A5).

**A5. Total Cost:** Indicate the total amount budgeted for each expenditure type and account number.

**A6. Description and Justification:** All funds listed in (A5) must be justified for Partnership Share and Total Cost. Please show all calculations. Include quantities and unit costs wherever possible.

**A7. Non-Personnel Totals:** This information will be automatically calculated by formulas.

Non-Personnel Totals indicate totals for (A3), (A4), and (A5).

**Note re: Insurance.** The Chicago Community Health Response Corps program is funded by the City of Chicago, whose Department of Finance has established minimum insurance requirements for applicants awarded federal or state funds. The types of insurance required include worker’s compensation; general liability; a fidelity bond (if applicable); automobile liability; and professional liability. The City reserves the right to require additional types of insurance. Accordingly, The Partnership may require certain types of insurance of the applicant.

**CHRC Workers Budget Form**

**$454,363.64 is designated for wages and related payroll costs for CHRC Workers and Supervisor.**

This form should be used to estimate and justify CHRC Worker wages and other eligible payroll costs. The Partnership will work with your organization, if selected, to revise this budget form as necessary at the time of contract execution. At this time, please estimate costs based on the parameters provided below.

**A1. Type of Expenditure:** The necessary information has already been provided. If using “Other” costs, enter the category under (A1) and provide a justification for its inclusion in (A6).

**A2. Account Number:** The necessary information has already been provided.

**A3. Partnership Share:** All costs on this form will be allocated to Partnership Share.

CHRC Workers - Wages: You must budget for wages from the first pay period in November 2022 to the final pay period in June 2023 for 10 CHRC Workers at $22 per hour and 1 CHRC Supervisor at $27.25 per hour. All CHRC positions will be full-time positions. The volume of required work to be performed by contact tracing employees may fluctuate throughout the performance period. Your proposed staffing model and budget for CHRC Worker wages should reflect the capacity of 40 hours of work per week per CHRC Worker and Supervisor.

CHRC Workers - Fringe

Use Instructions on Personnel Budget Form related to fringe benefits to complete the requested information.

CHRC Workers – Taxes:

Use Instructions on Personnel Budget Form related to payroll taxes to complete the requested information.

**A4. Other Share:** This information will be automatically calculated by formulas. Other Share is calculated by subtracting (A3) from (A5).

**A5. Total Cost:** Reenter the costs entered in (A3) Partnership Share.

**A6. Description and Justification:** All funds listed in (A5) must be justified. Please show all calculations. Include quantities and unit costs wherever possible.

1. The Federal Insurance Contributions Act (FICA) tax includes two separate taxes. One is social security tax and the other is Medicare tax. Different rates apply for each of these taxes. [www.irs.gov.](http://www.irs.gov/) [↑](#footnote-ref-1)
2. Most non-profit agencies do not have to pay the Federal Unemployment Tax. Check with the IRS at (800) 829-1040 to determine if your organization is exempt. You should also check with The Partnership to determine whether additional benefit(s) you offer employees are eligible expenses. [↑](#footnote-ref-2)