



PROGRAM BUDGET

GRANT PERIOD: 1/1/2018- 12/31/2019

Agency Name:	San Antonio Metropolitan Health District
Program Attachment ID:	2017-XXXXXX-XXX
Program Type:	Conference of Mayors
Funding Amount:	\$150,000
Contact Person:	Kathleen Shields
Telephone Number:	(210) 207-6030
Match %	\$0

COST REIMBURSEMENT PROGRAM	
CATEGORY	Budget
Personnel	\$0
Fringe Benefits	\$0
Travel	\$0
Equipment	\$0
Supplies	\$5,000
Other	\$145,000
Indirect Cost	\$0
Total Budget	\$150,000
Match	
DSHS funded amount	\$150,000

Justification:

Program Manager	
Department Fiscal Administrator	

Conference of Mayors
Fund 28*
Functional Area 36xxxxxxxxxx

Grant Timeframe: January 1, 2018-
December 31, 2019

<u>ESTIMATED REVENUES</u>	GL	Adjusted Budget	Adj	Adjusted Budget
Conference of Mayors	4501000	150,000		150,000
Total Estimated Revenues		150,000		150,000

APPROPRIATIONS

Title

Activity: 36-xx-xx
Cost Center 36xxxxxxx
Internal Order 836000007XX

2	Flexible Benefits Contribution	5170040	-	-
7	Education - Classes / Registrations	5201025	-	-
6	Fees to Professional Contractors	5201040	45,000	45,000
6	Contractual Services	5202020	-	-
7	Advertising & Publications	5203040	75,000	75,000
7	Binding & Reproduction (Printing)	5203060	25,000	25,000
3	Transportation Fees - Local Mileage	5203090	-	-
7	Maintenance Auto	5204090	-	-
7	Mail and Parcel Post	5205010	-	-
3	Travel - Official	5207010	-	-
7	Alarm & Security Service	5208530	-	-
7	Maint & Rep Building	5301010	-	-
5	Office Supplies	5302010	-	-
5	Food	5304010	5,000	5,000
5	Chemical Medical	5304040	-	-
7	Computer Software	5304075	-	-
Total Estimated Expenses			150,000	0 150,000

Conf. Of Mayors	Revised Budget	Adjustment	Revised Budget
1 Personnel	\$ -	\$ -	\$ -
2 Fringe Benefits	0	0	0
3 Travel	0	0	0
4 Equipment			
5 Supplies	5,000	0	5,000
6 Contractual	45,000		45,000
7 Other	100,000	0	100,000
Direct	\$ 150,000	\$ -	\$ 150,000
8 Indirect	-	-	-
Total	\$ 150,000	\$ -	\$ 150,000

	Position ID	NAME	TITLE	ACTIVITY	Position #	Hourly Salary	Salary-12 month	4% COLA	Salaries
	30028133		0282-HEALTH PROGRAM SPECIALIST		30026147	15.42	32,067.10	0.00	32,067.10
	30026145	EVA BOATENG	0282-HEALTH PROGRAM SPECIALIST		30026531	15.42	32,067.10	1,603.36	33,670.46
	30026144	MILDRED OFFOR	2054-COMMUNITY SERVICES SUPERVISOR		30026144	20.99	43,652.08	2,182.60	45,834.68
	30026147	ZITA POWELL	0282-HEALTH PROGRAM SPECIALIST		30026145	15.42	32,067.10	1,603.36	33,670.46
TOTAL							139,853.38	5,389.31	145,242.69

\$42,259

30028133		0282-HEALTH PROGRAM SPECIALIST
30026145	EVA BOATENG	0282-HEALTH PROGRAM SPECIALIST
30026144	MILDRED OFFOR	2054-COMMUNITY SERVICES SUPERVISOR
30026147	ZITA POWELL	0282-HEALTH PROGRAM SPECIALIST

-
32,067.10
43,652.08
32,067.10

0

Position ID	Job Name	Job Class	Employee Name
30026531	0282-HEALTH PROGRAM SPECIALIST	0239	Vacant - Fill 3/14/16
30026147	0282-HEALTH PROGRAM SPECIALIST	0282	CHIDOZIE I NNADOZIE
30026145	0282-HEALTH PROGRAM SPECIALIST	0282	Vacant - Fill 2/15/16
30026144	2054-COMMUNITY SERVICES SUPERVISOR	2054	ROBYN MARIE STASSEN

Annual Salary	Actuals (Sept - Jan)	February	March	April	May	June
33,337.12		0.00	1,795.08	2,692.61	2,820.83	2,949.05
32,384.56		2,615.68	2,864.79	2,615.68	2,740.23	2,864.79
33,337.12		1,410.42	2,949.05	1,410.42	2,740.23	2,949.05
39,968.76		3,228.25	3,535.70	3,228.25	2,740.23	3,535.70
		7,254.34	11,144.61	9,946.95	11,041.53	12,298.59

Personal Leave Buy Back	Total Salary	FICA	TMRS	Life	Flex
261.57	27,482.61	2,102.42	2,847.20	27.48	6,028.30
254.09	30,434.01	2,328.20	3,152.96	30.43	6,631.13
261.57	27,402.01	2,096.25	2,838.85	27.40	6,631.13
784.00	37,390.07	2,860.34	3,873.61	37.39	6,631.13
1,561.23	122,708.71	9,387.22	12,712.62	122.71	25,921.69
6438.77	46,915.40	2965.51	4553.26	41.63	9111.13
8,000.00	169,624.11	12,352.73	17,265.88	164.34	35,032.82

Total Fringe	Total Salary & Fringe
11,005.40	38,488.01
12,142.73	42,576.74
11,593.63	38,995.64
13,402.47	50,792.54
48,144.24	170,852.94
16,671.53	63,586.93
64,815.77	234,439.87

Version	0		Plan/Act - Version		
Period	4	to	4		
Fiscal Year	17				
ORDER	COST ELEMENT	FUND	FUNCTIONAL AREA	GRANT	
136000000702	4501000	2201636012	3600400000010041	SD36000079	FUTURE USE GM

Total plan costs	Distribution key	Record Qu	Long text exists
-250000		2	
		2	
		2	
		2	
		2	
		2	
		2	
		2	
		2	
		2	
		2	
		2	
		2	
		2	
		2	
		2	
		2	

Version 0
 Period 4 to Plan/Act - Version
 Fiscal Year 17 4

ORDER	COST ELEMENT	FUND	FUNCTIONAL AREA	GRANT	
136000000702	5203060	2201636012	3600400000010041	SD36000079	FUTURE USE GM
136000000702	5304010	2201636012	3600400000010041	SD36000079	FUTURE USE GM

Total plan costs	Distribution key	Record Qu: Long text exists
1000		2
-1000		2