Organization Name Name of Program		San Antonio etropolitan Health District etro Health Focus	Budget Period:	1/1/18-12/31/18
Item Description (describe item and how the total cost p	oer (Gilead Program	Non-Gilead Funding	In-Kind Support
item was calculated)		Budget	Support	тапа опррои
	DEDSC	MNEL		
PERSONNEL (Name, title, % FTE and # months on project)				
Sian Hill Elmore, Project Director at 5%				\$3,183.12
Existing employee, Patient Navigator (Community Service Specialist), 50%	ces \$	19,841.61		.,,
Laboratory Technician				\$ 34,000.00
Subtotal Personnel		10.044.64	<u></u>	¢ 24.000.00
	\$	19,841.61	\$ -	\$ 34,000.00
Subtotal Personnel + Fringe	% \$ \$	7,539.81 27,381.42	\$ - \$ -	\$ 12,920.00 \$ 34,000.00
		PROJECT COSTS	<u>, -</u>	34,000.00
HCV Ab+ Test	\$	68,966.40		
HCV RNA Confirmatory	\$	3,785.07		
HBsAg	\$	7,608.38		
HBsAg Confirmatory	\$	152.10		
Make modifications to EMR system	\$	5,000.00		
Subtotal Other Direct Costs	\$	85,511.95	\$ -	\$ -
(i.e. Consultants)	RCHASEI	D SERVICES		
Temporary Staff - Project Manager/Data Coordinator	\$	59,575.98		
Subtotal Purchased Services	\$	59,575.98	\$ -	\$ -
Subtotal Direct Costs	\$	172,469.35	\$ -	\$ 34,000.00
Indirect Rate (not to exceed 10%) 10		17,246.94	\$ -	\$ 3,400.00
TOTAL PROGRAM BUDGET REQUEST	\$	189,716.29	\$ -	\$ 37,400.00