

Advancing Oral Health Equity in California 2027-2030 Detailed Budget and Budget Justification Instructions

General instructions are provided to assist Local Oral Health Programs (LOHPs) develop and maintain a detailed budget outlining and describing intended use of grant funding allocated by the California Department of Public Health (CDPH), Office of Oral Health (OOH).

Audit and Documentation Requirements:

For all budget categories, LOHPs must retain source documentation (agreements, invoices, receipts, agendas, logs, allocation methods, and supporting materials) for a minimum of three (3) years after final payment and make it available upon request. Documentation must demonstrate reasonableness, allocability to approved Work Plan objectives, and compliance with all statutory and administrative limits, including the 5% administrative cap and the approved Indirect Cost Rate.

The primary steps to completing a budget are:

1. Use the budget workbook template (Document E) to develop a budget for three (3) fiscal years (FY) of funding that identifies ~~and justifies~~ the costs associated with implementation of the Work Plan. All budget items must be for LOHP staff to support objectives and activities in the Work Plan. All budget detail ~~and justification~~ must be approved by OOH in writing.
 - Adhere to the instructions and requirements provided in Appendix 1 - LOHP Guidelines and in this document.
 - When completing the budget template, only light blue cells will be editable. All other cells are protected and cannot be modified.
 - Ensure the total dollar amount for each FY is equal to the maximum amount provided annually in the Local Oral Health Program Funding Table (Appendix 2).
 - The budget for all years may never exceed the total grant allocation.
 - Verify the budget matches the total allocation when submitting a revision by ensuring the total in the General Information tab is green filled. If it is red filled, somewhere in the budget the amounts are incorrect and need to be balanced.
 - For budget revisions, refer to the Budget Revision Instructions tab. **Budget changes of up to 10% of the total annual budget or \$30,000 (whichever is lower) do not require prior approval. These changes should be included in the budget template and communicated prior to the submission of the next**

quarterly invoice. A Budget Revision must be submitted for changes >10% of the total annual budget.

- Utilize eight budget categories:
 - A. Personnel Costs
 - B. Fringe Benefits
 - C. Operating Expenses
 - D. Equipment Expenses
 - E. Travel and Training
 - F. Subgrants and Consultants
 - G. Other Costs
 - H. Indirect Expenses
 - Verify that each activity in the Work Plan that results in an expenditure of funds is adequately reflected in the budget.
 - Confirm that administrative costs do not exceed 5% of the total budget per California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56), [Revenue and Taxation Code Section 30130.57\(f\)](#) : “Not more than 5 percent of the funds received pursuant to this article shall be used by any local agency or department receiving such funds for administrative costs.”
 - ~~• All materials developed by the LOHP for dissemination must be approved by OOH. Once approved, they must include an attribution to CDPH as follows: “This material is funded by the California Department of Public Health, Office of Oral Health under agreement XX-XXXXX.”~~
 - ~~• Any approved material may not be edited or modified without the written consent of OOH.~~
 - Extra rows have been included and hidden under each budget category. If you need to include additional budget line items, right click the final row in the category and select unhide from the menu.
2. In the budget justification **Scope of Work Reference** column, provide **corresponding objective and activity numbers**. ~~calculations and clearly describe how the costs identified for each FY were determined:~~
- ~~• Provide easy-to-follow formulas to substantiate how costs are calculated.~~
 - ~~• Provide an explanation for costs that vary significantly from one FY to the next.~~
 - ~~• For Subgrants/Consultants, Behavioral Modification Materials, and additional expenses under the Other Costs category, indicate which Work Plan objective the budget item supports.~~

Detailed instructions for each of the eight required budget categories are provided below.

A. PERSONNEL COSTS

- Go to the Personnel tab. Totals from this page are pulled into the Detailed Budget tab automatically.
- List each position by name and title and include credentials (e.g., RDH, RDHAP, RDA, DDS), if applicable, required to complete the Work Plan activities through the term of the agreement.
- Positions budgeted under Personnel Costs must have a direct role connected to activities in the Work Plan.
- ~~• Positions providing indirect support to the Work Plan and budgeted at less than 10% full-time equivalent (FTE) should be budgeted under Indirect Expenses. If budgeted as a Personnel Cost, provide an explanation for the percentage FTE and a description of the direct connection to the Work Plan; these positions are subject to OOH review and approval. If the position is being funded in-kind or partially by a related program, please indicate what program in the justification section.~~
- **Positions under 10% FTE may be budgeted in Personnel if duties have a direct Work Plan link and documentation is retained; otherwise, include under Indirect Expenses.** Designate a Project Lead to serve as a primary contact, ensuring program oversight and timely preparation and submission of deliverables as outlined in Appendix 4.
- For each budgeted position, provide a brief description of the duties, responsibilities, and activities to be performed related to the Work Plan.
- A formula is provided to substantiate how costs are calculated for Personnel. (Monthly Salary X percentage (%) of FTE X number of months = Amount Requested per FY.)
- Percentage of FTE:
 - 50% FTE equals $2,080 \times 50\% = 1,040$ hours annually, including paid leave.
 - Personnel working 20 hours in a 40-hour work week are 50% FTE.
 - When the percentage of FTE varies from month to month, enter the average percentage.

Sample formulas for Personnel Costs:

$\$8,000/\text{month} \times 50\% \text{ FTE} \times 12 \text{ months} = \$48,000$

$\$6,000/\text{month} \times 30\% \text{ FTE} \times 12 \text{ months} = \$36,000$

B. FRINGE BENEFITS

- ~~• List each fringe benefit that will be provided to eligible Personnel in the Detailed Budget tab under justification (Column G).~~
- ~~• In the Justification section, identify any Personnel that will not receive benefits.~~
- Enter the fringe benefit percentage for each year in the Personnel tab.
- Anticipate any increases in the fringe benefit rate for future years.
- Fringe Benefits may not include the following:
 - Employee leave (including annual leave, vacation, sick leave, holidays, jury duty, military leave, training leave, and administrative leave).
 - Employee vacation or sick leave accruals earned outside the allocation term.
 - Workers' compensation claims (Budget for workers' compensation premiums only).
- Budget at actual costs for each eligible employee.

~~Sample formula for Fringe Benefits:~~

~~$\$75,000/\text{annual salary cost} \times 50\% \text{ FTE} \times 35\%/\text{fringe benefit rate} = \$13,125/\text{fringe benefit FY Total}$~~

C. OPERATING EXPENSES

Operating expenses include costs associated with completing the activities in the Work Plan. **In this contract cycle, we are no longer requiring budget justification in a number of areas for the budget to reduce administrative burden. To the extent possible, ensure the line-item description is sufficiently clear to understand the expense. Examples are given below.**

- LOHPs may budget for the oral health program share of monthly Internet access fees during the term of the grant to access the OOH webpage, SharePoint Site, and other oral health resources. **Example line-item descriptions:**
 - Sample formula for Internet **access fees**
 $\# \text{ FTE} \times \$ ___ \text{ per month} \times \# \text{ months} = \$ ___.$
 - **Local oral health website maintenance fees**
- Budget project Space Rent/Lease costs at a maximum of 150 square feet per FTE plus reasonable square footage common space as determined by the jurisdiction, such as conference rooms, break room(s), restrooms, storage,

library, etc. **Example line-item description: “Space and rental costs for 3.0 FTE, including shared space**

- ~~• Separate formulas for office space and common space are acceptable.~~
- Provide detailed justification if project space exceeds 150 square feet per FTE and/or the amount of is included.
- Include any space cost increases for future years.

Sample formulas for space rent/lease:

$$1.4 \text{ FTE} \times 150 \text{ sq. ft.} \times \$1.20 \text{ per sq. ft.} \times 12 \text{ months} = \$3,024$$

~~Common Space Request: 125 sq. ft. of space is requested for project storage and common space (meeting, training, break and restroom areas). This is the portion charged to the oral health program.~~

$$125 \text{ sq. ft.} \times \$1.20 \text{ per sq. ft.} \times 12 \text{ months} = \$1,800$$

- LOHPs may propose additional items under Operating Expenses. Some examples include:

Office Expenses/Supplies:

Budget for consumable supplies, such as paper, copier toner, pens, pencils, folders, binders, staplers, **postage and mailing supplies** etc. needed for LOHP staff only. **This can be listed as a single line item of “Consumable office expenses/supplies” with an estimated total for all.**

- ~~• Provide a list of supplies needed for the project and an itemized breakdown of estimated costs per unit, # of units, and estimated totals. Keep an itemized list of supply purchases for auditing purposes.~~

Communications:

- Budget for teleconferencing that may be necessary to complete activities in the Work Plan, **including monthly phone network expenses and subscription for webinar platforms. Example line-item descriptions:**
- ~~• Budget for monthly phone network expenses.~~
- ~~• Describe the expenses associated with this line item and provide the estimated budget amount needed for each FY (e.g., subscription for webinar platforms)~~
 - **Annual phone network subscription**

- **Annual Zoom subscription**

Sample formula for Communications:

~~\$150/month for phone network subscription x 12 months = \$1,800/FY Total~~

~~\$15/month for Zoom subscription x 12 months = \$180/FY Total~~

Postage:

- ~~Budget for postage to mail project correspondence, other materials and for overnight express mail costs.~~
- ~~Provide a brief description of the postage expenses and the estimated budget amount for each FY.~~

Sample formula for Postage:

~~\$25/combined monthly postage x 12 months = \$300/FY Total~~

Materials (includes Printing, Duplicating, etc):

- **Coordination of educational materials through the OOH is strongly recommended to help leverage existing materials, reduce duplicative effort, and reduce inaccuracies. We ask that ALL newly developed educational materials be sent to OfficeofOralHealth@cdph.ca.gov for awareness so that developed materials might also be leveraged by other programs to reduce duplication and so the OOH can provide technical assistance and support if needed.**
- **All materials developed by the LOHP for dissemination must include an attribution to CDPH as follows: "This material was developed by [LOHP] and is funded by the California Department of Public Health under agreement XX-XXXXX."**

Printing:

- ~~The Media Request Form must be completed for any preexisting or originally developed materials and submitted to your program consultant for approval prior to printing and reproduction.~~
- **Include** ~~Identify~~ expenses for printing and reproduction completed **in-house and/or** by outside vendors for items such as brochures, leaflets, posters, forms, flyers, announcements, banners, etc.
- ~~List and explain the types of items that require printing by outside vendors and the estimated budget amount for each FY.~~

Sample formula for Printing:

~~\$85 combined monthly printing x 12 months = \$1,020/FY Total or~~

~~\$250 per printing job (5,000 pages x \$0.05/page) x 4 projects = \$1,000/FY Total~~

Example line-item descriptions

- **Annual office-related printing and copying**
- **5 reports/printing x 12 months**

Duplicating:

- ~~Identify expenses for in-house duplicating and reproduction. Duplicating is typically internal and routine, usually for small office jobs.~~
- ~~Allowable costs in this line item may include:~~
 - ~~Agency's share of copy machine total usage related to Work Plan activities for this grant.~~
 - ~~Shared copier maintenance agreements, copier supplies such as paper, toner etc. (Duplicating supplies such as paper and toner may be included either in the Office Expenses/Supplies or in Duplicating but should not be included in both.)~~
 - ~~Provide a description of the costs associated with in-house duplicating and the estimated budget amount.~~
- ~~Indicate whether the budget includes supplies and maintenance agreements. (Costs associated with renting copiers should be budgeted under Equipment Rental/Lease.)~~
- ~~Provide the estimated budget needed for each FY.~~

~~Sample formula for Duplicating:~~

~~\$75 combined monthly duplicating (3,750 pages x \$0.02) x 12 = \$900/FY Total~~

Equipment Lease/Rental:

- Rental equipment will be authorized by OOH on a case-by-case basis.
- Leasing/renting to own, purchase/leaseback, and lease/purchase of equipment is not permitted.
- Lease/rental agreements entered into prior to receiving funding from OOH must adhere to this OOH policy.
- List all lease/rental equipment that will be charged to this grant and justify in detail.

- Provide the monthly lease/rental rate for each item and the number of the lease/rental months.
- Provide budget totals for each piece of equipment leased/rented (e.g., if leased/rental items are desktop workstations that include computers, printers, fax machines, scanners, and copiers).
- Provide the estimated budget amount needed for each FY.

Sample formula for Equipment Lease/Rental:

~~\$50/monthly lease/rental for copier x 12 months = \$600/FY Total~~

D. EQUIPMENT EXPENSES

- ~~Each LOHP is required to have at least one computer system:~~
 - ~~Designated for use by this project for e-mail communication and accessing the OOH website and other required online resources.~~
 - ~~Must comply with your local County or City computer security requirements.~~

In this contract cycle, we are no longer requiring budget justification in a number of areas for the budget to reduce administrative burden. To the extent possible, ensure the line-item description is sufficiently clear to understand the expense. Examples are given below.

- School-based/school-linked equipment must be identified as such and are subject to OOH approval.
- Provide detailed **line-item** description including: **of the equipment with sufficient detail to understand the expense. Example line-item descriptions:**
 - **2 monitors**
 - **3 keyboards**
 - **3 laptop**
 - ~~Itemized list of all equipment (Include which staff will be utilizing and the vendor used to purchase).~~
 - ~~Include any software to be purchased.~~
 - ~~Identify the anti-virus software to be purchased.~~
 - ~~Quantify each item of equipment and/or software.~~
 - ~~Provide the estimated purchase price and the estimated budget amount needed for each FY.~~

- ~~Justify the need for the proposed equipment purchases and which staff will utilize it.~~
- Equipment \$5,000 or more should be listed under Equipment expenses and is considered major equipment.
- Equipment purchased under \$5,000 is considered minor equipment and should be listed under Operating Expenses.
- For both major and minor equipment, form CDPH 1203 must be completed. Submit completed forms to your grant manager and program consultant for approval. Once approved, you can move forward with purchasing the equipment. When the equipment is received, you must update the CDPH 1203 with all serial numbers. Then, OOH will send you equipment tags by mail to affix to all approved assets.
- When the disposition of equipment needs to be updated, form CDPH 1204 must be completed and submitted to your grant manager and program consultant for approval.

Sample formula for Equipment:

~~\$1,200 for one (1) (insert type of computer or equipment) for Project Lead x 50% FTE = \$600~~

E. TRAVEL

- Travel and training expenses are to be consistent with the needs of the project and connect directly to ~~Work Plan activities~~ **Objectives**.
- Travel expenses are entered into the separate Travel tab and totals are automatically pulled into the Detailed Budget tab.
- Travel expenses, including mileage, lodging, and meals and incidental expenses (M&IE), should not exceed current travel reimbursement rates set by the California Department of Human Resources (CalHR) unless approved by OOH. To review current CalHR travel reimbursement rates, please visit: <https://www.calhr.ca.gov/employees/pages/travel-reimbursements.aspx>.

~~As of October 1, 2024, CalHR adopted the federal General Services Administration (GSA) rates for lodging and M&IE.~~

- ~~For M&IE, the maximum reimbursement rates for both in-state and out-of-state travel are aligned with the standard GSA rates (see first row in first table [here](#)).~~
- ~~For lodging, federal standard and non-standard reimbursement lodging rates at time of in-state travel (see first table [here](#)) or out-of-state travel (select state [here](#) and see first table on following page) will be used.~~

- ~~• Provide a brief explanation for each type of cost connected with the Work Plan travel activity.~~
- Provide a travel estimate for each event. Estimate the number of project staff attending and the estimated budget amount for each traveler.

OOH-Sponsored Events/Training:

- ~~• LOHPs should budget for up to one (1) staff to attend one **For budget planning purposes**, OOH-sponsored, **plans to host one** in-person event each year. Identify which **LOHPs are recommended but not required to have up to one (1) staff will attend this in-person meeting.** and provide the estimated budget needed for each FY.~~

Events/Training Not Sponsored by OOH:

- ~~• Non-OOH sponsored events/trainings require pre-approval from your LOHP's grant manager and program consultant at least 60-90 days before the event/training date.~~
- ~~• Event/training schedule and materials should be shared with your LOHP's grant manager and program consultant when obtaining pre-approval.~~
- ~~• If your LOHP is presenting at a non-OOH sponsored event, you must submit the presentation materials for approval by your LOHP's grant manager and program consultant prior to presenting.~~
- Up to one (1) LOHP staff will be permitted to attend in-state, non-OOH-funded events/trainings. Submit requests for exceptions to your grant manager and program consultant.
- The only out-of-state event for which travel may be approved is the National Oral Health Conference. OOH will allow up to one (1) traveler only if the individual is presenting at the event.

F. SUBGRANTS AND CONSULTANTS

A subgrantee/consultant is an individual or organization who:

- Possesses a level of expertise that extends beyond those held by organization staff.
- Supports the skills and effort of the organization staff but does not duplicate those skills or effort.
- Completes a specialized task that is directly related to the project's Work Plan activities.

Subgrant/Consultant Requirements

- All ~~subgrants~~ **Subgrants** must be with a government entity or a nonprofit organization. **Subgrantees are vendors carrying out a significant portion of the scope of work or directing programmatic goals.**
- **Consultants are companies or other vendors delivering a specific service (e.g. media, registered dental provider, etc.).**
 - **NOTE: Requests for public relations and media costs with a value of \$100,000 or greater require more extensive review and may take significantly longer to process.**
- The grantee shall maintain a copy of each subgrant/consultancy agreement entered into in support of this agreement and shall, upon request by OOH, make copies available for approval, inspection, or audit.
- Prohibited Subgrants/Consultants. The following cannot be considered for subgrants/consultants: companies or organizations that promote or produce sugar sweetened beverages, produce alcohol, sell weapons/ammunition, tobacco/cigarettes or adult-oriented products/services.

Under the Item of Expenditure column:

- Separately list the name of each subgrantee/consultant who will provide the specialized effort directly related to activities in the Work Plan.
- Identify subgrantees/consultants who have not been selected at the time of submission as “To Be Determined,” and once known, update this information.

Provide the following details in the ~~Justification~~ **Description and Scope of Work Reference** column:

- Description of the activities/services to be performed.
- The **Scope of Work** ~~Work Plan~~ objectives/**activities** that the subgrant/**consultant** supports.
- ~~Amount of service time in increments of hours, days, weeks, months.~~
- ~~Salary or hourly rate.~~
- ~~Formula that substantiates how the costs were determined and the total cost.~~
- ~~The salary/hourly rate must be commensurate with education and experience.~~
- ~~Provide a detailed justification when the salary/hourly rate is budgeted at a salary/rate that exceeds the amount paid to state personnel for similar position/classifications. OOH must approve the salary/hourly rate requests prior to reimbursement.~~

G. OTHER COSTS

In this contract cycle, we are no longer requiring budget justification in a number of areas for the budget to reduce administrative burden. To the extent possible, ensure the line-item description is sufficiently clear to understand the expense. Examples are given below.

Other Costs include costs associated with completing the activities in the Work Plan not listed in Operating Expenses. Standard cost line items that may appear in the budget justification are Educational Materials, Behavior Modification Materials, ~~Paid Media~~, and Booth Rental/Facility Fees. **Paid Media is incorporated under Subgrants and Consultants.**

Additional other cost subcategories may be proposed in the budget justification.

Note: One-time fluoride varnish and/or sealant start-up costs may be acceptable with adequate budget justification and must be approved by the LOHP's program consultant.

Educational Materials:

Items **These include items** such as brochures, pamphlets, posters, curriculum, training guides, videos, slides, flip charts, and signage ~~necessary for Work Plan activities. Agencies may develop their own educational materials but must first demonstrate the need for the material. Coordination of educational materials through OOH funded partnerships is strongly encouraged.~~ **that LOHPs purchase for Work Plan activities rather than print themselves (which would otherwise be listed as an expense under "Printing").**

~~Note that educational materials must be approved by OOH prior to development and before distribution. Send requests for approval to your assigned OOH program consultant and the OfficeofOralHealth@cdph.ca.gov email box.~~

Behavior Modification Materials (BMM):

- BMM can motivate and/or reinforce positive: behavior, participation, and/or involvement and should include healthy or educational items, such as gift cards for books or iTunes, healthy food outlets, etc.
- The use of BMM is limited by CDPH. BMM activities are approved on a case-by-case basis.
- The budget justification must describe the activity required to receive the BMM and meet the following criteria:
 - BMM are provided to program participants to motivate and/or reinforce positive behavior, participation, and/or involvement in oral health activities and require action on the part of the recipient to receive the BMM.

- The cost of the BMM may not exceed \$50 in value, per person, per year.
- The project is responsible for the possession, security (i.e., will keep under lock and key), and accountability of the gift cards.
- The grantee will prepare a log sheet that will track and identify each of the gift cards, value, gift card transfer date, and recipient.
- Toothbrush/toothpaste expenses can be included under this category but are exempt from BMM requirements and do not require participation by the recipient to receive a toothbrush/toothpaste.
- Prohibited items include:
 - Cash
 - Gift cards that can be used to purchase tobacco, alcohol, or cannabis products.
 - ~~Food/Refreshments~~ **Food (e.g. sponsored lunch or dinner at provider education sessions, brown bag lunches, or buffets at screening events, etc.). NOTE: Food and drink items used for educational purposes (i.e. taste testing, sampling, demonstrations) may be allowable. Please contact your PC for further clarity, as purchase of food or drink may need to be evaluated on case-by-case basis, and should be in compliance with any local food purchasing restrictions.**
- Provide easy to follow statements regarding how the BMM will be earned, distributed, and the amount budgeted for each FY.

- Include the Work Plan objectives that the BMMs support. Provide

Sample formula for BMMs:

Gift Cards: 60 gift cards for *description of activity reinforcing positive behavior and type of gift card* x \$20 per card = \$1,200/FY total

Non-Gift Card Items: 100 toothbrushes x \$2 each = \$200/FY total

~~Paid Media:~~

- ~~Media advertisements (ads) and social media posts must be approved by OOH prior to development and before distribution. Send a completed Media Request Form to your program consultant and the OfficeofOralHealth@cdph.ca.gov email box for approval.~~
- ~~Expenses may include the cost for the purchase or placement of paid ads on radio, television, newspaper, movie theaters, magazines, billboards, bus shelters, etc. (External development of radio, television, movie theaters and print ads must be budgeted in the Subgrants and Consultants category.)~~

- ~~Requests for public relations and media costs with a value of \$100,000 or greater require more extensive review and may take significantly longer to process.~~
- ~~List the types of paid media, public relations, advertising and total budget amount that support activities in the Work Plan.~~

Sample formula for Paid Media:

~~Movie Ad Placement: 2 Ads x 6 locations x \$10 per ad per month x 6 months = \$720/Movie Ad placement total;~~

~~Print Ad Placement: 1 Quarter Page Ad x 20 ad placements/per FY x \$75/per ad placement = \$1,500/FY total; Radio Ad Placement: 25 Ad placements July-December 2028 x \$120/per ad = \$3,000/July-December 2028~~

Booth Rental/Facility Fees:

- Identify the costs for booth rental/facility fees that are incurred for local events, such as: health fairs, farmer's markets, community outreach activities, or trainings and identify which activities it corresponds to in the Work Plan.

Example line-item description:

"Booth rental and facility fees for approximately 3-5 events annually"

- ~~The description should include examples of local events, estimated number of events, and the estimated cost per event to substantiate how the total costs were calculated.~~
- ~~Use ranges if necessary for the anticipated number of events and cost per event.~~

Sample formula for Booth Rental/Facility Fees:

~~\$150/booth rental x 1 local health fair = \$150/event booth rental~~

~~\$250/booth rental per week x 2 weeks county fair = \$500/county fair~~

Other LOHP-defined subcategories:

~~LOHPs may propose additional Other Cost items. Provide sufficient details about the item, justification for why it is needed and what activity it helps promote, and formulas to substantiate the costs when budgeting for additional LOHP-defined Other Costs. LOHPs must clearly explain how the additional cost applies to activities in the Work Plan.~~

Provide sufficient description in the line-item so the expense can be understood.

H. INDIRECT EXPENSES

Indirect cost rates (ICR) cannot exceed the specified maximum percentage rate stated in the approved annual CDPH ICR and in no case will the indirect cost rate **should not** exceed 25% **unless exempt by CDPH.**

~~ICR is simply a device for determining fairly and conveniently within the boundaries of sound administrative principles, what proportion of indirect cost each program should bear. An ICR is the ratio between the total indirect expenses and direct cost base. Indirect costs are an agency-wide, general management cost that cannot be attributed to a specific Work Plan activity and consists of administrative services necessary for the general operation of the agency, such as: accounting, budgeting, payroll preparation, human resources services, purchasing, maintenance, centralized network and data processing. Conversely, direct costs are costs that provide measurable, direct benefits to specific Work Plan activities and can include costs that relate directly to instructional programs and also support costs that apply to the minor services necessary to maintain the program, such as salaries and benefits, educational materials, office supplies and travel.~~

An ICR is the percentage of an agency's total personnel costs (personnel + fringe benefits) and is a standardized formula charging shared costs for an agency's indirect operation. **Approved CDPH ICRs are available [here](#).**

Identify and verify:

- Average percentage. An average is acceptable when the ICR will vary at different times during the FY.
- ~~Include personnel budgeted at less than 10% FTE and not directly connected to the Work Plan.~~
- Administrative costs may not exceed 5% of total budget per [Revenue and Taxation Code Section 30130.57\(f\)](#): "Not more than 5 percent of the funds received pursuant to this article shall be used by any local agency or department receiving such funds for administrative costs."

Sample formula for Indirect Expenses:

$\$50,000/\text{staff salaries total} + \$20,000/\text{staff fringe benefits total} = \$70,000/\text{total personnel costs} \times 25\% = \$17,500/\text{indirect cost FY total}$