

Budget End Date:

OVERALL BUDGET

Title	Salary
Total Program Director Pay	\$73,932.72
Total Care Coordinator Pay	\$40,052.19
Total Patient Navigator Pay	\$86,402.08
Total Other Pay	\$35,109.53
Salary Total	\$235,496.52
Total Service and Overhead Cost	\$255,600.00
OVERALL STEPS BUDGET (Annual)	\$491,096.52



Budget End Date:

Instructions: Complete each white background field with appropriate information.

Staff ID: Staff ID number (if given)

Position Title: Position/role staff member primarily holds for STEPS to Care

Agency: Agency staff member belongs to

Annual Salary/Hourly Rate: Staff member's salary (if salaried employee) or hourly rate (if temporary or non-salaried employee)

% FTE on STEPS: Can be calculated with implementation costs sheet.

% Fringe benefits: Fringe benefit costs (health insurance, etc.) for staff member

*** DO NOT ENTER VALUES INTO THE GRAY CELLS***

Salaried Employees

Staff ID#	Position Title	Annual Salary	Estimated % FTE on STEPS (from Implementation Costs)	Actual % FTE on STEPS	% Fringe Benefits	Total Actual STEPS Annual Salary + Fringe	Calculated STEPS Hourly Rate + Fringe
1234	Other	\$45,000.00	62.42%	62.42%	25.00%	\$35,109.53	\$16.88
9876	Patient Navigator	\$35,000.00	81.59%	81.59%	25.00%	\$35,697.67	\$17.16
9877	Patient Navigator	\$31,000.00	81.59%	81.59%	25.00%	\$31,617.94	\$15.20
9878	Program Director	\$76,000.00	77.82%	77.82%	25.00%	\$73,932.72	\$35.54
9879	Care Coordinator	\$52,000.00	47.94%	47.94%	25.00%	\$31,161.13	\$14.98
				0.00%		\$0.00	\$0.00
				0.00%		\$0.00	\$0.00
				0.00%		\$0.00	\$0.00
				0.00%		\$0.00	\$0.00
				0.00% \$0.00		\$0.00	\$0.00
				0.00%		\$0.00	\$0.00
				0.00%		\$0.00	\$0.00
				0.00%		\$0.00	\$0.00
				0.00%		\$0.00	\$0.00
				0.00%		\$0.00	\$0.00
				0.00%		\$0.00	\$0.00
Total						\$207,519.00	

Formula calculated by: Average all hourly rates (Both salary/non salary) IF role = program director, etc.

ROLE	Average CALCULATED HOURLY RATE		
Program Director	\$35.54		
Care Coordinator	\$20.99		
Patient Navigator	\$17.99		
Other	\$16.88		

Hourly Ra	Hourly Rate Employees							
Staff ID #	Position Title	Hourly Rate	Estimated Hours/Week (from Implementation Costs)	Actual Hours on STEPS/Week	% Fringe Benefits	Total STEPS Estimated Annual Pay + Fringe	Calculated STEPS Hourly Rate + Fringe	
5678	Care Coordinator	\$25.00	6.31	6.31	8.00%	\$8,891.06	\$27.00	
7890	Patient Navigator	\$ 20.00	16.93	16.93	8.00%	\$19,086.47	\$21.60	
			0.00	0.00		\$0.00	\$0.00	
			0.00	0.00		\$0.00	\$0.00	
			0.00	0.00		\$0.00	\$0.00	
			0.00	0.00		\$0.00	\$0.00	
			0.00	0.00		\$0.00	\$0.00	
			0.00	0.00		\$0.00	\$0.00	
			0.00	0.00		\$0.00	\$0.00	
			0.00	0.00		\$0.00	\$0.00	
			0.00	0.00		\$0.00	\$0.00	
			0.00	0.00		\$0.00	\$0.00	
			0.00	0.00		\$0.00	\$0.00	
			0.00	0.00		\$ 0.00	\$0.00	
			0.00	0.00		\$0.00	\$0.00	
			0.00	0.00		\$0.00	\$0.00	
Total						\$27,977.52		



Budget End Date:

Instructions: Fill out the table to the best of your ability using the implementation costs sheet. Do not enter values into the gray cells. Refer to the "Glossary" tab for definitions for specific terms.

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	Average # Active	Average # Lost-to-follow-up	Average # Potential
Average # New Clients/Month	Clients/Month	Clients/Month	Clients/Month
10	15	3	5

Patient Navigators # Care Coordinators # Program Directors # Other Staff
2.5 2.5 1 1 1

Non-Direct Service Implementation

	Program Director Average # Hours/Month	Care Coordinator Average # Hours/Month	Patient Navigator Average # Hours/Month	Other Average # Hours/Month
Forms and Data Entry	2.00	7.00	30.00	30.00
Trainings and Orientation	9.00	7.00	5.00	5.00
Supervision (Programmatic & Clinical)	8.00	7.00	5.00	5.00
Travel	8.00	7.00	5.00	5.00
Scheduling	5.00	7.00	5.00	5.00
	32.00	35.00	50.00	50.00

Administrative

	Program Director Average # Hours/Month	Care Coordinator Average # Hours/Month	Patient Navigator Average # Hours/Month	Other Average # Hours/Month
Establishing Policies and Protocols	20.00	0.00	0.00	30.00
Budgeting	40.00	0.00	0.00	5.00
Staffing	20.00	10.00	0.00	5.00
	80.00	10.00	0.00	40.00

		1				1								1	
Direct Service Implementat	ion with Clients														
Client Type	Services		Agency Estimate of hours/service/client time per service per client per month		Agency Average Number of Clients/Month	Total Hours/Service/ Month	% Contribution: Program Director	% Contribution: Care Coordinator	% Contribution: Patient Navigator	% Contribution: Other	% Contribution: Total	Hours Contributed/ Month/Program Director	Hours Contributed/ Month/ Care Coordinator	Hours Contributed/ Month/ Patient Navigator	Hours Contributed/ Month/ Other
New	Intake Assessment	1.00	1.00	1.00	10.00	10.00	0%	70%	30%	0%	100%	0.00	2.80	1.20	0.00
LTFU	Outreach for Re-engagement	2.00	1.00	5.00	3.00	15.00	0%	20%	80%	0%	100%	0.00	1.20	4.80	0.00
New	Care Plan	1.00	1.00	1.00	10.00	10.00	0%	70%	30%	0%	100%	0.00	2.80	1.20	0.00
All	Other Assessment/Reassessment	0.50	0.50	4.00	15.00	30.00	0%	30%	70%	0%	100%	0.00	3.60	8.40	0.00
All	Accompaniment	1.50	2.00	2.00	15.00	60.00	0%	20%	80%	0%	100%	0.00	4.80	19.20	0.00
All	Assistance with Health Care	0.25	0.25	5.00	15.00	18.75	5%	10%	80%	5%	100%	0.94	0.75	6.00	0.94
All	Assistance with Entitlements/Benefits	0.25	0.25	5.00	15.00	18.75	5%	10%	80%	5%	100%	0.94	0.75	6.00	0.94
All	Assistance with Social Services	0.25	0.25	5.00	15.00	18.75	5%	10%	80%	5%	100%	0.94	0.75	6.00	0.94
All	Assistance with Housing	0.25	0.25	5.00	15.00	18.75	5%	10%	80%	5%	100%	0.94	0.75	6.00	0.94
All	Logistics Planning	0.50	0.50	4.00	15.00	30.00	0%	40%	60%	0%	100%	0.00	4.80	7.20	0.00
All	Case conference	0.50	0.25	1.00	15.00	3.75	10%	50%	40%	5%	105%	0.38	0.75	0.60	0.19
Potential	Case Finding	1.00	1.00	2.00	5.00	10.00	10%	40%	50%	0%	100%	1.00	1.60	2.00	0.00
All	Health Education/Promotion	0.50	0.25	4.00	15.00	15.00	0%	30%	70%	0%	100%	0.00	1.80	4.20	0.00
	Total	9.50	8.50	44.00	163.00	258.75	0.40	4.10	8.30	0.25	13.05	5.13	27.15	72.80	3.94

Budget End Date:

Service Preparation/Overhead

	Cost per Month	Instructions for Calculation
		Only include if your agency
Printing	\$100.00	administration requires that you purchase toner and paper separately
		for this project.
		Only include if this is a new purchase
Computers	\$200.00	or dedicated solely for STEPS activities
		activities
		Only include if the Internet service is
Internet	\$300.00	provided or acquired newly for the STEPS project (e.g., portable Wi-Fi
internet	\$300.00	hotspot for accessing STEPS
		website). If so, utilize the monthly
		service or data charge. If utilized by STEPS staff, take the
Telephone/Mobile	\$8,500.00	monthly service charge*%FTE for
		applicable staff member
Software	\$9.000.00	Only include if this is a new purchase or dedicated solely for STEPS
Sortware	\$3,000.00	activities
Rent	\$1,500.00	Only include if this is a space dedicated to STEPS. If so, utilize the
Nerre	\$1,500.00	sq footage for the space times an
		estimated or actual rate.
		Only include if this space is
Utilities	\$800.00	dedicated to STEPS. If so, utilize the
		sq footage for the space times an
		estimated or actual rate.
Transportation	\$800.00	Only include transportation costs
Halsportation	3000.00	(car services, public transportation,
		etc.) for STEPS staff and clients.
Desks/Chairs/Furniture	\$100.00	

Total Per Month \$21,300.00

Implementation Costs Glossary

Non-Direct Service Implementation	
Forms and Data Entry	Time spent reporting forms and services in eSHARE.
	Training and orientation for new staff members and
	continued professional development for current staff
Trainings and Orientation	members.
	Regular supervision for Patient Navigators and Care
Supervision (Programmatic & Clinical)	Coordinators.
	Travel associated with STEPS (such field visits and
Travel	trainings)
	Time dedicated to scheduling client service
Scheduling	appointments.

Administrative	
	Time spent establishing and training staff members in
Establishing Policies and Protocols	agency policies and protocols.
Budgeting	Time spent managing agency budget for STEPS.
Staffing	Time spent on hiring STEPS staff and HR issues.

Direct Service Implementation with Clients	
Intake Assessment	Time spent conducting client intake with new clients to gather baseline information including clinical information, antiretroviral treatment review, client information, insurance information, financial information, use of substances, housing information, and legal and incarceration history.
Outreach for Re-engagement	Time spent conducting outreach for enrolled clients who miss an appointment (e.g. scheduled home visit, medical visit, etc.). These activities may or may not result in making contact with the client.
Care Plan	Time spent creating the initial Care Plan, updating an existing Care Plan, or starting a new care plan to replace the previous Care Plan.
Other Assessment/Reassessment	Time spent conducting an adherence assessment to understand the client's self-report of adherence to ART. Also applies to time spent conducting a reassessment (clinical, insurance, financial, housing, substance use, etc.).
Accompaniment	Time spent escorting (traveling with client at least one way) and/or accompanying (staying with client during appointments).

Time spent assisting client with primary care, other health care and mental health care, such as preparing for a medical appointment or checking in after a medical appointment. These activities may involve encounters with the client or with other service providers on behalf of the client. Time spent assisting client with benefits, such as obtaining health insurance, public assistance and social security benefits. These activities may involve encounters with the client or with other service providers on behalf of the client. Time spent assisting client with social services, such as obtaining child care. These activities may involve encounters with the client or with other service providers on behalf of the client. Time spent assisting client with housing such as finding housing. These activities may involve encounters with the client or with other service providers on behalf of the client.
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Assistance with Housing providers on behalf of the client.
Time spent on logistics planning and preparation for
Logistics Planning upcoming client encounters.
Time spent preparing for and attending initial case
conferences (hand-off from PCP to staff), informal
case conferences (optional to complete the case
conference form and optional PCP attendance), and
formal case conferences (completion of the case
Case Conference conference form and attendance by PCP and staff).
Time spent identifying and locating clients suitable for
Case Finding enrollment in the STEPS program.
Time spent conducting HIV Self-Management health
HIV Self-Management education with the client.