



Code Blue

Budget Instructions

Attachment 4

Please use the following as a guide to complete the Budget. Reimbursement of essential additional costs incurred related to the regulation is subject to OTDA approval and available funding. **Please note that only essential expenditures for services not previously funded prior to the regulations that are directly related to the regulation will be eligible for reimbursement.**

Types of costs that are ineligible, and therefore should not be included in the plan or budget, include but are not limited to:

- The share of costs for items that are likely to be used outside of Code Blue periods, including cell phones, tablets, and office supplies. User fees for such items should only encompass the Code Blue period.
- Capital expenses including building modifications and repairs, unless specifically necessary for the provision of Code Blue Services. To the extent possible, these costs should be allocated to Code Blue periods and depreciated over the reasonable life of the asset.
- Costs incurred by local government entities as part of their normal scope of duties, such as police patrols and welfare checks.
- Fringe benefit costs that would otherwise be incurred by the district.
- Administrative overhead expenses for service providers should only be included in the budget if the expenses are directly related to the Code Blue program.

If the costs associated with the regulation are eligible for reimbursement under the guidelines associated with Public Assistance, they should not be claimed on the RF17 Special Projects forms; instead, they should be claimed as Public Assistance on the appropriate claim schedules. **Only expenditures that can be directly related to the Code Blue Program can be claimed.** Planned costs must be directly related to the delivery of the program services and activities that will take place. **All budget amounts should be in whole numbers (no cents).**

Program Cycle

Reimbursement for expenditures related to activities in compliance with the regulation will be made available to districts. The program cycle's operational dates for activities undertaken to comply with this regulation are October 1 – September 30. Expenses should be based on what will be incurred for one program cycle.

Please identify the following (by numbered tab on Code Blue Excel Budget):

Budget Summary: This section will total automatically. Please enter the names of subcontractors on Line 3 of the Budget Summary. The subcontractor name and corresponding number will be used to calculate costs throughout the budget.

1. **Salary:** Only essential salary costs that are directly related to delivering Code Blue services are eligible for reimbursement. Enter the name of all positions funded with Code Blue in column A for both DSS and subcontractors. Choose DSS or subcontractor from the dropdown menu. The subcontractor name and number will correspond with the Budget Summary. For example, if Catholic Charities is listed as Subcontractor 1 on the Budget Summary. Sub1 should be selected for all Catholic Charities staff salary from the dropdown menu. Salary calculation should be listed in Column C. Please enter the total amount for each position in Column D.
2. **Fringe:** Enter fringe rate by position or funded agency. Indicate DSS or subcontractor in the dropdown menu. Enter the amount of fringe benefits associated with the salaries charged.
3. **Contractual:** This category includes services to be funded to support Code Blue provision. Services may include utilities, rent, snow removal, laundry services, meals, security, pest control, cleaning or maintenance. Please indicate the contractual costs, the associated agency (DSS or Subcontractor), a description of the service and cost of the service.
4. **Staff Travel:** Please enter the agency position for which travel is to be claimed, indicate DSS or subcontractor, calculate the costs and provide an amount for staff travel. Staff travel costs should be budgeted in line with standard agency travel policy or New York State Comptroller guidelines. Travel costs are reimbursed at State rates.
5. **Equipment:** Equipment required to meet the contract objectives may be either purchased or rented, whichever is more economical. Some examples of equipment are microwave, coffee maker, technology needs, office furniture, etc. Equipment is tangible personal property having a useful life of more than two years and an acquisition cost of \$500 or more per unit. Duplicative equipment should not be included in consecutive Code Blue budgets unless there is an essential, stated reason to repurchase a particular item. To the extent possible, equipment should be cost allocated to Code Blue periods and depreciated over the reasonable life of the asset. Please list the item, indicate DSS or subcontractor, provide a description and calculation if applicable and amount charged to Code Blue.
6. **Supplies:** Provide a list of the essential supplies and associated costs in the budget. To the extent possible, supplies left over from previous years should be used to reduce current year purchases. Examples of supplies are cots, blankets, toiletries, PPE, office supplies, bottled water, paper goods, laundry/cleaning supplies, etc. Please list the item, indicate DSS or subcontractor, provide a description and calculation if applicable and the amount charged to Code Blue.
7. **Hotel/Motel/Shelter Per Diem Costs:** This section should be used for daily or per diem costs only. Warming Center costs that are not calculated on a per diem basis should not be included in this section. Please enter the item (ex, hotels, warming center), indicate DSS or subcontractor, the average rate, the number of nights placements will be made and the number of placements per night. The amounts in column G will calculate automatically.
8. **Client Transportation:** Enter the amount of any transportation costs for clients as part of services provided. Enter the item (mode of travel), indicate DSS or subcontractor, a description, if needed, the calculation (number of clients x cost per trip), and the total amount.
9. **Other:** All other costs not accounted for in budget sections 1-8 should be accounted for here. Please enter the item, indicate DSS or subcontractor, provide a description and amount.

Additional lines may be added as needed on the detail tabs of Attachment 3.