Department Budget Submission Checklist

To be completed by: All departments.

<u>Instructions</u>: Submit this completed cover sheet with your budget submission and ensure all applicable forms below are included with your submission.

Department Name: _____San Francisco Health Service System

Summary of Major Changes: Completed "Form 1A: Summary of Major Changes" explaining major changes submitted in department's budget proposal.

Proposed GF target reductions

Department Budget Summary: Completed "Form 1B: Department Budget Summary". The submission includes a copy of report 15.50.012.

Revenue Report: Completed "Form 2A: Revenue Report." (15.30.005 Snapshot Comparison)

I Fees & Fines: Completed "Form 2B: Fees & Fines."

S Cost Recovery: Completed "Form 2C: Cost Recovery."

Expenditure Changes: Completed "Form 3A: Expenditure Changes." (15.30.005 Snapshot Comparise
 Deappropriations from prior years' budget: Indicate if these are included in your submitted budget, and please explain in the expenditure changes form 3A

Section Changes: Completed "Form 3B: Position Changes." (15.30.004 Position Snapshot Comparis

Equipment & Fleet Requests: New General Fund Equipment (Form 4A) and Fleet Requests (Forms 4B.1 and 4B.2) to be made in BFM.

Image: Minimum Compensation Ordinance: By checking this box, the department confirms that the effects of the MCO in contracting have been considered as part of the budget submission.

Image: Proposition J Description, Summary, City Cost, Contract Cost: Required for all existing and new Prop

Interdepartmental Services Balancing: Included Excel download of Department - IDS Form Balancing

☑ Organizational Charts: Submission contains updated position-level organizational charts for your department, with indication if the position is filled (F) or vacant (V). Organizational charts also reflect
 ☑ New Legislation:

□ Included draft legislation that department would like to submit with the budget; or,

□ Draft legislation in progress at this time. A description of the proposed changes is included in the "Summary of Major Changes" table. A draft will be provided to the Mayor's Office by

Submitted requests for the following item:

□ COIT (through a separate form - see page 31 of the budget instructions MS Word document) ⊠ Capital - CPC funded capital requests are made through the new budget system, BFM by 1/20

For Chief Financial Officer/Budget Manager:

I have reviewed the attached budget submission and affirm that all applicable forms checked off above are either included in this submission or have been submitted through the proper online forums.

Full Name: <u>Iftimar Hussain</u> Signature:

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BUDGET FOR	M 1A: Summary of Major Changes
FY	2023-24 and FY 2024-25
	DEPT NAME HERE
Major Changes	Department Response to Major Changes
1. SUMMARY. What major changes is the department proposing? Clearly describe each change, including the fiscal impact of the proposal. Alternatively, you may submit a 1-2 page memo with your budget submission summarizing the major changes.	Investment in core coperatiions to optimize phone and electronic enrollment systems put in place during the pandemic. Add QA position to optimize operations as we rebuild core operations.
2. GENERAL FUND TARGET. How did the department meet its target in each year? What are the high-level programmatic, operational, or staffing impacts of this proposed reduction? For non-GFS departments, please describe your strategy for absorbing cost increases or revenue reductions without adding new costs to the General Fund?	Did not meet general fund target due to resources needed to support core coperations.
3. POSITIONS. How are current year staffing levels and vacancies factored into your budget submission? What position changes is the department proposing to prioritize core service delivery while meeting the General Fund reduction target or NGF revenue reductions? Highlight any changes to FTE levels, budgeted attrition, temporary salaries, substitutions, and provide details in Form 3B.	Current vacancies need to filled to support core operations. 24% vacancy in operations is putting the department in crisis mode.
4. EXPENDITURES. What major spending changes is the department proposing? Please provide information especially for any grant changes, major contract changes, personnel changes, or other changes that affect core services and functions. Highlight any changes related to major changes/initiatives as noted in the Summary section and provide details in Form 3A.	Moving costs for possible relocation at end of lease, increased HR support fill high vacancy rate, EAP for First Responders (Fire, Sheriff, Police) funded by these departments, HSS HSB election
5. REVENUES. What revenue changes did the department submit? Please differentiate between General Fund and non-General Fund. This should match an Audit Trail, as shown in Form 2A Revenue Report, as well as, the Expenditure Report in Form 3A.	HSS administrative costs are funded through an allocation to other departments. Cost of new first responder EAP services are charged directly to Police, Fire and Sheriff.
6. LEGISLATION. Is the department seeking to submit any legislation with the budget? Does the department's budget assume any revenues/expenditures that require a legislative change?	NA
7. PROP J. Identify existing Prop J Analyses that will continue, and if the department's budget proposes any NEW contracting out of work previously done by City workers.	NA
8. TRANSFER OF FUNCTION. Is the department requesting any Transfer of Functions of positions between departments? If so, please explain.	NA
9. INTERIM EXCEPTIONS. Is the department requesting any interim exceptions (new positions that are 1.0 FTE rather than 0.79 in BY and .78 in BY +1)? If so, for what reason are is the request being made?	New quality assurance position will be filled before the start fo the fiscal year to support core operations. The FYE 23 funding is temporary due to high vacancies.
	SFHSS serves 122K lives including actives, dependents and retirees. Our community engagement efforts are currently centered around our Member Services division that provides front-line support through consultation and enrollment; our Well-Being division that advises city departments on Well- Being Annual Plans; our Wellness Center that offers exercise challenges; flu-clinics and benefit fairs; our Employee Assistance Program that provides individual counseling sessions, organizational development consultation, and critical incident response; and our Well-Being network representing 34 City departments. SFHSS serves as the City's subject matter expert in the area of health benefit administration. As Phase II of the Racial Equity Action Plan takes shape our organization is leveraging stakeholder engagement experiences at the membership, interdivisional, board, and staff levels. SFHSS will continue to engage our health plan partners and serve as a conduit for the specific whole person health and well-being needs of our membership, including those that identify as Black, Indigenous,
	and People of Color (BIPOC) and that face disproportionate health inequities.

HSS Health Service System

		2023-2024		2024-2025	
	2022-2023	Proposed	Changes from	Proposed	Changes from
Authorized Positions	Original Budget	Budget	2022-2023	Budget	2023-2024
Total Funded	56.60	58.02	1.42	58.00	(0.02)
Non-Operating Positions (CAP/Other)	(7.40)	(7.61)	(0.21)	(7.61)	0.00
Net Operating Positions	49.20	50.41	1.21	50.39	(0.02)
Sources					
Charges for Services	9,131	9,131	-	9,131	-
Expenditure Recovery	13,091,603	14,439,831	1,348,228	14,660,979	221,148
Other Revenues	450,000	445,000	(5,000)	445,000	-
General Funds	-	-	-	-	-
Sources Total	13,550,734	14,893,962	1,343,228	15,115,110	221,148
Uses - Operating Expenditures					
Salaries	6,353,817	6,773,630	419,813	7,088,388	314,758
Mandatory Fringe Benefits	2,862,833	2,723,296	(139,537)	2,722,579	(717)
Non-Personnel Services	2,314,006	2,905,430	591,424	2,883,004	(22,426)
Materials & Supplies	61,362	44,459	(16,903)	43,992	(467)
Services Of Other Depts	1,958,716	2,447,147	488,431	2,377,147	(70,000
Uses Total	13,550,734	14,893,962	1,343,228	15,115,110	221,148
Uses - By Division Description					
HSS Health Service System	13,550,734	14,893,962	1,343,228	15,115,110	221,148
Uses by Division Total	13,550,734	14,893,962	1,343,228	15,115,110	221,148

BUDGET FORM 2A: Revenue Report

DEPARTMENT: ______ Please identify proposed revenue changes from the FY 2023-24 and FY 2024-25 Base Budget at the account level.

Note: To submit this information, run the 15.30.005c - Snapshot to Current Comparison by Stage (audit trail) report from the budget system. Select the following criteria before running the report:

Snapshot: Start of Dept

Budget Stages: M2 Department Phase

Account LvI 5: Filter for all Revenue Account LvI 5 codes beginning with "4"

GFS Type: Do not select a value.

Do not select values for any other prompts.

For any proposed changes, provide an explanation in the **"Revenue Description & Explanation of Change"** column. Please contact your Mayor's Office or Controller's Office Analyst if you need assistance running this report.

All submissions must be formatted appropriately so that printed copies are easily readable for the public.

																			Total B		e: 1,062,051.00	То	tal BY+1 Revenue Varia	nce: 1,102,241.0		
Budget System	Report 15.30.005 fil	iltered on Regular Reve	enues																	FY 2023-24			FY 2024-25		FORMULA	A FILL IN
GFS Type Dept Grp	Division	Division Title	Section	Section Title	Dept ID	Dept ID Title	Fund	Fund Title	Project- Activity	Project Title	Activity Title	Authority	Authority Tit	le Account Lvl 5	Title Account - Title	P TRIO	TRIO Title	Agency Use	Start Dept Amt	End Dept Amt	Var Dept Amt	Start BY+1 Dept Amt	End BY+1 Dept Am	Var BY+1 Dept Amt	Change submitted?	Revenue Description & Explanation of Change
GFS HSS					291644	HSS Health Service System	10000	GF Annual Acco	ou 10001707-000	1 HT Administration	HSS Administrat	io OPR	10000	Operating	4750OthRev	479999 - Other Non-Operating Revenue		0	445,00	00 445,00	00	0 625,	958 44	5,000 (180,9 5	58) Y	YES Forfeitures cannot exceed plan ad expenses. Adj makes FYE 25 budge similar to FYE 23 budget
GFS HSS					291644	HSS Health Service System	10000	GF Annual Acco	ou 10001707-000	1 HT Administration	HSS Administrat	io OPR	10000	Operating	4860ExpRec	486340 - Exp Rec Fr Fire Dept (AAO)		0		0 150,26	64 150,264	1	0 15	7,778 157,7		YES Due to new IDS Work Order Bilin EAP MHN Services with Fire, P
GFS HSS					291644	HSS Health Service System	10000	GF Annual Acco	ou 10001707-000	1 HT Administration	HSS Administrat	io OPR	10000	Operating	4860ExpRec	486500 - Exp Rec Fr Police Comssn AAO		0		0 282,43	35 282,43	5	0 29	5,557 296,5	57 Y	and Sheriff's Departr YES Due to new IDS Work Order Billin EAP MHN Services with Fire, P and Sheriff's Departr
GFS HSS					291644	HSS Health Service System	10000	GF Annual Acco	ou 10001707-000	1 HT Administration	HSS Administrat	io OPR	10000	Operating	4860ExpRec	486670 - Exp Rec Fr Sheriff (AAO)		0		0 84,8	11 84,81	1	0 8	9,052 89,0	52 Y	YES Due to new IDS Work Order Bilil EAP MHN Services with Fire, F and Sheriff's Depart
GFS HSS					291644	HSS Health Service System	10000	GF Annual Acco	ou 10001707-000	1 HT Administration	n HSS Administrat	io OPR	10000	Operating	4860ExpRec	486990 - Exp Rec-General Unallocated		0	416,80	961,34	43 544,54	416,	802 1,15	3,614 739,8	12 Y	YES All City Departments recovery allocations, including City College Department, are made in this line per MBO. After the Mayor Phase of budget process is finalized, this ite will be calculated and allcated to individual departments as done in previous years.
																									١	1 <mark>0</mark>
																									Ν	10
																									Ν	10
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									_																Ν	10
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																									N	NO
																									N	NO

NOT APPLICABLE

Budget Form 2B: Schedule of Licenses, Permits, Fines & Service Charges DEPARTMENT: _____

Inflation Factor for FY 2023-24 Fee Auto Increase as per Code Section **	
Inflation Factor for FY 2024-25 Fee Auto Increase as per Code Section **	

CPI will be updated in January 2023. Call Controller's Budget Office to confirm CPI before submitting.

TABLE 1 - FEES TO BE CERTIFIED BY CON Please click here for the latest fee certification letter for reference.

Item Fee Status M/N	Description	Code Auto CPI Adjust Yes/No	Fund Code Fund Title	Authority Code Authority T	tle Department Code	Department Title	Project Code Project Titl	e Activity Code Activity	y Title Unit Basis (e.g., per sq. ft./)	FY 2022-23 Fee **	(Fet) Reven	2- FY 2022- 23 Cost Recovery ed (Est.)	FY 2023-24 Fee FY 2023- 24 Units (Est.)	FY 2023- 24 Revenue Proposed	Recovery	FY 2024 25 Fee *	- 25 Units (Fst) R	Revenue F	20 0051	Fiscal Year of Last Increase
1										\$ -	\$ -		\$-	\$-		\$ -	\$	-		\$ -
2										\$-	\$.		\$ -	\$-		\$ -	\$	-		\$ -
3										\$ -	\$.		\$ -	\$ -		\$-	\$	-		\$ -
4										\$ -	\$.		\$ -	\$ -		\$-	\$	-		\$ -
5										\$ -	\$.		\$ -	\$ -		\$ -	\$	-		\$ -
6										\$ -	\$.		\$ -	\$ -		\$ -	\$	-		\$ -
7										\$ -	\$		\$ -	\$ -		\$ -	\$	-		\$ -
8										\$ -	\$.		\$ -	\$ -		\$ -	\$	-		\$ -
9										\$ -	\$.		\$ -	\$ -		\$ -	\$	-		\$ -
10										\$ -	\$.		\$ -	\$ -		\$ -	\$	-		\$ -

TABLE 2 - MODIFIED AND NEW FEES

	Fee Status Description M/N	Code AuthorizationAuto CPI Adjust Yes/NoAccount CodeAccount Title	Fund Code	Fund Title	Authority Code Authority Title Department Code	Department Title Project Code Project Title	e Activity Code	Activity Title	Unit Basis (e.g per sq. ft./)	* * ////-/.)	FY 2022- 23 Units (Est.)	FY 2022- I 23 Revenue I Proposed	FY 2022- 23 Cost Recovery (Est.)	F	FY 2022-24 Fee FY 20 24 U (Est	nits Povonuo	FY 2023- 24 Cost Recovery (Est.)	FY 2024 25 Fee	+ 25 Units (Est.)	2024-FY 2024-2525 CostenueRecoverylosed(Est.)	N	Fiscal Year of Last ncrease
1										\$-		\$ -		:	\$ -	\$ -		\$ -	\$	-		\$ -
2										\$-		\$ -			\$ -	\$ -		\$ -	\$	-		\$ -
3										\$-		\$ -		:	\$ -	\$ -		\$ -	\$	-		\$ -
4										\$-		\$ -			\$ -	\$ -		\$ -	\$	-		\$ -
5										\$-		\$ -		:	\$ -	\$ -		\$ -	\$	-		\$ -
6										\$-		\$ -			\$ -	\$ -		\$ -	\$	-		\$ -
7										\$-		\$ -			\$ -	\$ -		\$ -	\$	-		\$ -
8										\$-		\$ -		:	\$ -	\$ -		\$ -	\$	-		\$ -
9										\$ -		\$ -			\$ -	\$ -		\$ -	\$	-		\$ -
10										\$-		\$ -		:	\$ -	\$ -		\$ -	\$	-		\$ -
TABL	E 3 - CONTINUING I	FEES										-			•				-			

Item Fee Status Description Code Authorization Auto CPI Adjust Yes/No Account Code Account Title Fund Code Fund Title	Authority CodeAuthority TitleDepartment CodeDepartment TitleProject CodeProject TitleActivity CodeActivity Title	Unit Basis (e.g., per sq. ft./) FY 2022-23 Fee ** FY 2022-23 (Est.)	FY 2022- 23 23 Cost Revenue Recovery Proposed (Est.)	FY 2023-24 Fee	FY 2023- 24 Units (Est.) FY 2023- 24 FY 2023- 24 Cost Revenue Proposed (Est.)	FY 2024- 25 Fee ** 25	2024- Units St.) FY 2024- 25 St.) FY 2024- 25 Cost Revenue Proposed (Est.)	Fiscal Year of Last Increase
11		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
14		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
15		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
16		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
18		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
19		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
20		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

C Continuing M Modified N New D Discontinued Fee Status:

Note: ** If Auto CPI adjustment = Yes, FY 2022-23 and FY 2023-24 Fee will be automatically generated based on the inflation factor determined by the Controller. If Auto CPI adjustment = No, FY 2022-23 and FY 2023-24 Fee will remain the same as previous year or entered by dept according to Code Authorization.

NOT APPLICABLE

Budget Form 2C: Fee Cost Recovery

DEPARTMENT:

Fee Name:	Fee XYZ			Depa	rtment Providing Service:	Depart	ment ABC	
				Fee A	dministrator:	<mark>Jane S</mark>	mart	
	<u>Numeric Code</u>		<u>Title</u>	Code	Authorization/			
PS Department of Proposed Revenue:	XXXXXX			Propo	osed Fee Ordinance/File No:	Admin (Code Sectior	n X.X
PS Fund of Proposed Revenue:	XXXXX							
PS Authority of Proposed Revenue:	XXXXX			Propo	osed Fee (FY 2024-25):	\$	44.00	(1)
PS Project of Proposed Revenue:	XXXXXXXX			Propo	osed Fee (FY 2022-24):	\$	42.00	(2)
PS Activity of Proposed Revenue:	XXXX			Curre	nt Fee (FY 2022-23):	\$	40.00	(3)
PS Account of Proposed Revenue:	XXXXXX							
Fee Status (New/Modified):	New							
Fee Status (New/Modified):	New							
Detailed Service Description:								
Please provide description of service								
Proposed Fee (FY 2024-25):		\$	44.00	FY 20	24-25 Proposed Fee Increase/Decrease:	\$	2.00]
Proposed Fee (FY 2022-24):		\$	42.00	FY 20	24-25 % Proposed Fee Change from FY 2023-24 Fee:		4.76%	_
Current Fee (FY 2022-23):		\$	40.00	FY 20	23-24 Proposed Fee Increase/Decrease:	\$	2.00	1
				FY 20	23-24 % Proposed Fee Change from Current Fee:		5.00%)
Fee Prior to Current:		\$	38.00	Fisca	I Year of Prior Fee Change:		2010-11	
Current Fee Increase/Decrease fro	m Prior Fee:	\$	2.00		rrent Fee Change from Prior Fee:		5.26%	
				FY2023-24				
				F12023-24				
ESTIMATED REVE	NUE DERIVED FROM SERVI	CE			ESTIMATED COSTS TO PROVIDE SERVICE - USE WO		,	W
				_			2022-23	a
A Quantity Estimated	,			D	Direct Costs		nated Cost	% of Total
(# of Units of Service Provided)			<mark>5,000</mark>		Productive Labor & Benefits (0.75 of 2022-23 Salary & MFB)	\$	313,702	59.25%

				112023-24					
	ESTIMATED REVENUE DERIVED FROM	I SERVICE			ESTIMATED COSTS TO PROVIDE SEF	RVICE - USE WORK	(SHEET	22-23, BELO	W
							F	Y 2022-23	
Α	Quantity Estimated			D	Direct Costs		Est	imated Cost	% of Total
	(# of Units of Service Provided)		5,000		Productive Labor & Benefits (0.75 of 2022-23 Sa	ary & MFB)	\$	313,702	59.25%
					Leave & Non-Productive Time (0.25 of FY 2022-2	23 Salary & MFB)	\$	104,567	19.75%
					Space Rental Equivalent		\$	15,000	2.83%
					Materials & Supplies		\$	-	0.00%
					Other (Please Describe on Worksheet)		\$	-	0.00%
В	Fee per Unit (<i>Proposed</i>)	\$	42	E	Indirect Costs	<u>Rate</u>			
					Departmental Overhead	20.00%	\$	83,654	15.80%
					Central Services Overhead	3.00%	\$	12,548	2.37%
С	FY 2023-24 Revenue Budgeted (A x B)	\$	210,000	F	FY 2023-24 Direct & Indirect Costs		\$	529,471	100.00%
G	FY 2023-24 Revenue Recovery Rate (C/F):		39.66%						
н	Required Fee For 100% Cost Recovery (F/A)	\$	105.89						
	Over (+) or Under (-) 100% Cost Recovery (B-H)		(\$63.89)						
J	FY 2023-24 Estimated Revenue [(2) x A]:						\$	210,000.00	

Κ

FY 2023-24 Estimated Revenue [(2) x A]: FY 2022-23 Estimated Revenue [(3) x A]: FY 2023-24 Estimated Revenue Increase/Decrease Based on Proposed Fee [J -K]: L

				FY2024-25				
	ESTIMATED REVENUE DERIVED FROM	SERVICE			ESTIMATED COSTS TO PROVIDE SERV	CE - USE WORK	KSHEET 23-24, BE	LOW
							FY 2023-24	
Α	Quantity Estimated			D	Direct Costs		Estimated Cos	st % of Total
	(# of Units of Service Provided)		5,000		Productive Labor & Benefits (0.75 of 2023-24 Salar	/ & MFB)	\$-	#DIV/0!
					Leave & Non-Productive Time (0.25 of FY 2024-25	Salary & MFB)	\$-	#DIV/0!
					Space Rental Equivalent		\$-	#DIV/0!
					Materials & Supplies		\$-	#DIV/0!
					Other (Please Describe on Worksheet)		\$-	0.00%
В	Fee per Unit (<i>Proposed</i>)	\$	44	E	Indirect Costs	<u>Rate</u>		
					Departmental Overhead	0.00%	\$ -	#DIV/0!
					Central Services Overhead	3.00%	\$ -	#DIV/0!
С	FY 2024-25 Revenue Budgeted (A x B)	\$	220,000	F	FY 2024-25 Direct & Indirect Costs		\$-	#DIV/0!
G	FY 2024-25 Revenue Recovery Rate (C/F):		#DIV/0!					
н	Required Fee For 100% Cost Recovery (F/A):	\$	-					
I	Over (+) or Under (-) 100% Cost Recovery (B-H):		\$44.00					

PLEASE FILL OUT HIGHLIGHTED AREAS AND PROVIDE A DETAILED DESCRIPTION OF THE SERVICE

Departme	nt ABC	
Jane Sma	nrt	
Admin Co	de Section)	K.X
\$	44.00	(1)
\$	42.00	(2)
\$	40.00	(3)

\$	210,000.00
\$	200,000.00
\$	10,000.00

- J FY 2024-25 Estimated Revenue [(1) x A]:
- K FY 2023-24 Estimated Revenue [(2) x A]:
 L FY 2024-25 Estimated Revenue Increase/Decrease Based on Proposed Fee [J K]:

Worksheet 23-24

Estimated Costs Worksheet FY 2023-24 Direct Costs

Labor and Benefits

Please use the worksheet below to list all job classes necessary to support the services provided. Add rows if necessary.

Please also provide a description of the work and the estimated hours for each job class required to perform each unit of service

JobClas s	Job Class Title	Description of Work	Hours per Unit of Service
1234	Test	Processes Payment	1.20

Please fi	II out the Salary and Benefits Amount per FT	E column			
Job		Salary and Benefits			Salary and
Class	Job Class Title	Amount per FTE	Hours Worked	Hourly Rate	Benefits Amount
1234	Test	\$145,000.00	6000.0	\$69.71	\$418,269.23
0	0		0.0	\$0.00	\$0.00
0	0		0.0	\$0.00	\$0.00
0	0		0.0	\$0.00	\$0.00
				Total:	\$418,269.23

Space Rental Equivalent Cost 1 2 3	Please list and describe the costs of space/facility rental necessary to support the services provided. Add rows as necessary. Ensu Description 15000 Payment facility
Total:	\$15,000.00
Materials and Supplies Cost 1 2 3	Please list and describe the costs of space/facility rental necessary to support the services provided. Add rows as necessary. Ensu Description
Total:	\$0.00
Other Costs Cost 1 2 3	Please list and describe the costs of space/facility rental necessary to support the services provided. Add rows as necessary. Ensu Description
Total:	\$0.00
Indirect Costs	
Rate Source	

20.0% Please provide supporting documentation for how Departmental overhead rate was derived.

Worksheet 24-25

Estimated Costs Worksheet FY 2024-25

\$	220,000.00
\$	210,000.00
\$	10,000.00

ure that the 'Total' includes the sum of all rows with cost information.

are that the 'Total' includes the sum of all rows with cost information.

ure that the 'Total' includes the sum of all rows with cost information.

Direct Costs

Labor and Benefits

Please use the worksheet below to list all job classes necessary to support the services provided. Add rows if necessary.

Please also provide a description of the work and the estimated hours for each job class required to perform each unit of service

JobClas s	Job Class Title	Description of Work	Hours per Unit of Service

Please fi	II out the Salary and Benefits Amount per FT	E column			
Job		Salary and Benefits			Salary and
Class	Job Class Title	Amount per FTE	Hours Worked	Hourly Rate	Benefits Amount
0	0		0.0	\$0.00	\$0.00
0	0		0.0	\$0.00	\$0.00
0	0		0.0	\$0.00	\$0.00
0	0		0.0	\$0.00	\$0.00
				Total:	\$0.00

Space Rental Equivalent Cost	Please list and describe the costs of space/facility rental necessary to support the services provided. Add rows as necessary. Ensure Description
1	
2	
3	
Total:	\$0.00
Materials and Supplies	Please list and describe the costs of space/facility rental necessary to support the services provided. Add rows as necessary. Ensure
Cost	Description
1	
2	
3	
Total:	\$0.00
Other Costs	Please list and describe the costs of space/facility rental necessary to support the services provided. Add rows as necessary. Ensure
Cost	Description
1	
2	
3	
Total:	\$0.00
Indirect Costs	
Rate Source	

Please provide supporting documentation for how Departmental overhead rate was derived.

ure that the 'Total' includes the sum of all rows with cost information.

ure that the 'Total' includes the sum of all rows with cost information.

re that the 'Total' includes the sum of all rows with cost information.

BUDGET FORM 3A: Expenditure Changes DEPARTMENT: Please identify proposed expenditure changes from the FY 2023-24 and FY 2024-25 Base Budget at the account level.

Note: To submit this information, run the 15.30.005c - Snapshot to Current Comparison by Stage (Audit Trail) report from BFM Reporting.
Select the following criteria before running the report:
Snapshot: Start of Dept
Budget Stages: M2 Department Phase
GFS Type: Do not select a value.
Account Lvl 5: Filter for all Expenditure Account Lvl 5 codes beginning with "5"
Do not select values for any other prompts.
For any proposed changes, provide an explanation in the "Explanation of Change" for each Budget Year column.
Please contact your Mayor's Office or Controller's Office Analyst if you need assistance running this report.
All submissions must be formatted appropriately so that printed copies are easily readable for the public.

																				Tot	al BY Expenditure Variance	: 1,152,222.00	Tota	BY+1 Expenditure Varia	nce: 1,036,871.		1
get System R	Report 15.30	0.005 filtered on Gr	Gross Expenditures																		FY 2022-24			FY 2024-25		FORMULA	FILL IN
Type D	Dept Grp [Division	Division Title	Section	Section Title	Dept ID	Dept ID Title	Fund	Fund Title	Project-Activity	y Project Title	Activity Title	Authority	Authority Title	Account Lvl 5 Tit	le Account - Title TRIC	RIO	TRIO Title	Agency Use	Start Dept Amt	End Dept Amt	Var Dept Amt	Start BY+1 Dept Amt	End BY+1 Dept Amt	Var BY+1 Dept Amt	Change submittted?	Explanation of Change
H	HSS					291644	HSS Health Service System	10000	GF Annual Acco	ount Ctrl 10001707-0001	HT Administration	HSS Administration	10000	Operating	5010Salary	501010 - Perm Salaries-Misc-Regular			0	5,436,	306 5,623,947	7 187,141	5,695,7	775 5,890	9,786 195,	D11 YE	SFHSS is requesting to add an additional 0931 M
Н	HSS					291644	HSS Health Service System	10000	GF Annual Acco	ount Ctrl 10001707-0001	HT Administration	HSS Administration	10000	Operating	5130Fringe	513010 - Retire City Misc			0	798,	509 825,627	1 27,112	2 710,3	75 734	23,	920 YE	 help support core Operations SFHSS is requesting to add an additional 0931 help support core Operations
H	HSS					291644	HSS Health Service System	10000	GF Annual Acco	ount Ctrl 10001707-0001	HT Administration	HSS Administration	10000	Operating	5130Fringe	514010 - Social Security (OASDI & HI)			0	313,	324,148	3 10,378	333,2		l,592 11,:	310 YE	S SFHSS is requesting to add an additional 0931 help support core Operations
Н	HSS					291644	HSS Health Service System	10000		ount Ctrl 10001707-0001		HSS Administration	10000	Operating	5130Fringe	514020 - Social Sec-Medicare(HI Only)			0	78,	997 81,71	2,714	82,7	751 85	5,579 2,1		SFHSS is requesting to add an additional 0931 help support core Operations
н	HSS					291644	HSS Health Service System	10000		ount Ctrl 10001707-0001		HSS Administration	10000	Operating	5130Fringe	515010 - Health Service-City Match			0	217,	145 221,273	3 4,128	231,7	236	5,191 4,·	407 YE	SFHSS is requesting to add an additional 0931 help support core Operations
H	HSS					291644	HSS Health Service System			ount Ctrl 10001707-0001		HSS Administration	10000	Operating	5130Fringe	515020 - Retiree Health-Match-Prop B 515030 - RetireeHlthCare-CityMatchPropC			0	33,	754 34,913	3 1,159	35,3	364 36	5,572 1,3		S SFHSS is requesting to add an additional 093: help support core Operations
	HSS					291644	HSS Health Service System HSS Health Service System	10000		ount Ctrl 10001707-0001		HSS Administration	10000	Operating Operating	5130Fringe 5130Fringe	515710 - Dependent Coverage			0		731 21,443	13 066	21,7	07 22 180 475	.,449 		 SFHSS is requesting to add an additional 093: help support core Operations SFHSS is requesting to add an additional 093:
H	HSS					291644	HSS Health Service System	10000		ount Ctrl 10001707-0001		HSS Administration	10000	Operating	5130Fringe	516010 - Dental Coverage			0	46,	704 48,015	5 1,311	48,1	30 49	,480 1,		help support core Operations S SFHSS is requesting to add an additional 0931
н	HSS					291644	HSS Health Service System	10000	GF Annual Acco	ount Ctrl 10001707-0001	HT Administration	HSS Administration	10000	Operating	5130Fringe	519110 - Flexible Benefit Package			0	33,	502 38,288	3 4,786	35,7	763 40	0,872 5,		help support core Operations SFHSS is requesting to add an additional 0931
H	HSS					291644	HSS Health Service System	10000	GF Annual Acco	ount Ctrl 10001707-0001	HT Administration	HSS Administration	10000	Operating	5210NPSvcs	522000 - Training - Budget			0	18,	231 16,000) (2,231)) 18,2	16	6,000 (2,2	31) YE	help support core Operations Decrease in Training Budget Due to fewer en needing CRP Training and lower cost of other
H	HSS					291644	HSS Health Service System	10000	GF Annual Acco	ount Ctrl 10001707-0001	HT Administration	HSS Administration	10000	Operating	5210NPSvcs	527000 - Prof & Specialized Svcs-Bdgt			0	1,347,	444 1,404,978	3 57,534	1,352,4	1,358	6,470 6,1		In FYE 24, moving costs for 1st floor reloca current lease. In FY24-25 due to increase in postage costs and equipment for required
H	HSS					291644	HSS Health Service System	10000	GF Annual Acco	ount Ctrl 10001707-0001	HT Administration	HSS Administration	10000	Operating	5210NPSvcs	529990 - Other Equip Maint			0		0 1,680	0 1,680	1,5	50 1	,764	214 YE	Complaince. Increase in FY23-24 and FY24-25 due to c with annual maintenance for our folding n
H	HSS					291644	HSS Health Service System			ount Ctrl 10001707-0001		HSS Administration	10000	Operating	5210NPSvcs	535510 - Copy Machine			0	17,	361 25,000	7,139	17,8	361 25	5,000 7,		 increase in FY23-24 and FY24-25 due to ne copier when our lease is up in FY23-24 to a removal of old machine, increased costs in per printed copies.
Η	HSS					291644	HSS Health Service System	10000	GF Annual Acco	ount Ctrl 10001707-0001	HT Administration	HSS Administration	10000	Operating	5210NPSvcs	535960 - Software Licensing Fees			0	2,	405 1,905	5 (500)) 2,4	105 1	,905 (5		per printed copies. Decrease due to lower cost in Zendesk Lica (help desk). Also removing licenses for HI Software.
H	HSS					291644	HSS Health Service System	10000	GF Annual Acco	ount Ctrl 10001707-0001	HT Administration	HSS Administration	10000	Operating	5400Mat&Su	540000 - Materials & Supplies-Budget			0	17,	192 26,659	9 9,467	17,1	92 26	9,192 9,1		Increase in FY23-24 & FY24-25 for additiona needed and purchase of COVID Tests when
H	HSS					291644	HSS Health Service System	10000		ount Ctrl 10001707-0001		HSS Administration	10000	Operating	5810OthDep	581470 - GF-HR-Client Svc-Recrut-Assess			0	311,	522 561,379	9 249,757	311,6	522 561	,379 249,	757 YE	IDS Work Order with DHR for job class 1241 avoid future vacancies in core services.
Н	HSS					291644	HSS Health Service System			ount Ctrl 10001707-0001		HSS Administration	10000	Operating	5810OthDep	581910 - GF-Registrar Of Voters			0		0 70,000	70,000		0	0		IDS Work Order with REG for FY23-24 for ou Election next FYE 24.
H	HSS					291644	HSS Health Service System	10000	GF Annual Acco	ount Ctrl 10001707-0002	HT Administration	HSS Employee Assistance	Pgm 10000	Operating	5210NPSvcs	522000 - Training - Budget			0	4,	250 13,220	8,970	4,2	250 11	,070 6,1		Increase in FY23-24 & FY24-25 due to addt needed for new EAP Staff. One EAP Staff r the training each year to complete the trair
H	HSS					291644	HSS Health Service System	10000	GF Annual Acco	ount Ctrl 10001707-0002	HT Administration	HSS Employee Assistance	Pgm 10000	Operating	5210NPSvcs	524010 - Membership Fees			0	1,	765 1,872	2 107	1,7	⁷ 65 1	,872		Increase in FY23-24 & FY24-25 due in increase for the Employee Assistance Program Current open and Future positions are imp
H	HSS					291644	HSS Health Service System	10000		ount Ctrl 10001707-0002		HSS Employee Assistance	Pgm 10000	Operating	5210NPSvcs	527000 - Prof & Specialized Svcs-Bdgt			0	488,	000 1,019,217	531,211	488,0	1,045	5,087 557,		Increase in FY23-24 & FY24-25 due to IDS Fire, Police, and Sheriff Department. We we these funds through the Work Order with t departments. Also due to increased costs in Assessments.
Η	HSS					291644	HSS Health Service System	10000	GF Annual Acco	ount Ctrl 10001707-0002	HT Administration	HSS Employee Assistance	Pgm 10000	Operating	5210NPSvcs	535960 - Software Licensing Fees			0	174,	630 167,700	0 (6,930)) 174,6	30 151	,620 (23,0	10) YE	Savings in FY23-24 and FY24-25 due to RFP mental health app.

BUDGET FORM 3B: Position Changes DEPARTMENT: _____ Please identify proposed position changes from the FY 2023-24 and FY 2024-25 Base Budget at the account level (reflecting both salary and discretionary special class changes). Note: To submit this information, run the 15.30.004 Position Snapshot Comparison (Audit Trail) report from the BFM Reporting. Select the following criteria before running the report: Snapshot: Start of Dept

Budget Stages: **M2 Department Phase** GFS Type: Do not select a value. Do not select values for any other prompts. For any proposed changes, provide an explanation in the "Explanation of FTE and/or Amount Change" column. Please contact your Mayor's Office or Controller's Office Analyst if you need assistance running this report. All submissions must be formatted appropriately so that printed copies are easily readable for the public.

																					Total BY FTE V	/ariance:	1.00	Total BY Amount Varia	nce: 252,507.00	Total BY+1 FT	Variance:	1.00	Total BY+1 Amount Va	ariance: 259,8	2.00	
udget Syste	n Report 15.30.004 filt	ltered on Gross Expenditu	itures																				Y 2023-24					FY 2024-25			FORMULA	FILL IN
FS Type	Dept Grp Division	Division Tit	Title	Section	Section Title	Dept ID	Dept ID Title Fund	Fund Titl	e Project-Activi	ity Project Title	Activity Title Authority	Authority Tit	le Account Lvl 5	Title Account	Account Title Agency Use	Class Job Class	Title Employee En Org Code	nployee Org Title Ret	Status	Action Start Dept FTE	End Dept FTE	Var Dept FTE	Start Dept Amt	End Dept Amt	Var Dept Amt Start	BY+1 Dept FTE End BY+1	Dept FTE Var BY+1	Dept FTE Start BY+1	Dept Amt End BY+1 Der	pt Amt Var BY+1 Dept	Amt FTE Changes Amount Submitted?	
FS	HSS					291644	HSS Health Service Syste 10000) GF Annual	Account Ctr 10001707-0001	HT Administration	HSS Administration 10000	Operating	5010Salary	501010	Perm Salaries-Misc-Regu 0	0931_C Manager III	351 35'	1 - MEA, MUNICIPAL EXECUTIC	Α	N	0.00	1.00	1.00	0 18	,141 187,141	0.00	1.00	1.00	0	195,011	95,011	YES SFHSS is requesting to add an additional 093 Manager to help support core Operations
GFS	HSS					291644	HSS Health Service Syste 10000) GF Annual	Account Ctr 10001707-0001	HT Administration	HSS Administration 10000	Operating	5130Fringe	513010	Retire City Misc 0	0931_C Manager III	351 35	1 - MEA, MUNICIPAL EXECU	A	N	0.00	0.00	0.00	0 2	,112 27,112	0.00	0.00	0.00	0	23,920	23,920 NO	YES SFHSS is requesting to add an additional 093 Manager to help support core Operations
GFS	HSS					291644	HSS Health Service Syste 10000) GF Annual	Account Ctr 10001707-0001	HT Administration	HSS Administration 10000	Operating	5130Fringe	514010	Social Security (OASDI &0	0931_C Manager III	351 35	1 - MEA, MUNICIPAL EXECUTIC	A	N	0.00	0.00	0.00	0 10	,378 10,378	0.00	0.00	0.00	0	11,310	NO 11,310	YES SFHSS is requesting to add an additional 093 Manager to help support core Operations
GFS	HSS					291644	HSS Health Service Syste 10000) GF Annual	Account Ctr 10001707-0001	HT Administration	HSS Administration 10000	Operating	5130Fringe	514020	Social Sec-Medicare(HI 0	0931_C Manager III	351 35	1 - MEA, MUNICIPAL EXECUTIC	A	N	0.00	0.00	0.00	0	2,714 2,714	0.00	0.00	0.00	0	2,828	2,828 NO	YES SFHSS is requesting to add an additional 093 Manager to help support core Operations
GFS	HSS					291644	HSS Health Service Syste 10000) GF Annual	Account Ctr 10001707-0001	HT Administration	HSS Administration 10000	Operating	5130Fringe	515010	Health Service-City Matc 0	0931_C Manager III	351 35 ⁻	1 - MEA, MUNICIPAL EXECUT C	A	N	0.00	0.00	0.00	0	,128 4,128	0.00	0.00	0.00	0	4,407	4,407 NO	YES SFHSS is requesting to add an additional 093 Manager to help support core Operations
FS	HSS					291644	HSS Health Service Syste 10000) GF Annual	Account Ctr 10001707-0001	HT Administration	HSS Administration 10000	Operating	5130Fringe	515020	Retiree Health-Match-Pro 0	0931_C Manager III	351 35	1 - MEA, MUNICIPAL EXECUT C	A	N	0.00	0.00	0.00	0	,159 1,159	0.00	0.00	0.00	0	1,208	1,208	YES SFHSS is requesting to add an additional 093 Manager to help support core Operations
۶۶	HSS					291644	HSS Health Service Syste 10000) GF Annual	Account Ctr 10001707-0001	HT Administration	HSS Administration 10000	Operating	5130Fringe	515030	RetireeHlthCare-CityMatc0	0931_C Manager III	351 35	1 - MEA, MUNICIPAL EXECU [®] C	Α	N	0.00	0.00	0.00	0	712 712	0.00	0.00	0.00	0	742	742 NO	YES SFHSS is requesting to add an additional 093 Manager to help support core Operations
FS	HSS					291644	HSS Health Service Syste 10000) GF Annual	Account Ctr 10001707-0001	HT Administration	HSS Administration 10000	Operating	5130Fringe	515710	Dependent Coverage 0	0931_C Manager III	351 35	1 - MEA, MUNICIPAL EXECUTIC	A	N	0.00	0.00	0.00	0 1:	,066 13,066	0.00	0.00	0.00	0	13,947	13,947	YES SFHSS is requesting to add an additional 093 Manager to help support core Operations
FS	HSS					291644	HSS Health Service Syste 10000) GF Annual	Account Ctr 10001707-0001	HT Administration	HSS Administration 10000	Operating	5130Fringe	516010	Dental Coverage 0	0931_C Manager III	351 35	1 - MEA, MUNICIPAL EXECUTIC	Α	N	0.00	0.00	0.00	0	,311 1,311	0.00	0.00	0.00	0	1,350	1,350	YES SFHSS is requesting to add an additional 093 Manager to help support core Operations
FS	HSS					291644	HSS Health Service Syste 10000) GF Annual	Account Ctr 10001707-0001	HT Administration	HSS Administration 10000	Operating	5130Fringe	519110	Flexible Benefit Package 0	0931_C Manager III	351 35	1 - MEA, MUNICIPAL EXECUTC	Α	N	0.00	0.00	0.00	0	,786 4,786	0.00	0.00	0.00	0	5,109	5,109	YES SFHSS is requesting to add an additional 093 Manager to help support core Operations
																					0.00	1.00	1.00	0.00 252,5	7.00 252,507.00	0.00	1.00	1.00	0.00	59,832.00 259	832.00	YES SFHSS is requesting to add an additional 093 Manager to help support core Operations

BUDGET FORM 4A: New General Fund Equipment Requests - No Vehicles

NOT APPLICABLE

Departments that are making General Fund equipment requests should complete form 4A in BFM. Do not load General Fund equipment requests in the budget system - they will be loaded centrally in Mayor phase. Completing this form in BFM will not load General Fund to departmental budgets. Equipment numbers will be finalized after the Mayor's Budget Office determines citywide equipment allocations. Where applicable, include installation/outfitting costs in the same line item budget request.

Equipment Numbers: BFM has prepopulated numbers to be used. Equipment Numbers in BFM have 8 characters with the format %dept%budget year%seq (ex. AAM23001).

BUDGET FORM 4B: Fleet

NOT APPLICABLE

All departments requesting to purchase new or replacement vehicles must fill out forms 4B.1 and 4B.2 in BFM, whether requesting General Fund support or not. Requests will be reviewed by Fleet Management and MBO.

Term Contract Prices are provided by Fleet Management and will be updated in January for select vehicles. Prices are expected to increase slightly. Please contact Camilla Taufic, Business Manager for Fleet Management- Central Shops, to confirm pricing.

			COIT and Capital Bu FY 2023-24 an	-	ons							
	Please submit the following request at the given links, and refer to Budget Instructions document for more information.											
COIT>	Technology project pr	oposals: <u>https://</u>	sfgov1.sharepoint.com/sites/A	DM-COIT/SitePages/Bi	udget%20FY2023	- <u>24.aspx#/</u>						
	GFS CPC Capital Requ	ests: Please enter in	BFM form, Capital - Dept Req	uest - CPC GFS (7900)								
			in BFM form, Capital - Dept Re	-								
		iests: Please enter if	n BFM form, Capital - Dept Re e	10414040404								
	SF BUDGET	Home	Budget Formulation	Capital Capital - Dept Request - No	PCF	Chart of Accounts						
				Capital - Dept Request - CP								
				Capital - Dept Nequest - CP								
CAPITAL>				Capital - Dept Request - CP								

Capital Funding Project for 2nd Floor Move

SF Employee Po	rtal X	🔗 Budget Formulat	tion and Manage 🗙	+				
\leftrightarrow \rightarrow C	budget.sfgov.o	rg/bfmsf/default.aspx						
M Gmail 💽 You	Tube 💡 Maps	✤ Welcome to CashPro	o 📑 Revenue Man	agem 🚳 Ei	m <mark>pl</mark> oyee Gatewa	y		
SF BUDGET	Home	Budget For	ms Ca	apital	Chart o	f Accounts	Links	
Capital Pro	ject-Activit	ty						
C Refresh						Q Search		
Code:	Project Title:	Activit	ty Title:		Lowest Lvl:	Active	Modify Data	
HSSCP24001-0001	Placeholder Capita	al Code Placeh	older Capital Code			5	Edit	
Records per page:	50 😺 🤇 A	dvanced Search				- Records: 1	- Page: I 1 >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	

Edit Capital Project-Activity	
X Close	

HSSCP24001-0001	1145 Market 2r	nd Floor Renov	ation	Save Cancel	
	Capital 1			Capital 2	
Project:	HSSCP24001	Q X	Activity:	0001	9. X
	Placeholder Capital Code)		0001	
CPC Project Type:	ONE-TIME)	Expenditure Type:	E	9. X
	One-Time Project			E - Enhancement	
Project Priority:	15)	Funding Principle:	4	9. X
	Priority 15			Serves Programmatic or Plann	
Service Area:	GEN)	Funding Source:	1.01	9. X
	GEN - General Government			General Fund	
Facility:	6) < ×	Resilience Challenge -		9 ×
	NonCity - 1145 Market St Buil	d	Aging Infrastructure:		
Resilience		Q X			
Challenge - Earthquakes:	L	J	Resilience Challenge -		9, X
Resilience) < ×	Social Inequity:		
Challenge -			District	1	0 v

M Gmail 😰 YouTube 💡 Maps 🧇 Welcome to CashPro 📑 Revenue Managem... 🚳 Employee Gateway...

Edit Ca	pital	Proje	ect-A	ctivity

X Close

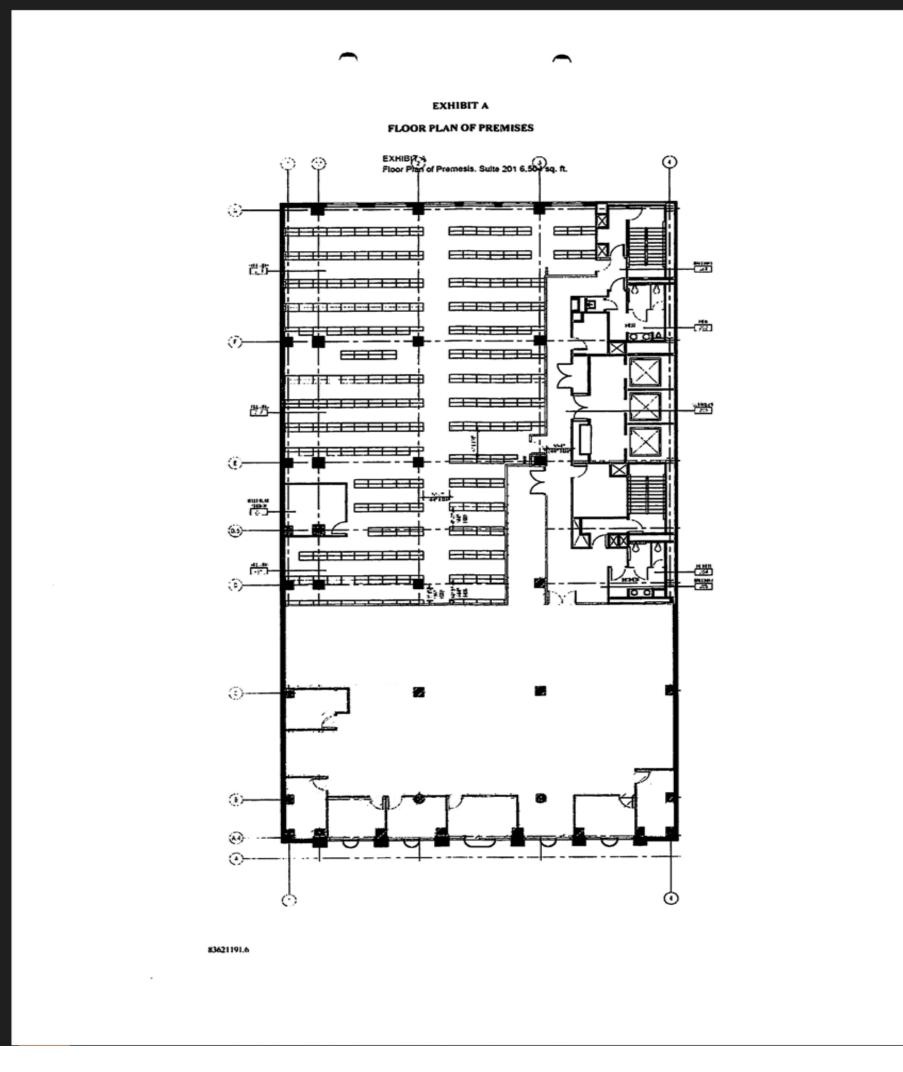
Code:	Name:	
HSSCP24001-0001	1145 Market 2nd Floor Renovation	Save Cancel
	Capital 1	Capital 2
roject Contact:	Iftikhar Hussain	
Project Name:	1145 Market 2nd Floor Renovation	
	1145 Market 2nd Floor Renovation SFHSS is relocating 1st floor space to 2nd floor. 2nd floor	

Project Justification:	Lease is expiring and we are moving out of the 1st floor space in November. Moving into 2nd floor space.	
Project Cost Justification:	The funding need is based on the project order of magnitude cost estimate. Planned move into new space before end of FY.	
Facility Name (if not listed):		

Edit Capital Project-Activity

-

Project: HSS	Name: 1145 Market 2nd Floor Renovat Capital 1		Save Cancel
Project: HSS	Capital 1		
Project: HSS		(
115.			Capital 2
Place	SCP24001	Activity:	0001 ° ×
	eholder Capital Code		0001
CPC Project Type:	e-time	Expenditure Type:	E
One	Time Project		E - Enhancement
Project Priority: 15	० x	Funding Principle:	4 Q X
Prior	ity 15		Serves Programmatic or Plann
Service Area:	۹ ×	Funding Source:	1.01 Q X
GEN	- General Government		General Fund
Facility: 6	० ×	Resilience Challenge -	Q X
Resilience	City - 1145 Market St Build	Aging Infrastructure:	
Challenge - Earthquakes:	~ ×	Resilience Challenge -	Q ×
Resilience	Q X	Social Inequity:	



ID Form 7900	Definition		
Department Group HSS Contract Syste	Project-Activity HSSCP24001-	Save	icel
2023-24 Line	Text:* 1145 Market Street 2nd Flo the 2nd floor.	oor Renovation. S	FHSS is moving its 1st floor space to
2024-25 Line	Text:*		
2023-24 Dept Req	uest*: 1950300	Audit Text:	Moving from 1st Floor to 2nd Floor space in 1145 Market Street. One-
2024-25 Dept Req	uest*: 0	Audit Text:	time expense.

附 Gmail 😰 YouTube 💡 Maps 🧇 Welcome to CashPro 📑 Revenue Managem... 🚳 Employee Gateway...

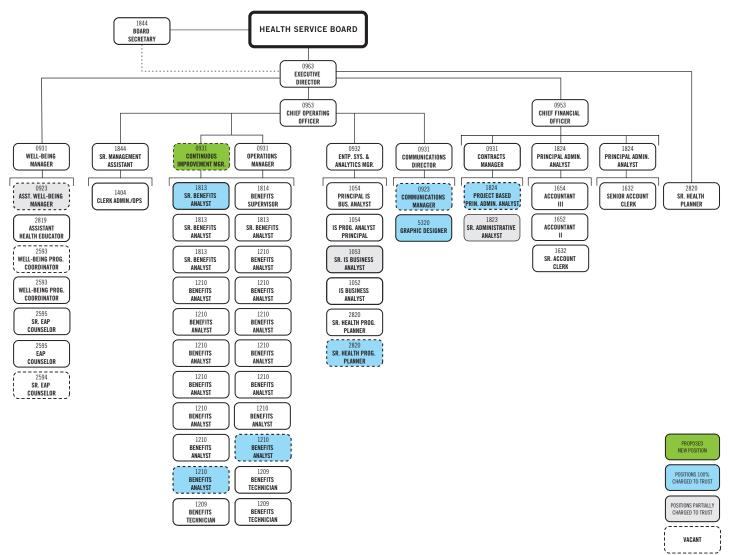
Budget Form Lines

ID	Form	Department:	Form Nam	e						
15337	7900	HSS - Health Ser	rvice System Capital - De	pt Request CPC GFS (NEW)						
	earch criter	ria here								
actions: Add Nev	w		Activity Title	Project Title	2023-24	2023-24	2024-25	2023-24	2024-25	
Enter se Actions: Add Nev Row	w	Project-Activity	Activity Title	Project Title	2023-24 Adopted	2023-24 Dept Request*	and the second	2023-24 Line Text*	2024-25 Line Text*	

To come up with the \$1,950,300.00 amount, we took the new square footage on the 2nd floor of 6,501 square feet and multiplied that by \$300.00 per square foot.

SAN FRANCISCO HEALTH SERVICE SYSTEM

FY 2023-24 and FY 2024-25 Proposed Budget - Net of Attrition



SFHSS.ORG 2023 Please complete all shaded sections in this worksheet, as is required by San Francisco Administrative Code Section 2.15:

NOT APPLICABLE

Department:Insert name of Department and Division hereContract:Insert name of the contract's main purpose here

SEC. 2.15 SUPPLEMENTAL REPORTS REQUIRED

Any officer, department or agency seeking Board approval of a contract for personal services under Charter Section 10.104(15) shall submit a supplemental report to the Board of Supervisors in connection with the contract and the Controller's certification.

The report shall summarize the essential terms of the proposed contract and address the following subjects:

1. The department's basis for proposing the Prop J certification;

2. The impact, if any, the contract will have on the provision of services covered by the contract, including a comparison of specific levels of service, in measurable units where applicable, between the current level of service and those proposed under the contract. For contract renewals, a comparison shall be provided between the level of service in the most recent year the service was provided by City employees and the most recent year the service was provided by the contractor;

3. The department's proposed or, for contract renewals, current oversight and reporting requirements for the services covered by the contract:

4. The contractor's proposed or, for contract renewals, current wages and benefits for employees covered under the contract, and the contractor's current labor agreements for employees providing the services covered by the contract:

5. The department's proposed or, for contract renewals, current procedures for ensuring the contractor's ongoing compliance with all applicable contracting requirements, including Administrative Code Chapter 12P (the Minimum Compensation Ordinance), Chapter 12Q (the Health Care Accountability Ordinance); and Section 12B.1(b) (the Equal Benefits Ordinance);

6. The department's plan for City employees displaced by the contract; and,

7. A discussion, including timelines and cost estimates, of under what conditions the service could be provided in the future using City employees. (Added by Ord. 105-04, File No. 040594, App. 6/10/2004)

8 Changes in any elements of the Contractor and/or City side since the prior approved Prop J.

Form will autopopulate NOT APPLICABLE

PROP J ANALYSIS SUMMARY Insert name of Department and Division here Insert name of the contract's main purpose here

FISCAL YEAR 2023-24

City cost if services are not contracted out

	low range		high range	
Total Annual Salary	\$	-	\$	-
Total Other Pay	\$	-	\$	-
Total Fringe Benefits	\$	-	\$	-
Additional City Costs	\$	-	\$	-
_	\$	-	\$	-

City cost if services are contracted out

Contract Cost	\$ -	\$ -
City Contract Monitoring	\$ -	\$ -
	\$ -	\$ -

City Savings from Contracting Out,				
Savings/(Cost)	\$	-	\$	-
	#DIV/0!		#DIV/0!	

Note: All departments, except fixed budget departments, should complete Prop J Analyses for FY 23/24

[DEPARTMENT] [PS DIVISION CODE + TITLE] Insert name of the contract's main purpose here COMPARATIVE COSTS OF CONTRACTING VS. IN-HOUSE SERVICES (1) (2) FISCAL YEAR 2023-24

PPE FY24

26.0

ESTIMATED CITY COSTS:

PROJECTED PERSONNEL COSTS									
			Bi-Weekly F	Rate per FTE		Annua	l Co	st	
Job Class Title	Class	# of Full Time Equivalent Positions	Low	High	Lov	v		High	
0	0.00	1 0310013	\$ -	0	\$	-	\$	-	
0	0.00		\$-	0	\$	-	\$	-	
0	0.00		\$ -	0	\$	-	\$	-	
0	0.00		\$-	0	\$	-	\$	-	
0	0.00				\$	-	\$	-	
0	0.00				\$	-	\$	-	
0	0.00				\$	-	\$	-	
0	0.00				\$	-	\$	-	
0	0.00				\$	-	\$	-	
0	0.00				\$	-	\$	-	
Holiday Pay (if applicable)	n/a	n/a							
Night / Shift Differential (if applicable)	n/a	n/a							
Overtime Pay (if applicable)	n/a	n/a							
Other Pay (if applicable)	n/a	n/a							
	Total FTE								
			Total Salary	Costs>	\$	- 1	\$		
		Total of O	ther Compens	sation>	\$	-	\$		

	F	RINGE BENEFITS			
	Job Class	\$ Amount			
Benefits per FTEJob Class #:	0	0			
Benefits per FTEJob Class #:	0	0			
Benefits per FTEJob Class #:	0	0			
Benefits per FTEJob Class #:	0	0			
Benefits per FTEJob Class #:	0	0			
Benefits per FTEJob Class #:	0	0			
Benefits per FTEJob Class #:	0	0			
Benefits per FTEJob Class #:	0	0			
Benefits per FTEJob Class #:	0	0			
Benefits per FTEJob Class #:	0	0			
			Low	High	
Total Fringe Be	nefits		\$	- \$	-

ADDITIONAL CITY COSTS		
Insert all additional costs, with a description, that the City would incur if providing the service. May include capital costs, materials & supplies, uniforms, technology, as is comparable to the	\$ -	\$ -
contract components.	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ -
Total Capital & Operating	\$ -	\$ -

COST COMPARISON SUMMARY

- DIV/0!	\$	- #DIV/0!
	- DIV/0!	+

Salary and Benefits for Each Job Class from BFM Reporting FTE Cost Report

Complete this with the cost of 1.0 FTE; the actual FTE needs will be calcuated in the Personnel and Fringe Benefit costs.

Year (BY, aka FY 23/24)	Job Class Number	Job Class Title	FTE	5010 Salary	5130 Benefits	Total Sal & Ben
			1.00			\$ -
			1.00			\$ -
			1.00			\$ -
			1.00			\$ -
			1.00			\$ -
			1.00			\$ -
			1.00			\$ -
			1.00			\$-
			1.00			\$ -
			1.00			\$ -

Comments/Assumptions: 1. FY XXXX would be/was the first year these services are/were contracted out.

- 2. Salary levels reflect proposed salary rates effective July 1, XXXX. Costs are represented as annual 12 month costs.
 3. Variable fringe benefits consist of Social Security, Medicare, employer retirement, employee retirement pick-up and long 4. Fixed fringe benefits consist of health and dental rates plus an estimate of dependent coverage.

Please Fill Out Blue Shaded Areas Only.

FISCAL YEAR 2023-24

NOT APPLICABLE

Contract Cost Details

	Low		High	
Estimated Contract Cost	\$	-	\$	-
Estimated Monitoring Cost	\$	-	\$	-

Contract Monitoring Costs:

Does/would contract require monitoring? If yes, fill out explain why, as this would be unusual.

Salary:																		
		# of FTEs (can be partial; e.g.	Biweek	ly Rate	Anı	nual Sa	alary	/ Expense	Benefits p	per FTE	Ar	nual Ben	nefit E	xpense	тс	DTAL E	XPEI	NSES
Job Class	Job Class Title	a half time employee would be 0.5 FTE)	Low	High		-ow		High	Low	High		Low		High		Low		ligh
		,		g.i	\$	-	\$		\$ -	g	\$	-	\$	-	\$		\$	-
					\$	-	\$	-	\$ -		\$	-	\$	-	\$	-	\$	-
					\$	-	\$	-	\$ -		\$	-	\$	-	\$	-	\$	-
					\$	-	\$	-	\$ -		\$	-	\$	_	\$	-	\$	-
TOTAL CON	ITRACT MONITORING COST				\$	-	\$	-	\$ -	\$ -	\$	-	\$	-	\$	-	\$	-

Contract Cost Calculation:

Please show all calculations made to estimate contract cost. Describe assumptions and source of data above, and feel free to enter more rows as needed.

	Number			Total Cost - high end
List of all contract components	of Units	Notes		est
TOTAL CONTRACT COST			\$ -	\$ -

Components of contractor labor costs, including but not limited to: fringe benefits, premiums, shift differentials:

1. List all assumptions made in calculating contract cost.

Include any private wage rates, population estimates, square footage estimates or other data used in calculating your contract cost. Please insert more lines as needed.

1) 2) 3) 4)

2. What is the source of data used to calculate the contract cost?

3. What year is your data from?

4. If contract cost is based on an RFP and before a contract has been approved, was the RFP for comparable services?

ut the details below. If not,	

SAMPLE SAMPLE	SAMPLE	SAMPLE	SAMPLE	SAMPLE	SAMPLE	SAMPLE
Please Fill Out Blue Shaded Areas Only.						
NOT APPLICABLE						
027-Airport Commission Safety and Security Services	PPE FY24 26.0					
General Aviation Security Services COMPARATIVE COSTS OF CONTRACTING VS. IN-HOUSE SERV FISCAL YEAR 2023-24						

ESTIMATED CITY COSTS:

	PROJE	ECTED PER	SO	NNEL COSTS					
		# of Full Time	- 1	Bi-Weekly Rate	per FTE		Annua	al Co	ost
		Equivalent							
Job Class Title	Class	Positions		Low	High		Low		High
Security Guard	8202	26.00	\$	3,960	4,754	\$2	2,676,782	\$3	3,213,423
Building and Ground Patrol Officer	8207	5.00	\$	3,960	4,754	\$	514,769	\$	617,970
Airport Operations Supervisor	9220	0.05	\$	6,169	7,406	\$	8,020	\$	9,628
Manager III	0931	0.05	\$	8,090	9,712	\$	10,517	\$	12,625
0	0.00					\$	-	\$	-
0	0.00					\$	-	\$	-
0	0.00					\$	-	\$	-
0	0.00					\$	-	\$	-
0	0.00					\$	-	\$	-
0	0.00					\$	-	\$	-
Holiday Pay (if applicable)	n/a	n/a							
Night / Shift Differential (if applicable)	n/a	n/a							
Overtime Pay (if applicable)	n/a	n/a							
Other Pay (if applicable)	n/a	n/a							
	Total FTE	31.1							
				Total Salary Co	osts>	\$3	3,210,088	\$3	8,853,647
		Total	of C	ther Compensa	ition>	\$		\$	

Salary and Benefits for Each Job Class from BFM Reporting FTE Cost Report

Year (BY, aka FY 23/24)	Job Class Number	Job Class Title	FTE	5010 Salary	5130 Benefits	Тс	otal Sal & Ben
FY 23/24	8202	Security Guard	1.00	\$ 86,203	\$ 37,390	\$	123,593
FY 23/24	8207	Building and Ground Patrol Officer	1.00	\$ 86,203	\$ 37,391	\$	123,594
FY 23/24	9220	Airport Operations Supervisor	1.00	\$ 142,369	\$ 50,189	\$	192,55
FY 23/24	0931	Manager III	1.00	\$ 187,141	\$ 65,366	\$	252,50
			1.00			\$	-
			-			\$	-
			-			\$	-
			-			\$	-
			-			\$	-
			-			\$	-

			Total Salary Costs>	\$3,210,0	088	3,853,647	
		Total of	Other Compensation>	\$	- \$; -	
		FRINGE BEN	IEFITS				
	Job Class	\$ Amount					
Benefits per FTEJob Class #:	8202	37,390					
Benefits per FTEJob Class #:	8207	37,391			6	2 2	
Benefits per FTEJob Class #:	9220	50,189			C	5	
Benefits per FTEJob Class #:	0931	65,366				J	
Benefits per FTEJob Class #:	0	0					
Benefits per FTEJob Class #:	0	0					
Benefits per FTEJob Class #:	0	0					
Benefits per FTEJob Class #:	0	0					
Benefits per FTEJob Class #:	0	0					
Benefits per FTEJob Class #:	0	0					_
				Low	Н	igh	1

		Total Fringe Benefits	\$ 1,048,253	\$1,164,882
--	--	-----------------------	--------------	-------------

	ADDI	CITY COSTS	;		
service.				\$ -	\$ -
the contract components.				\$ -	\$ -
				\$ -	\$ -
				\$ -	\$ -
Total Capital & Operating				\$ -	\$ -

COST COMPARISON SUMMARY

ESTIMATED TOTAL CITY COST	\$4,258,340 \$5,018,529
LESS: ESTIMATED TOTAL CONTRACT COST	\$2,318,141 \$2,322,269
ESTIMATED SAVINGS	\$1,940,200 \$2,696,260
% of Savings to City Cost	46% 54%

Comments/Assumptions:

1. FY 2007 was the first year the	nese services were contracted out.				
2. Salary levels reflect propos	sed salary rates effective July 1, 2023. Costs are represented by the second seco	ented as annual 12 month			
long-term disability, where applied	cable.				
4. Fixed fringe benefits consist	of health and dental rates plus an estimate of dependent	coverage.			
<list any="" as<="" comments="" or="" other="" td=""><td>ssumptions></td><td></td><td></td><td></td><td></td></list>	ssumptions>				
N/A					
SAMPLE	SAMPLE	SAMPLE	E SAMPLE	E SAMPLE SAMPLE	E SAMPLE SAMPLE SAMPLE SAMPLE

SAMPLE