

Certification of Cost Analysis (M-2)

Department	Franklin County Public Health
Address:	280 East Broad st, Columbus, OH
Name(s) of Person(s) completing the Cost Analysis:	
Name:	John Wolf
Title	Director of Finance
Phone	(614) 525-3938
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Name:	Sarah Jensen
Title:	Director of EH
Phone:	(614) 561-3252
2023	Fiscal Year Used
22.55	% Support Cost for Risk (Not to exceed 30% per ORC)
22.57	% Support Cost for Mobile (Not to exceed 30% per ORC)
22.40	% Support Cost for Vending (Not to exceed 30% per ORC)
22.61	% Support Cost for Temporary (Not to exceed 30% per ORC)
6.23	Average number of EHS hours per Risk Classified Operation (9 maximum)
2.12	Average number of EHS hours per Mobile Classified Operation
0.33	Average number of EHS hours per Vending Classified Operation
0.87	Average number of EHS hours per Temporary Classified Operation per day
1.45	Average number of EHS hours per Temporary Classified Operation per event

Signature certifying review and acceptance:

Health Commissioner

2023		COST ANALYSIS TOTALS TABLE (A) RISK (M-2)	
Department		Franklin County Public Health	
RISK PROGRAM COMPONENT			
Support Costs:			
Method 2: Indirect Cost Rate			
		a. Go to Environmental Health Specialist (EHS) Cost Table B (M-2) and sum all lines 13 and enter this total.	\$938,594.74
		b. Multiply amount on line (a) by 30% and enter amount on line 1 below.	
1		Enter amount calculated.	\$281,578.42
EHS Costs:			
2		Enter the amount from line 11 of each EHS Cost Table B (M-2) on the appropriate line below.	
		a. EHS #1	Megan Hayes
		b. EHS #2	Marisue Madlener
		c. EHS #3	David Fischer
		d. EHS #4	Tania Nur
		e. EHS #5	Al Nunez
		f. EHS #6	James Smith
		g. EHS #7	Hannah Lower
		h. EHS #8	Jonah Bilek
		i. EHS #9	Karl Stichert
		j. EHS #10	Joseph Stacy
		k. EHS #11	Rudra Dhungana
		l. EHS #12	Mike Hils
		m. EHS #13	Jermaine Vail
		n. EHS #14	
		o. EHS #15	
		p. EHS #16	
		q. EHS #17	
		r. EHS #18	
		s. EHS #19	
		t. EHS #20	
		u. EHS #21	
		v. EHS #22	
		w. EHS #23	
		x. EHS #24	
		y. EHS #25	
		z. EHS #26	
		aa. EHS #27	
		bb. EHS #28	
		cc. EHS #29	
		dd. EHS #30	
3		Sum lines 2a through 2dd and enter total.	\$967,879.71
Laboratory costs:			
4		Sample costs	
Anticipated costs:			
5		From Anticipated Cost Table F (M-2) enter the amount from line 1d.	\$33,978.49
Total Program Component Costs:			
6		Sum lines 1, 3, 4, 5 and enter amount. This amount represents the total cost of the risk component.	\$1,283,436.62
7		Enter the amount from line 5 of the Anticipated Worksheet. This is the amount of anticipated cost that was not incurred.	
8		Subtract line 7 from line 6. This is the corrected total program cost for the Risk Component.	\$1,283,436.62

Table A Risk (M-2)

2023		COST ANALYSIS TOTALS TABLE (A) MOBILE (M-2)		
Department		Franklin County Public Health		
MOBILE PROGRAM COMPONENT				
Support Costs:				
Method 2: Indirect Cost Rate				
		a. Go to Environmental Health Specialist (EHS) Cost Table B (M-2) and sum all lines 15a and enter this total.	\$38,985.85	
		b. Multiply amount on line (a) by 30% and enter amount on line 1 below.		
1.		Enter amount calculated.	\$11,695.76	
EHS Costs:				
2.		Enter the amount from line 11a of each EHS Cost Table B (M-2) on the appropriate line below.		
		a. EHS #1	Megan Hayes	\$7,150.07
		b. EHS #2	Marisue Madlener	\$5,405.75
		c. EHS #3	David Fischer	\$983.19
		d. EHS #4	Tania Nur	\$3,288.92
		e. EHS #5	Al Nunez	\$2,608.69
		f. EHS #6	James Smith	\$2,928.23
		g. EHS #7	Hannah Lower	\$4,001.57
		h. EHS #8	Jonah Bilek	\$3,810.63
		i. EHS #9	Karl Stichert	\$4,557.28
		j. EHS #10	Joseph Stacy	\$766.77
		k. EHS #11	Rudra Dhungana	\$909.75
		l. EHS #12	Mike Hills	\$3,750.40
		m. EHS #13	Jermaine Vail	
		n. EHS #14		
		o. EHS #15		
		p. EHS #16		
		q. EHS #17		
		r. EHS #18		
		s. EHS #19		
		t. EHS #20		
		u. EHS #21		
		v. EHS #22		
		w. EHS #23		
		x. EHS #24		
		y. EHS #25		
		z. EHS #26		
		aa. EHS #27		
		bb. EHS #28		
		cc. EHS #29		
		dd. EHS #30		
3.		Sum lines 2a through 2dd and enter total.		\$40,161.25
Laboratory costs:				
4.		Sample costs		
Anticipated costs:				
5.		From Anticipated Cost Table F (M-2) enter the amount from line 2d.		\$1,137.36
Total Program Component Costs:				
6.		Sum lines 1, 3, 4, 5 and enter amount. This amount represents the total cost of the mobile component.		\$52,994.37
7.		Enter the amount from line 10 of the Anticipated Worksheet. This is the amount of anticipated cost that was not incurred.		\$1,097.20
8.		Subtract line 7 from line 6. This is the corrected total program cost for the Mobile Component.		\$51,897.17

Table A Mobile (M-2)

2023	COST ANALYSIS TOTALS TABLE (A) VENDING (M-2)		
Department	Franklin County Public Health		
VENDING PROGRAM COMPONENT			
Support Costs:			
	Method 2: Indirect Cost Rate		
	a.	Go to Environmental Health Specialist (EHS) Cost Table B (M-2) and sum all lines 13b and enter this total.	
			\$1,522.55
	b.	Multiply amount on line (a) by 30% and enter amount on line 1 below.	
	1.	Enter amount calculated.	
			\$456.77
EHS Costs:			
	2.	Enter the amount from line 11b of each EHS Cost Table B (M-2) on the appropriate line below.	
	a.	EHS #1	Megan Hayes
	b.	EHS #2	Marisue Madlener
	c.	EHS #3	David Fischer
	d.	EHS #4	Tania Nur
	e.	EHS #5	Al Nunez
	f.	EHS #6	James Smith
	g.	EHS #7	Hannah Lower
			\$70.20
	h.	EHS #8	Jonah Bilek
			\$1,360.94
	i.	EHS #9	Karl Stichert
	j.	EHS #10	Joseph Stacy
			\$76.68
	k.	EHS #11	Rudra Dhungana
			\$75.81
	l.	EHS #12	Mike Hils
	m.	EHS #13	Jermaine Vail
	n.	EHS #14	
	o.	EHS #15	
	p.	EHS #16	
	q.	EHS #17	
	r.	EHS #18	
	s.	EHS #19	
	t.	EHS #20	
	u.	EHS #21	
	v.	EHS #22	
	w.	EHS #23	
	x.	EHS #24	
	y.	EHS #25	
	z.	EHS #26	
	aa.	EHS #27	
	bb.	EHS #28	
	cc.	EHS #29	
	dd.	EHS #30	
	3.	Sum lines 2a through 2dd and enter total.	
			\$1,583.63
Laboratory costs:			
	4.	Sample costs	
Anticipated costs:			
	5.	From Anticipated Costs Table F (M-2) enter the amount from line 3d.	
			\$27.57
Total Program Component Costs:			
	6.	Sum lines 1, 3, 4, 5 and enter amount. This amount represents the total cost of the vending component.	
			\$2,067.97
	7.	Enter the amount from line 15 of the anticipated worksheet. This is the amount of anticipated cost that was not incurred.	
			\$30.94
	8.	Subtract line 7 from line 6. This is the corrected total program cost for the Vending Component.	
			\$2,037.03

Table A Vending (M-2)

2023	COST ANALYSIS TOTALS TABLE (A) TEMPORARY (M-2)		
Department	Franklin County Public Health		
TEMPORARY PROGRAM COMPONENT			
Support Costs:			
	Method 2: Indirect Cost Rate		
	a. Go to Environmental Health Specialist (EHS) Cost Table B (M-2) and sum all lines 13c and enter this total.		\$27,537.29
	b. Multiply amount on line (a) by 30% and enter amount on line 1 below.		
1.	Enter amount calculated.		\$8,261.19
EHS Costs:			
2.	Enter the amount from line 11c of each EHS Cost form Table B (M-2) on the appropriate line below.		
	a. EHS #1	Megan Hayes	\$2,840.44
	b. EHS #2	Marisue Madlener	\$789.60
	c. EHS #3	David Fischer	\$7,742.65
	d. EHS #4	Tania Nur	\$3,986.57
	e. EHS #5	Al Nunez	\$1,614.90
	f. EHS #6	James Smith	\$433.81
	g. EHS #7	Hannah Lower	\$1,123.25
	h. EHS #8	Jonah Bilek	\$680.47
	i. EHS #9	Karl Stichert	\$4,680.45
	j. EHS #10	Joseph Stacy	\$1,380.19
	k. EHS #11	Rudra Dhungana	\$985.56
	l. EHS #12	Mike Hils	\$2,035.93
	m. EHS #13	Jermaine Vail	
	n. EHS #14		
	o. EHS #15		
	p. EHS #16		
	q. EHS #17		
	r. EHS #18		
	s. EHS #19		
	t. EHS #20		
	u. EHS #21		
	v. EHS #22		
	w. EHS #23		
	x. EHS #24		
	y. EHS #25		
	z. EHS #26		
	aa. EHS #27		
	bb. EHS #28		
	cc. EHS #29		
	dd. EHS #30		
3.	Sum lines 2a through 2dd and enter total.		\$28,293.82
Laboratory costs:			
4.	Sample costs		
Anticipated costs:			
5.	From Anticipated Cost Table F (M-2) enter the amount from line 4d.		\$1,028.92
Total Program Component Costs:			
6.	Sum lines 1, 3, 4, 5 and enter amount. This amount represents the total cost of the temporary program component.		\$37,583.93
7.	Enter the amount from line 20 of anticipated worksheet. This is the amount of anticipated cost that was not incurred.		
8.	Subtract line 7 from line 6. This is the corrected total program cost for the Temporary Component.		\$37,583.93

Table A Temporary (M-2)

2023		ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST TABLE B (M-2)	
Department		Franklin County Public Health	
Name of EHS		Megan Hayes	
	1	Total hours worked in the risk component.	1305.98
	1a	Total hours worked in the mobile component.	106.11
	1b	Total hours worked in the vending component	
	1c	Total hours worked in the temporary component	41.43
	2	Total hours worked in all programs by EHS.	1453.52
	3	Divide line 1 by line 2 and enter result.	0.898
	3a	Divide line 1a by line 2 and enter result.	0.073
	3b	Divide line 1b by line 2 and enter result.	
	3c	Divide line 1c by line 2 and enter result.	0.029
	4	Total annual wages or salary paid.	\$56,862.25
	5	Fringe benefits paid:	
	a.	Health Insurance	\$21,312.00
	b.	PERS Pickup	\$7,960.72
	c.	Workers Compensation	\$511.76
	d.	Life Insurance	
	e.	Medicare Reimbursement	\$511.76
	f.	Dental Insurance	
	g.	Vision Insurance	
	h.	Liability Insurance	\$264.88
	i.	Other: training/conference/membership	\$335.00
	j.	Other:	
	6	Sum lines 5a through line 5j and enter total.	\$30,896.12
	7	Travel Costs:	
	a.	Mileage paid to EHS	
	b.	Agency vehicle expense (lease, owned, rental, etc.)	\$3,711.60
	c.	Miscellaneous travel expenses	\$3,834.90
	8	Sum lines 7a through 7c and enter total.	\$7,546.50
	9	Inspection Equipment	\$2,641.23
	10	Sum lines 4, 6, 8 and 9 and enter total.	\$97,946.10
	11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	\$87,955.60
	11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	\$7,150.07
	11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	
	11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	\$2,840.44
WORKSHEET FOR DETERMINING SUPPORT COST			
	12	Sum lines 4, 6 and 8	\$95,304.87
	13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	\$85,583.77
	13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	\$6,957.26
	13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	
	13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	\$2,763.84

2023		ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST TABLE B (M-2)	
Department		Franklin County Public Health	
Name of EHS		Marisue Madlener	
	1	Total hours worked in the risk component.	812.21
	1a	Total hours worked in the mobile component.	80.19
	1b	Total hours worked in the vending component	
	1c	Total hours worked in the temporary component	11.92
	2	Total hours worked in all programs by EHS.	904.32
	3	Divide line 1 by line 2 and enter result.	0.898
	3a	Divide line 1a by line 2 and enter result.	0.089
	3b	Divide line 1b by line 2 and enter result.	
	3c	Divide line 1c by line 2 and enter result.	0.013
	4	Total annual wages or salary paid.	\$36,257.91
	5	Fringe benefits paid:	
	a.	Health Insurance	\$11,769.00
	b.	PERS Pickup	\$5,076.10
	c.	Workers Compensation	\$454.40
	d.	Life Insurance	
	e.	Medicare Reimbursement	\$720.50
	f.	Dental Insurance	
	g.	Vision Insurance	
	h.	Liability Insurance	\$132.44
	i.	Other: training/conference/membership	\$57.00
	j.	Other:	
	6	Sum lines 5a through line 5j and enter total.	\$18,209.44
	7	Travel Costs:	
	a.	Mileage paid to EHS	
	b.	Agency vehicle expense (lease, owned, rental, etc.)	\$1,617.72
	c.	Miscellaneous travel expenses	\$2,478.83
	8	Sum lines 7a through 7c and enter total.	\$4,096.55
	9	Inspection Equipment	\$2,174.91
	10	Sum lines 4, 6, 8 and 9 and enter total.	\$60,738.81
	11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	\$54,543.45
	11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	\$5,405.75
	11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	
	11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	\$789.60
WORKSHEET FOR DETERMINING SUPPORT COST			
	12	Sum lines 4, 6, and 8	\$58,563.90
	13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	\$52,590.38
	13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	\$5,212.19
	13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	
	13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	\$761.33

2023		ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST TABLE B (M-2)	
Department		Franklin County Public Health	
Name of EHS		David Fischer	
	1	Total hours worked in the risk component.	1607.67
	1a	Total hours worked in the mobile component.	14.60
	1b	Total hours worked in the vending component	
	1c	Total hours worked in the temporary component	108.51
	2	Total hours worked in all programs by EHS.	1730.78
	3	Divide line 1 by line 2 and enter result.	0.929
	3a	Divide line 1a by line 2 and enter result.	0.008
	3b	Divide line 1b by line 2 and enter result.	
	3c	Divide line 1c by line 2 and enter result.	0.063
	4	Total annual wages or salary paid.	\$76,432.15
	5	Fringe benefits paid:	
	a.	Health Insurance	\$23,700.00
	b.	PERS Pickup	\$10,700.50
	c.	Workers Compensation	\$687.89
	d.	Life Insurance	
	e.	Medicare Reimbursement	\$1,108.27
	f.	Dental Insurance	
	g.	Vision Insurance	
	h.	Liability Insurance	\$264.88
	i.	Other: training/conference/membership	\$235.50
	j.	Other:	
	6	Sum lines 5a through line 5j and enter total.	\$36,697.04
	7	Travel Costs:	
	a.	Mileage paid to EHS	
	b.	Agency vehicle expense (lease, owned, rental, etc.)	\$3,223.08
	c.	Miscellaneous travel expenses	\$3,449.90
	8	Sum lines 7a through 7c and enter total.	\$6,672.98
	9	Inspection Equipment	\$3,097.11
	10	Sum lines 4, 6, 8 and 9 and enter total.	\$122,899.28
	11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	\$114,173.43
	11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	\$983.19
	11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	
	11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	\$7,742.65
WORKSHEET FOR DETERMINING SUPPORT COST			
	12	Sum lines 4, 6, and 8	\$119,802.17
	13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	\$111,296.22
	13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	\$958.42
	13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	
	13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	\$7,547.54

2023		ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST TABLE B (M-2)	
Department		Franklin County Public Health	
Name of EHS		Tania Nur	
	1	Total hours worked in the risk component.	1581.26
	1a	Total hours worked in the mobile component.	55.50
	1b	Total hours worked in the vending component	
	1c	Total hours worked in the temporary component	69.02
	2	Total hours worked in all programs by EHS.	1705.78
	3	Divide line 1 by line 2 and enter result.	0.927
	3a	Divide line 1a by line 2 and enter result.	0.033
	3b	Divide line 1b by line 2 and enter result.	
	3c	Divide line 1c by line 2 and enter result.	0.040
	4	Total annual wages or salary paid.	\$59,953.71
	5	Fringe benefits paid:	
	a.	Health Insurance	\$21,312.00
	b.	PERS Pickup	\$839.35
	c.	Workers Compensation	\$5,395.83
	d.	Life Insurance	
	e.	Medicare Reimbursement	\$869.33
	f.	Dental Insurance	
	g.	Vision Insurance	
	h.	Liability Insurance	\$264.88
	i.	Other: training/conference/membership	\$485.00
	j.	Other:	
	6	Sum lines 5a through line 5j and enter total.	\$29,166.39
	7	Travel Costs:	
	a.	Mileage paid to EHS	
	b.	Agency vehicle expense (lease, owned, rental, etc.)	\$3,345.60
	c.	Miscellaneous travel expenses	\$4,557.44
	8	Sum lines 7a through 7c and enter total.	\$7,903.04
	9	Inspection Equipment	\$2,641.23
	10	Sum lines 4, 6, 8 and 9 and enter total.	\$99,664.37
	11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	\$92,388.87
	11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	\$3,288.92
	11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	
	11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	\$3,986.57
WORKSHEET FOR DETERMINING SUPPORT COST			
	12	Sum lines 4, 6, and 8	\$97,023.14
	13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	\$89,940.45
	13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	\$3,201.76
	13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	
	13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	\$3,880.93

2023		ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST TABLE B (M-2)	
Department		Franklin County Public Health	
Name of EHS		Al Nunez	
	1	Total hours worked in the risk component.	868.20
	1a	Total hours worked in the mobile component.	36.33
	1b	Total hours worked in the vending component	0.58
	1c	Total hours worked in the temporary component	21.74
	2	Total hours worked in all programs by EHS.	1712.62
	3	Divide line 1 by line 2 and enter result.	0.507
	3a	Divide line 1a by line 2 and enter result.	0.021
	3b	Divide line 1b by line 2 and enter result.	
	3c	Divide line 1c by line 2 and enter result.	0.013
	4	Total annual wages or salary paid.	\$78,804.03
	5	Fringe benefits paid:	
	a.	Health Insurance	\$23,700.00
	b.	PERS Pickup	\$10,020.33
	c.	Workers Compensation	\$722.87
	d.	Life Insurance	
	e.	Medicare Reimbursement	\$1,037.82
	f.	Dental Insurance	
	g.	Vision Insurance	
	h.	Liability Insurance	\$264.88
	i.	Other: training/conference/membership	\$326.00
	j.	Other:	
	6	Sum lines 5a through line 5j and enter total.	\$36,071.90
	7	Travel Costs:	
	a.	Mileage paid to EHS	
	b.	Agency vehicle expense (lease, owned, rental, etc.)	\$2,632.20
	c.	Miscellaneous travel expenses	\$4,073.81
	8	Sum lines 7a through 7c and enter total.	\$6,706.01
	9	Inspection Equipment	\$2,641.23
	10	Sum lines 4, 6, 8 and 9 and enter total.	\$124,223.17
	11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	\$62,981.15
	11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	\$2,608.69
	11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	
	11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	\$1,614.90
WORKSHEET FOR DETERMINING SUPPORT COST			
	12	Sum lines 4, 6, and 8	\$121,581.94
	13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	\$61,642.04
	13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	\$2,553.22
	13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	
	13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	\$1,580.57

2023		ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST TABLE B (M-2)	
Department		Franklin County Public Health	
Name of EHS		James Smith	
	1	Total hours worked in the risk component.	507.25
	1a	Total hours worked in the mobile component.	47.50
	1b	Total hours worked in the vending component	
	1c	Total hours worked in the temporary component	7.25
	2	Total hours worked in all programs by EHS.	1765.00
	3	Divide line 1 by line 2 and enter result.	0.287
	3a	Divide line 1a by line 2 and enter result.	0.027
	3b	Divide line 1b by line 2 and enter result.	
	3c	Divide line 1c by line 2 and enter result.	0.004
	4	Total annual wages or salary paid.	\$65,968.75
	5	Fringe benefits paid:	
	a.	Health Insurance	\$23,700.00
	b.	PERS Pickup	\$8,913.07
	c.	Workers Compensation	\$659.69
	d.	Life Insurance	
	e.	Medicare Reimbursement	\$956.55
	f.	Dental Insurance	
	g.	Vision Insurance	
	h.	Liability Insurance	\$264.88
	i.	Other: training/conference/membership	\$2,673.61
	j.	Other:	
	6	Sum lines 5a through line 5j and enter total.	\$37,167.80
	7	Travel Costs:	
	a.	Mileage paid to EHS	
	b.	Agency vehicle expense (lease, owned, rental, etc.)	\$1,402.20
	c.	Miscellaneous travel expenses	\$1,272.85
	8	Sum lines 7a through 7c and enter total.	\$2,675.05
	9	Inspection Equipment	\$2,641.23
	10	Sum lines 4, 6, 8 and 9 and enter total.	\$108,452.83
	11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	\$31,125.96
	11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	\$2,928.23
	11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	
	11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	\$433.81
WORKSHEET FOR DETERMINING SUPPORT COST			
	12	Sum lines 4, 6, and 8	\$105,811.60
	13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	\$30,367.93
	13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	\$2,856.91
	13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	
	13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	\$423.25

2023		ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST TABLE B (M-2)	
Department		Franklin County Public Health	
Name of EHS		Hannah Lower	
	1	Total hours worked in the risk component.	1647.08
	1a	Total hours worked in the mobile component.	101.17
	1b	Total hours worked in the vending component	2.25
	1c	Total hours worked in the temporary component	27.75
	2	Total hours worked in all programs by EHS.	1778.25
	3	Divide line 1 by line 2 and enter result.	0.926
	3a	Divide line 1a by line 2 and enter result.	0.057
	3b	Divide line 1b by line 2 and enter result.	0.001
	3c	Divide line 1c by line 2 and enter result.	0.016
	4	Total annual wages or salary paid.	\$51,471.15
	5	Fringe benefits paid:	
	a.	Health Insurance	\$568.80
	b.	PERS Pickup	\$7,205.96
	c.	Workers Compensation	\$514.71
	d.	Life Insurance	
	e.	Medicare Reimbursement	\$746.33
	f.	Dental Insurance	
	g.	Vision Insurance	
	h.	Liability Insurance	\$264.88
	i.	Other: training/conference/membership	\$445.00
	j.	Other:	
	6	Sum lines 5a through line 5j and enter total.	\$9,745.68
	7	Travel Costs:	
	a.	Mileage paid to EHS	
	b.	Agency vehicle expense (lease, owned, rental, etc.)	\$4,023.00
	c.	Miscellaneous travel expenses	\$2,321.86
	8	Sum lines 7a through 7c and enter total.	\$6,344.86
	9	Inspection Equipment	\$2,641.23
	10	Sum lines 4, 6, 8 and 9 and enter total.	\$70,202.92
	11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	\$65,007.90
	11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	\$4,001.57
	11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	\$70.20
	11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	\$1,123.25
WORKSHEET FOR DETERMINING SUPPORT COST			
	12	Sum lines 4, 6, and 8	\$67,561.69
	13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	\$62,562.12
	13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	\$3,851.02
	13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	\$67.56
	13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	\$1,080.99

2023		ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST TABLE B (M-2)	
Department		Franklin County Public Health	
Name of EHS		Jonah Bilek	
	1	Total hours worked in the risk component.	1612.50
	1a	Total hours worked in the mobile component.	99.25
	1b	Total hours worked in the vending component	35.25
	1c	Total hours worked in the temporary component	17.25
	2	Total hours worked in all programs by EHS.	1764.25
	3	Divide line 1 by line 2 and enter result.	0.914
	3a	Divide line 1a by line 2 and enter result.	0.056
	3b	Divide line 1b by line 2 and enter result.	0.020
	3c	Divide line 1c by line 2 and enter result.	0.010
	4	Total annual wages or salary paid.	\$49,561.21
	5	Fringe benefits paid:	
	a.	Health Insurance	\$568.80
	b.	PERS Pickup	\$6,938.57
	c.	Workers Compensation	\$495.61
	d.	Life Insurance	
	e.	Medicare Reimbursement	\$718.64
	f.	Dental Insurance	
	g.	Vision Insurance	
	h.	Liability Insurance	\$264.88
	i.	Other: training/conference/membership	\$57.00
	j.	Other:	
	6	Sum lines 5a through line 5j and enter total.	\$9,043.50
	7	Travel Costs:	
	a.	Mileage paid to EHS	
	b.	Agency vehicle expense (lease, owned, rental, etc.)	\$3,235.30
	c.	Miscellaneous travel expenses	\$3,565.64
	8	Sum lines 7a through 7c and enter total.	\$6,800.94
	9	Inspection Equipment	\$2,641.23
	10	Sum lines 4, 6, 8 and 9 and enter total.	\$68,046.88
	11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	\$62,194.85
	11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	\$3,810.63
	11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	\$1,360.94
	11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	\$680.47
WORKSHEET FOR DETERMINING SUPPORT COST			
	12	Sum lines 4, 6, and 8	\$65,405.65
	13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	\$59,780.76
	13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	\$3,662.72
	13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	\$1,308.11
	13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	\$654.06

2023		ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST TABLE B (M-2)	
Department		Franklin County Public Health	
Name of EHS		Karl Stichert	
	1	Total hours worked in the risk component.	1517.07
	1a	Total hours worked in the mobile component.	59.98
	1b	Total hours worked in the vending component	
	1c	Total hours worked in the temporary component	62.31
	2	Total hours worked in all programs by EHS.	1639.85
	3	Divide line 1 by line 2 and enter result.	0.925
	3a	Divide line 1a by line 2 and enter result.	0.037
	3b	Divide line 1b by line 2 and enter result.	
	3c	Divide line 1c by line 2 and enter result.	0.038
	4	Total annual wages or salary paid.	\$77,836.23
	5	Fringe benefits paid:	
	a.	Health Insurance	\$23,700.00
	b.	PERS Pickup	\$10,897.07
	c.	Workers Compensation	\$778.36
	d.	Life Insurance	
	e.	Medicare Reimbursement	\$1,128.63
	f.	Dental Insurance	
	g.	Vision Insurance	
	h.	Liability Insurance	\$264.88
	i.	Other: training/conference/membership	\$270.50
	j.	Other:	
	6	Sum lines 5a through line 5j and enter total.	\$37,039.44
	7	Travel Costs:	
	a.	Mileage paid to EHS	
	b.	Agency vehicle expense (lease, owned, rental, etc.)	\$3,235.30
	c.	Miscellaneous travel expenses	\$2,417.55
	8	Sum lines 7a through 7c and enter total.	\$5,652.85
	9	Inspection Equipment	\$2,641.23
	10	Sum lines 4, 6, 8 and 9 and enter total.	\$123,169.75
	11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	\$113,932.02
	11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	\$4,557.28
	11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	
	11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	\$4,680.45
WORKSHEET FOR DETERMINING SUPPORT COST			
	12	Sum lines 4, 6, and 8	\$120,528.52
	13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	\$111,488.88
	13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	\$4,459.56
	13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	
	13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	\$4,580.08

2023		ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST TABLE B (M-2)	
Department		Franklin County Public Health	
Name of EHS		Joseph Stacy	
	1	Total hours worked in the risk component.	1054.49
	1a	Total hours worked in the mobile component.	11.00
	1b	Total hours worked in the vending component	1.50
	1c	Total hours worked in the temporary component	19.01
	2	Total hours worked in all programs by EHS.	1086.00
	3	Divide line 1 by line 2 and enter result.	0.971
	3a	Divide line 1a by line 2 and enter result.	0.010
	3b	Divide line 1b by line 2 and enter result.	0.001
	3c	Divide line 1c by line 2 and enter result.	0.018
	4	Total annual wages or salary paid.	\$43,021.81
	5	Fringe benefits paid:	
	a.	Health Insurance	\$19,750.00
	b.	PERS Pickup	\$6,023.05
	c.	Workers Compensation	\$430.22
	d.	Life Insurance	
	e.	Medicare Reimbursement	\$623.82
	f.	Dental Insurance	
	g.	Vision Insurance	
	h.	Liability Insurance	\$264.88
	i.	Other: training/conference/membership	
	j.	Other:	
	6	Sum lines 5a through line 5j and enter total.	\$27,091.97
	7	Travel Costs:	
	a.	Mileage paid to EHS	
	b.	Agency vehicle expense (lease, owned, rental, etc.)	\$2,103.30
	c.	Miscellaneous travel expenses	\$1,674.65
	8	Sum lines 7a through 7c and enter total.	\$3,777.95
	9	Inspection Equipment	\$2,785.22
	10	Sum lines 4, 6, 8 and 9 and enter total.	\$76,676.95
	11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	\$74,453.32
	11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	\$766.77
	11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	\$76.68
	11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	\$1,380.19
WORKSHEET FOR DETERMINING SUPPORT COST			
	12	Sum lines 4, 6, and 8 of this worksheet.	\$73,891.73
	13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	\$71,748.87
	13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	\$738.92
	13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	\$73.89
	13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	\$1,330.05

2023		ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST TABLE B (M-2)	
Department		Franklin County Public Health	
Name of EHS		Rudra Dhungana	
	1	Total hours worked in the risk component.	1515.00
	1a	Total hours worked in the mobile component.	18.75
	1b	Total hours worked in the vending component	1.00
	1c	Total hours worked in the temporary component	19.50
	2	Total hours worked in all programs by EHS.	1554.25
	3	Divide line 1 by line 2 and enter result.	0.975
	3a	Divide line 1a by line 2 and enter result.	0.012
	3b	Divide line 1b by line 2 and enter result.	0.001
	3c	Divide line 1c by line 2 and enter result.	0.013
	4	Total annual wages or salary paid.	\$40,638.42
	5	Fringe benefits paid:	
	a.	Health Insurance	\$19,750.00
	b.	PERS Pickup	\$5,689.38
	c.	Workers Compensation	\$406.38
	d.	Life Insurance	
	e.	Medicare Reimbursement	\$589.26
	f.	Dental Insurance	
	g.	Vision Insurance	
	h.	Liability Insurance	\$264.88
	i.	Other: training/conference/membership	\$165.00
	j.	Other:	
	6	Sum lines 5a through line 5j and enter total.	\$26,864.90
	7	Travel Costs:	
	a.	Mileage paid to EHS	
	b.	Agency vehicle expense (lease, owned, rental, etc.)	\$1,300.00
	c.	Miscellaneous travel expenses	\$4,189.11
	8	Sum lines 7a through 7c and enter total.	\$5,489.11
	9	Inspection Equipment	\$2,819.97
	10	Sum lines 4, 6, 8 and 9 and enter total.	\$75,812.40
	11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	\$73,917.09
	11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	\$909.75
	11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	\$75.81
	11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	\$985.56
WORKSHEET FOR DETERMINING SUPPORT COST			
	12	Sum lines 4, 6, and 8	\$72,992.43
	13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	\$71,167.62
	13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	\$875.91
	13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	\$72.99
	13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	\$948.90

2023		ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST TABLE B (M-2)	
Department		Franklin County Public Health	
Name of EHS		Mike Hils	
	1	Total hours worked in the risk component.	1812.88
	1a	Total hours worked in the mobile component.	66.86
	1b	Total hours worked in the vending component	
	1c	Total hours worked in the temporary component	36.75
	2	Total hours worked in all programs by EHS.	1916.49
	3	Divide line 1 by line 2 and enter result.	0.946
	3a	Divide line 1a by line 2 and enter result.	0.035
	3b	Divide line 1b by line 2 and enter result.	
	3c	Divide line 1c by line 2 and enter result.	0.019
	4	Total annual wages or salary paid.	\$60,446.28
	5	Fringe benefits paid:	
	a.	Health Insurance	\$23,700.00
	b.	PERS Pickup	\$8,462.48
	c.	Workers Compensation	\$604.46
	d.	Life Insurance	
	e.	Medicare Reimbursement	\$876.47
	f.	Dental Insurance	
	g.	Vision Insurance	
	h.	Liability Insurance	\$264.88
	i.	Other: training/conference/membership	\$2,135.50
	j.	Other:	
	6	Sum lines 5a through line 5j and enter total.	\$36,043.79
	7	Travel Costs:	
	a.	Mileage paid to EHS	
	b.	Agency vehicle expense (lease, owned, rental, etc.)	\$3,235.20
	c.	Miscellaneous travel expenses	\$4,787.82
	8	Sum lines 7a through 7c and enter total.	\$8,023.02
	9	Inspection Equipment	\$2,641.23
	10	Sum lines 4, 6, 8 and 9 and enter total.	\$107,154.32
	11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	\$101,367.99
	11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	\$3,750.40
	11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	
	11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	\$2,035.93
WORKSHEET FOR DETERMINING SUPPORT COST			
	12	Sum lines 4, 6, and 8	\$104,513.09
	13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	\$98,869.38
	13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	\$3,657.96
	13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	
	13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	\$1,985.75

2023		ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST TABLE B (M-2)	
Department		Franklin County Public Health	
Name of EHS		Jermaine Vail	
	1	Total hours worked in the risk component.	661.67
	1a	Total hours worked in the mobile component.	
	1b	Total hours worked in the vending component	
	1c	Total hours worked in the temporary component	
	2	Total hours worked in all programs by EHS.	661.67
	3	Divide line 1 by line 2 and enter result.	1.000
	3a	Divide line 1a by line 2 and enter result.	
	3b	Divide line 1b by line 2 and enter result.	
	3c	Divide line 1c by line 2 and enter result.	
	4	Total annual wages or salary paid.	\$18,751.44
	5	Fringe benefits paid:	
	a.	Health Insurance	\$7,877.20
	b.	PERS Pickup	\$2,625.20
	c.	Workers Compensation	\$187.51
	d.	Life Insurance	
	e.	Medicare Reimbursement	\$271.90
	f.	Dental Insurance	
	g.	Vision Insurance	
	h.	Liability Insurance	\$264.88
	i.	Other: training/conference/membership	
	j.	Other:	
	6	Sum lines 5a through line 5j and enter total.	\$11,226.69
	7	Travel Costs:	
	a.	Mileage paid to EHS	
	b.	Agency vehicle expense (lease, owned, rental, etc.)	\$539.23
	c.	Miscellaneous travel expenses	\$1,038.96
	8	Sum lines 7a through 7c and enter total.	\$1,578.19
	9	Inspection Equipment	\$2,281.76
	10	Sum lines 4, 6, 8 and 9 and enter total.	\$33,838.08
	11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	\$33,838.08
	11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	
	11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	
	11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	
WORKSHEET FOR DETERMINING SUPPORT COST			
	12	Sum lines 4, 6, and 8	\$31,556.32
	13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	\$31,556.32
	13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	
	13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	
	13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	

2023		ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST TABLE B (M-2)	
Department		Franklin County Public Health	
Name of EHS			
	1	Total hours worked in the risk component.	
	1a	Total hours worked in the mobile component.	
	1b	Total hours worked in the vending component	
	1c	Total hours worked in the temporary component	
	2	Total hours worked in all programs by EHS.	
	3	Divide line 1 by line 2 and enter result.	
	3a	Divide line 1a by line 2 and enter result.	
	3b	Divide line 1b by line 2 and enter result.	
	3c	Divide line 1c by line 2 and enter result.	
	4	Total annual wages or salary paid.	
	5	Fringe benefits paid:	
	a.	Health Insurance	
	b.	PERS Pickup	
	c.	Workers Compensation	
	d.	Life Insurance	
	e.	Medicare Reimbursement	
	f.	Dental Insurance	
	g.	Vision Insurance	
	h.	Liability Insurance	
	i.	Other:	
	j.	Other:	
	6	Sum lines 5a through line 5j and enter total.	
	7	Travel Costs:	
	a.	Mileage paid to EHS	
	b.	Agency vehicle expense (lease, owned, rental, etc.)	
	c.	Miscellaneous travel expenses	
	8	Sum lines 7a through 7c and enter total.	
	9	Inspection Equipment	
	10	Sum lines 4, 6, 8 and 9 and enter total.	
	11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	
	11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	
	11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	
	11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	
WORKSHEET FOR DETERMINING SUPPORT COST			
	12	Sum lines 4, 6, and 8	
	13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	
	13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	
	13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	
	13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	

2023		ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST TABLE B (M-2)	
Department		Franklin County Public Health	
Name of EHS			
	1	Total hours worked in the risk component.	
	1a	Total hours worked in the mobile component.	
	1b	Total hours worked in the vending component	
	1c	Total hours worked in the temporary component	
	2	Total hours worked in all programs by EHS.	
	3	Divide line 1 by line 2 and enter result.	
	3a	Divide line 1a by line 2 and enter result.	
	3b	Divide line 1b by line 2 and enter result.	
	3c	Divide line 1c by line 2 and enter result.	
	4	Total annual wages or salary paid.	
	5	Fringe benefits paid:	
	a.	Health Insurance	
	b.	PERS Pickup	
	c.	Workers Compensation	
	d.	Life Insurance	
	e.	Medicare Reimbursement	
	f.	Dental Insurance	
	g.	Vision Insurance	
	h.	Liability Insurance	
	i.	Other:	
	j.	Other:	
	6	Sum lines 5a through line 5j and enter total.	
	7	Travel Costs:	
	a.	Mileage paid to EHS	
	b.	Agency vehicle expense (lease, owned, rental, etc.)	
	c.	Miscellaneous travel expenses	
	8	Sum lines 7a through 7c and enter total.	
	9	Inspection Equipment	
	10	Sum lines 4, 6, 8 and 9 and enter total.	
	11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	
	11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	
	11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	
	11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	
WORKSHEET FOR DETERMINING SUPPORT COST			
	12	Sum lines 4, 6, and 8	
	13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	
	13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	
	13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	
	13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	

2023		ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST TABLE B (M-2)	
Department		Franklin County Public Health	
Name of EHS			
	1	Total hours worked in the risk component.	
	1a	Total hours worked in the mobile component.	
	1b	Total hours worked in the vending component	
	1c	Total hours worked in the temporary component	
	2	Total hours worked in all programs by EHS.	
	3	Divide line 1 by line 2 and enter result.	
	3a	Divide line 1a by line 2 and enter result.	
	3b	Divide line 1b by line 2 and enter result.	
	3c	Divide line 1c by line 2 and enter result.	
	4	Total annual wages or salary paid.	
	5	Fringe benefits paid:	
	a.	Health Insurance	
	b.	PERS Pickup	
	c.	Workers Compensation	
	d.	Life Insurance	
	e.	Medicare Reimbursement	
	f.	Dental Insurance	
	g.	Vision Insurance	
	h.	Liability Insurance	
	i.	Other:	
	j.	Other:	
	6	Sum lines 5a through line 5j and enter total.	
	7	Travel Costs:	
	a.	Mileage paid to EHS	
	b.	Agency vehicle expense (lease, owned, rental, etc.)	
	c.	Miscellaneous travel expenses	
	8	Sum lines 7a through 7c and enter total.	
	9	Inspection Equipment	
	10	Sum lines 4, 6, 8 and 9 and enter total.	
	11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	
	11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	
	11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	
	11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	
WORKSHEET FOR DETERMINING SUPPORT COST			
	12	Sum lines 4, 6, and 8	
	13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	
	13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	
	13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	
	13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	

2023		ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST TABLE B (M-2)	
Department		Franklin County Public Health	
Name of EHS			
	1	Total hours worked in the risk component.	
	1a	Total hours worked in the mobile component.	
	1b	Total hours worked in the vending component	
	1c	Total hours worked in the temporary component	
	2	Total hours worked in all programs by EHS.	
	3	Divide line 1 by line 2 and enter result.	
	3a	Divide line 1a by line 2 and enter result.	
	3b	Divide line 1b by line 2 and enter result.	
	3c	Divide line 1c by line 2 and enter result.	
	4	Total annual wages or salary paid.	
	5	Fringe benefits paid:	
	a.	Health Insurance	
	b.	PERS Pickup	
	c.	Workers Compensation	
	d.	Life Insurance	
	e.	Medicare Reimbursement	
	f.	Dental Insurance	
	g.	Vision Insurance	
	h.	Liability Insurance	
	i.	Other:	
	j.	Other:	
	6	Sum lines 5a through line 5j and enter total.	
	7	Travel Costs:	
	a.	Mileage paid to EHS	
	b.	Agency vehicle expense (lease, owned, rental, etc.)	
	c.	Miscellaneous travel expenses	
	8	Sum lines 7a through 7c and enter total.	
	9	Inspection Equipment	
	10	Sum lines 4, 6, 8 and 9 and enter total.	
	11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	
	11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	
	11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	
	11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	
WORKSHEET FOR DETERMINING SUPPORT COST			
	12	Sum lines 4, 6, and 8	
	13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	
	13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	
	13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	
	13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	

2023		ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST TABLE B (M-2)	
Department		Franklin County Public Health	
Name of EHS			
	1	Total hours worked in the risk component.	
	1a	Total hours worked in the mobile component.	
	1b	Total hours worked in the vending component	
	1c	Total hours worked in the temporary component	
	2	Total hours worked in all programs by EHS.	
	3	Divide line 1 by line 2 and enter result.	
	3a	Divide line 1a by line 2 and enter result.	
	3b	Divide line 1b by line 2 and enter result.	
	3c	Divide line 1c by line 2 and enter result.	
	4	Total annual wages or salary paid.	
	5	Fringe benefits paid:	
	a.	Health Insurance	
	b.	PERS Pickup	
	c.	Workers Compensation	
	d.	Life Insurance	
	e.	Medicare Reimbursement	
	f.	Dental Insurance	
	g.	Vision Insurance	
	h.	Liability Insurance	
	i.	Other:	
	j.	Other:	
	6	Sum lines 5a through line 5j and enter total.	
	7	Travel Costs:	
	a.	Mileage paid to EHS	
	b.	Agency vehicle expense (lease, owned, rental, etc.)	
	c.	Miscellaneous travel expenses	
	8	Sum lines 7a through 7c and enter total.	
	9	Inspection Equipment	
	10	Sum lines 4, 6, 8 and 9 and enter total.	
	11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	
	11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	
	11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	
	11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	
WORKSHEET FOR DETERMINING SUPPORT COST			
	12	Sum lines 4, 6, and 8	
	13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	
	13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	
	13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	
	13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	

2023		ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST TABLE B (M-2)	
Department		Franklin County Public Health	
Name of EHS			
	1	Total hours worked in the risk component.	
	1a	Total hours worked in the mobile component.	
	1b	Total hours worked in the vending component	
	1c	Total hours worked in the temporary component	
	2	Total hours worked in all programs by EHS.	
	3	Divide line 1 by line 2 and enter result.	
	3a	Divide line 1a by line 2 and enter result.	
	3b	Divide line 1b by line 2 and enter result.	
	3c	Divide line 1c by line 2 and enter result.	
	4	Total annual wages or salary paid.	
	5	Fringe benefits paid:	
	a.	Health Insurance	
	b.	PERS Pickup	
	c.	Workers Compensation	
	d.	Life Insurance	
	e.	Medicare Reimbursement	
	f.	Dental Insurance	
	g.	Vision Insurance	
	h.	Liability Insurance	
	i.	Other:	
	j.	Other:	
	6	Sum lines 5a through line 5j and enter total.	
	7	Travel Costs:	
	a.	Mileage paid to EHS	
	b.	Agency vehicle expense (lease, owned, rental, etc.)	
	c.	Miscellaneous travel expenses	
	8	Sum lines 7a through 7c and enter total.	
	9	Inspection Equipment	
	10	Sum lines 4, 6, 8 and 9 and enter total.	
	11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	
	11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	
	11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	
	11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	
WORKSHEET FOR DETERMINING SUPPORT COST			
	12	Sum lines 4, 6, and 8	
	13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	
	13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	
	13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	
	13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	

2023		ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST TABLE B (M-2)	
Department		Franklin County Public Health	
Name of EHS			
	1	Total hours worked in the risk component.	
	1a	Total hours worked in the mobile component.	
	1b	Total hours worked in the vending component	
	1c	Total hours worked in the temporary component	
	2	Total hours worked in all programs by EHS.	
	3	Divide line 1 by line 2 and enter result.	
	3a	Divide line 1a by line 2 and enter result.	
	3b	Divide line 1b by line 2 and enter result.	
	3c	Divide line 1c by line 2 and enter result.	
	4	Total annual wages or salary paid.	
	5	Fringe benefits paid:	
	a.	Health Insurance	
	b.	PERS Pickup	
	c.	Workers Compensation	
	d.	Life Insurance	
	e.	Medicare Reimbursement	
	f.	Dental Insurance	
	g.	Vision Insurance	
	h.	Liability Insurance	
	i.	Other:	
	j.	Other:	
	6	Sum lines 5a through line 5j and enter total.	
	7	Travel Costs:	
	a.	Mileage paid to EHS	
	b.	Agency vehicle expense (lease, owned, rental, etc.)	
	c.	Miscellaneous travel expenses	
	8	Sum lines 7a through 7c and enter total.	
	9	Inspection Equipment	
	10	Sum lines 4, 6, 8 and 9 and enter total.	
	11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	
	11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	
	11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	
	11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	
WORKSHEET FOR DETERMINING SUPPORT COST			
	12	Sum lines 4, 6, and 8	
	13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	
	13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	
	13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	
	13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	

2023		ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST TABLE B (M-2)	
Department		Franklin County Public Health	
Name of EHS			
	1	Total hours worked in the risk component.	
	1a	Total hours worked in the mobile component.	
	1b	Total hours worked in the vending component	
	1c	Total hours worked in the temporary component	
	2	Total hours worked in all programs by EHS.	
	3	Divide line 1 by line 2 and enter result.	
	3a	Divide line 1a by line 2 and enter result.	
	3b	Divide line 1b by line 2 and enter result.	
	3c	Divide line 1c by line 2 and enter result.	
	4	Total annual wages or salary paid.	
	5	Fringe benefits paid:	
	a.	Health Insurance	
	b.	PERS Pickup	
	c.	Workers Compensation	
	d.	Life Insurance	
	e.	Medicare Reimbursement	
	f.	Dental Insurance	
	g.	Vision Insurance	
	h.	Liability Insurance	
	i.	Other:	
	j.	Other:	
	6	Sum lines 5a through line 5j and enter total.	
	7	Travel Costs:	
	a.	Mileage paid to EHS	
	b.	Agency vehicle expense (lease, owned, rental, etc.)	
	c.	Miscellaneous travel expenses	
	8	Sum lines 7a through 7c and enter total.	
	9	Inspection Equipment	
	10	Sum lines 4, 6, 8 and 9 and enter total.	
	11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	
	11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	
	11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	
	11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	
WORKSHEET FOR DETERMINING SUPPORT COST			
	12	Sum lines 4, 6, and 8	
	13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	
	13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	
	13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	
	13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	

2023		ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST TABLE B (M-2)	
Department		Franklin County Public Health	
Name of EHS			
	1	Total hours worked in the risk component.	
	1a	Total hours worked in the mobile component.	
	1b	Total hours worked in the vending component	
	1c	Total hours worked in the temporary component	
	2	Total hours worked in all programs by EHS.	
	3	Divide line 1 by line 2 and enter result.	
	3a	Divide line 1a by line 2 and enter result.	
	3b	Divide line 1b by line 2 and enter result.	
	3c	Divide line 1c by line 2 and enter result.	
	4	Total annual wages or salary paid.	
	5	Fringe benefits paid:	
	a.	Health Insurance	
	b.	PERS Pickup	
	c.	Workers Compensation	
	d.	Life Insurance	
	e.	Medicare Reimbursement	
	f.	Dental Insurance	
	g.	Vision Insurance	
	h.	Liability Insurance	
	i.	Other:	
	j.	Other:	
	6	Sum lines 5a through line 5j and enter total.	
	7	Travel Costs:	
	a.	Mileage paid to EHS	
	b.	Agency vehicle expense (lease, owned, rental, etc.)	
	c.	Miscellaneous travel expenses	
	8	Sum lines 7a through 7c and enter total.	
	9	Inspection Equipment	
	10	Sum lines 4, 6, 8 and 9 and enter total.	
	11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	
	11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	
	11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	
	11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	
WORKSHEET FOR DETERMINING SUPPORT COST			
	12	Sum lines 4, 6, and 8	
	13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	
	13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	
	13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	
	13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	

2023		ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST TABLE B (M-2)	
Department		Franklin County Public Health	
Name of EHS			
	1	Total hours worked in the risk component.	
	1a	Total hours worked in the mobile component.	
	1b	Total hours worked in the vending component	
	1c	Total hours worked in the temporary component	
	2	Total hours worked in all programs by EHS.	
	3	Divide line 1 by line 2 and enter result.	
	3a	Divide line 1a by line 2 and enter result.	
	3b	Divide line 1b by line 2 and enter result.	
	3c	Divide line 1c by line 2 and enter result.	
	4	Total annual wages or salary paid.	
	5	Fringe benefits paid:	
	a.	Health Insurance	
	b.	PERS Pickup	
	c.	Workers Compensation	
	d.	Life Insurance	
	e.	Medicare Reimbursement	
	f.	Dental Insurance	
	g.	Vision Insurance	
	h.	Liability Insurance	
	i.	Other:	
	j.	Other:	
	6	Sum lines 5a through line 5j and enter total.	
	7	Travel Costs:	
	a.	Mileage paid to EHS	
	b.	Agency vehicle expense (lease, owned, rental, etc.)	
	c.	Miscellaneous travel expenses	
	8	Sum lines 7a through 7c and enter total.	
	9	Inspection Equipment	
	10	Sum lines 4, 6, 8 and 9 and enter total.	
	11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	
	11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	
	11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	
	11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	
WORKSHEET FOR DETERMINING SUPPORT COST			
	12	Sum lines 4, 6, and 8	
	13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	
	13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	
	13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	
	13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	

2023		ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST TABLE B (M-2)	
Department		Franklin County Public Health	
Name of EHS			
	1	Total hours worked in the risk component.	
	1a	Total hours worked in the mobile component.	
	1b	Total hours worked in the vending component	
	1c	Total hours worked in the temporary component	
	2	Total hours worked in all programs by EHS.	
	3	Divide line 1 by line 2 and enter result.	
	3a	Divide line 1a by line 2 and enter result.	
	3b	Divide line 1b by line 2 and enter result.	
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	4	Total annual wages or salary paid.	
	5	Fringe benefits paid:	
	a.	Health Insurance	
	b.	PERS Pickup	
	c.	Workers Compensation	
	d.	Life Insurance	
	e.	Medicare Reimbursement	
	f.	Dental Insurance	
	g.	Vision Insurance	
	h.	Liability Insurance	
	i.	Other:	
	j.	Other:	
	6	Sum lines 5a through line 5j and enter total.	
	7	Travel Costs:	
	a.	Mileage paid to EHS	
	b.	Agency vehicle expense (lease, owned, rental, etc.)	
	c.	Miscellaneous travel expenses	
	8	Sum lines 7a through 7c and enter total.	
	9	Inspection Equipment	
	10	Sum lines 4, 6, 8 and 9 and enter total.	
	11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	
	11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	
	11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	
	11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	
WORKSHEET FOR DETERMINING SUPPORT COST			
	12	Sum lines 4, 6, and 8	
	13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	
	13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	
	13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	
	13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	

2023		ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST TABLE B (M-2)	
Department		Franklin County Public Health	
Name of EHS			
	1	Total hours worked in the risk component.	
	1a	Total hours worked in the mobile component.	
	1b	Total hours worked in the vending component	
	1c	Total hours worked in the temporary component	
	2	Total hours worked in all programs by EHS.	
	3	Divide line 1 by line 2 and enter result.	
	3a	Divide line 1a by line 2 and enter result.	
	3b	Divide line 1b by line 2 and enter result.	
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	4	Total annual wages or salary paid.	
	5	Fringe benefits paid:	
	a.	Health Insurance	
	b.	PERS Pickup	
	c.	Workers Compensation	
	d.	Life Insurance	
	e.	Medicare Reimbursement	
	f.	Dental Insurance	
	g.	Vision Insurance	
	h.	Liability Insurance	
	i.	Other:	
	j.	Other:	
	6	Sum lines 5a through line 5j and enter total.	
	7	Travel Costs:	
	a.	Mileage paid to EHS	
	b.	Agency vehicle expense (lease, owned, rental, etc.)	
	c.	Miscellaneous travel expenses	
	8	Sum lines 7a through 7c and enter total.	
	9	Inspection Equipment	
	10	Sum lines 4, 6, 8 and 9 and enter total.	
	11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	
	11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	
	11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	
	11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	
WORKSHEET FOR DETERMINING SUPPORT COST			
	12	Sum lines 4, 6, and 8	
	13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	
	13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	
	13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	
	13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	

2023		ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST TABLE B (M-2)	
Department		Franklin County Public Health	
Name of EHS			
	1	Total hours worked in the risk component.	
	1a	Total hours worked in the mobile component.	
	1b	Total hours worked in the vending component	
	1c	Total hours worked in the temporary component	
	2	Total hours worked in all programs by EHS.	
	3	Divide line 1 by line 2 and enter result.	
	3a	Divide line 1a by line 2 and enter result.	
	3b	Divide line 1b by line 2 and enter result.	
	3c	Divide line 1c by line 2 and enter result.	
	4	Total annual wages or salary paid.	
	5	Fringe benefits paid:	
	a.	Health Insurance	
	b.	PERS Pickup	
	c.	Workers Compensation	
	d.	Life Insurance	
	e.	Medicare Reimbursement	
	f.	Dental Insurance	
	g.	Vision Insurance	
	h.	Liability Insurance	
	i.	Other:	
	j.	Other:	
	6	Sum lines 5a through line 5j and enter total.	
	7	Travel Costs:	
	a.	Mileage paid to EHS	
	b.	Agency vehicle expense (lease, owned, rental, etc.)	
	c.	Miscellaneous travel expenses	
	8	Sum lines 7a through 7c and enter total.	
	9	Inspection Equipment	
	10	Sum lines 4, 6, 8 and 9 and enter total.	
	11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	
	11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	
	11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	
	11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	
WORKSHEET FOR DETERMINING SUPPORT COST			
	12	Sum lines 4, 6, and 8	
	13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	
	13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	
	13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	
	13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	

2023		ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST TABLE B (M-2)	
Department		Franklin County Public Health	
Name of EHS			
	1	Total hours worked in the risk component.	
	1a	Total hours worked in the mobile component.	
	1b	Total hours worked in the vending component	
	1c	Total hours worked in the temporary component	
	2	Total hours worked in all programs by EHS.	
	3	Divide line 1 by line 2 and enter result.	
	3a	Divide line 1a by line 2 and enter result.	
	3b	Divide line 1b by line 2 and enter result.	
	3c	Divide line 1c by line 2 and enter result.	
	4	Total annual wages or salary paid.	
	5	Fringe benefits paid:	
	a.	Health Insurance	
	b.	PERS Pickup	
	c.	Workers Compensation	
	d.	Life Insurance	
	e.	Medicare Reimbursement	
	f.	Dental Insurance	
	g.	Vision Insurance	
	h.	Liability Insurance	
	i.	Other:	
	j.	Other:	
	6	Sum lines 5a through line 5j and enter total.	
	7	Travel Costs:	
	a.	Mileage paid to EHS	
	b.	Agency vehicle expense (lease, owned, rental, etc.)	
	c.	Miscellaneous travel expenses	
	8	Sum lines 7a through 7c and enter total.	
	9	Inspection Equipment	
	10	Sum lines 4, 6, 8 and 9 and enter total.	
	11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	
	11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	
	11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	
	11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	
WORKSHEET FOR DETERMINING SUPPORT COST			
	12	Sum lines 4, 6, and 8	
	13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	
	13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	
	13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	
	13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	

2023		ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST TABLE B (M-2)	
Department		Franklin County Public Health	
Name of EHS			
	1	Total hours worked in the risk component.	
	1a	Total hours worked in the mobile component.	
	1b	Total hours worked in the vending component	
	1c	Total hours worked in the temporary component	
	2	Total hours worked in all programs by EHS.	
	3	Divide line 1 by line 2 and enter result.	
	3a	Divide line 1a by line 2 and enter result.	
	3b	Divide line 1b by line 2 and enter result.	
	3c	Divide line 1c by line 2 and enter result.	
	4	Total annual wages or salary paid.	
	5	Fringe benefits paid:	
	a.	Health Insurance	
	b.	PERS Pickup	
	c.	Workers Compensation	
	d.	Life Insurance	
	e.	Medicare Reimbursement	
	f.	Dental Insurance	
	g.	Vision Insurance	
	h.	Liability Insurance	
	i.	Other:	
	j.	Other:	
	6	Sum lines 5a through line 5j and enter total.	
	7	Travel Costs:	
	a.	Mileage paid to EHS	
	b.	Agency vehicle expense (lease, owned, rental, etc.)	
	c.	Miscellaneous travel expenses	
	8	Sum lines 7a through 7c and enter total.	
	9	Inspection Equipment	
	10	Sum lines 4, 6, 8 and 9 and enter total.	
	11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	
	11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	
	11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	
	11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	
WORKSHEET FOR DETERMINING SUPPORT COST			
	12	Sum lines 4, 6, and 8	
	13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	
	13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	
	13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	
	13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	

2023		ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST TABLE B (M-2)	
Department		Franklin County Public Health	
Name of EHS			
	1	Total hours worked in the risk component.	
	1a	Total hours worked in the mobile component.	
	1b	Total hours worked in the vending component	
	1c	Total hours worked in the temporary component	
	2	Total hours worked in all programs by EHS.	
	3	Divide line 1 by line 2 and enter result.	
	3a	Divide line 1a by line 2 and enter result.	
	3b	Divide line 1b by line 2 and enter result.	
	3c	Divide line 1c by line 2 and enter result.	
	4	Total annual wages or salary paid.	
	5	Fringe benefits paid:	
	a.	Health Insurance	
	b.	PERS Pickup	
	c.	Workers Compensation	
	d.	Life Insurance	
	e.	Medicare Reimbursement	
	f.	Dental Insurance	
	g.	Vision Insurance	
	h.	Liability Insurance	
	i.	Other:	
	j.	Other:	
	6	Sum lines 5a through line 5j and enter total.	
	7	Travel Costs:	
	a.	Mileage paid to EHS	
	b.	Agency vehicle expense (lease, owned, rental, etc.)	
	c.	Miscellaneous travel expenses	
	8	Sum lines 7a through 7c and enter total.	
	9	Inspection Equipment	
	10	Sum lines 4, 6, 8 and 9 and enter total.	
	11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	
	11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	
	11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	
	11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	
WORKSHEET FOR DETERMINING SUPPORT COST			
	12	Sum lines 4, 6, and 8	
	13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	
	13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	
	13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	
	13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	

2023		ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST TABLE B (M-2)	
Department		Franklin County Public Health	
Name of EHS			
	1	Total hours worked in the risk component.	
	1a	Total hours worked in the mobile component.	
	1b	Total hours worked in the vending component	
	1c	Total hours worked in the temporary component	
	2	Total hours worked in all programs by EHS.	
	3	Divide line 1 by line 2 and enter result.	
	3a	Divide line 1a by line 2 and enter result.	
	3b	Divide line 1b by line 2 and enter result.	
	3c	Divide line 1c by line 2 and enter result.	
	4	Total annual wages or salary paid.	
	5	Fringe benefits paid:	
	a.	Health Insurance	
	b.	PERS Pickup	
	c.	Workers Compensation	
	d.	Life Insurance	
	e.	Medicare Reimbursement	
	f.	Dental Insurance	
	g.	Vision Insurance	
	h.	Liability Insurance	
	i.	Other:	
	j.	Other:	
	6	Sum lines 5a through line 5j and enter total.	
	7	Travel Costs:	
	a.	Mileage paid to EHS	
	b.	Agency vehicle expense (lease, owned, rental, etc.)	
	c.	Miscellaneous travel expenses	
	8	Sum lines 7a through 7c and enter total.	
	9	Inspection Equipment	
	10	Sum lines 4, 6, 8 and 9 and enter total.	
	11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	
	11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	
	11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	
	11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	
WORKSHEET FOR DETERMINING SUPPORT COST			
	12	Sum lines 4, 6, and 8	
	13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	
	13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	
	13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	
	13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	

2023		ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST ANTICIPATED TABLE B-A (M-2)	
Department		Franklin County Public Health	
Name of EHS		Megan Hayes	
	1	Total hours worked in the risk component.	1305.98
	1a	Total hours worked in the mobile component.	106.11
	1b	Total hours worked in the vending component	
	1c	Total hours worked in the temporary component	41.43
	2	Total hours worked in all programs by EHS.	1453.52
	3	Divide line 1 by line 2 and enter result.	0.898
	3a	Divide line 1a by line 2 and enter result.	0.073
	3b	Divide line 1b by line 2 and enter result.	
	3c	Divide line 1c by line 2 and enter result.	0.029
	4	Total increase in annual wages or salary paid.	\$1,512.00
	5	Amount of increase for each fringe benefit:	
	a.	Health Insurance	\$1,080.00
	b.	PERS Pickup	\$211.68
	c.	Workers Compensation	\$19.05
	d.	Life Insurance	
	e.	Medicare Reimbursement	\$3.07
	f.	Dental Insurance	
	g.	Vision Insurance	
	h.	Liability Insurance	
	i.	Other:	
	j.	Other:	
	6	Sum lines 5a through line 5j and enter total.	\$1,313.80
	7	Travel Costs:	
	a.	Estimated additional mileage cost	
	b.	Estimated additional agency vehicle expense (lease, owned, rental, etc.)	
	c.	Estimated additional miscellaneous travel expenses	
	8	Sum lines 7a through 7c and enter total.	
	9	Estimated additional inspection equipment	
	10	Sum lines 4, 6, 8 and 9 and enter total.	\$2,825.80
	11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	\$2,537.57
	11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	\$206.28
	11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	
	11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	\$81.95
WORKSHEET FOR DETERMINING SUPPORT COST			
	12	Sum lines 4, 6, and 8	\$2,825.80
	13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	\$2,537.57
	13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	\$206.28
	13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	
	13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	\$81.95

2023	ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST ANTICIPATED TABLE B-A (M-2)	
Department	Franklin County Public Health	
Name of EHS	Marisue Madlener	
1	Total hours worked in the risk component.	812.21
1a	Total hours worked in the mobile component.	80.19
1b	Total hours worked in the vending component	
1c	Total hours worked in the temporary component	11.92
2	Total hours worked in all programs by EHS.	904.32
3	Divide line 1 by line 2 and enter result.	0.898
3a	Divide line 1a by line 2 and enter result.	0.089
3b	Divide line 1b by line 2 and enter result.	
3c	Divide line 1c by line 2 and enter result.	0.013
4	Total increase in annual wages or salary paid.	
5	Amount of increase for each fringe benefit:	
	a. Health Insurance	
	b. PERS Pickup	
	c. Workers Compensation	
	d. Life Insurance	
	e. Medicare Reimbursement	
	f. Dental Insurance	
	g. Vision Insurance	
	h. Liability Insurance	
	i. Other:	
	j. Other:	
6	Sum lines 5a through line 5j and enter total.	
7	Travel Costs:	
	a. Estimated additional mileage cost	
	b. Estimated additional agency vehicle expense (lease, owned, rental, etc.)	
	c. Estimated additional miscellaneous travel expenses	
8	Sum lines 7a through 7c and enter total.	
9	Estimated additional inspection equipment	
10	Sum lines 4, 6, 8 and 9 and enter total.	
11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	
11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	
11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	
11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	
WORKSHEET FOR DETERMINING SUPPORT COST		
12	Sum lines 4, 6, and 8	
13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	
13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	
13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	
13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	

2023	ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST ANTICIPATED TABLE B-A (M-2)	
Department	Franklin County Public Health	
Name of EHS	David Fischer	
1	Total hours worked in the risk component.	1607.67
1a	Total hours worked in the mobile component.	14.60
1b	Total hours worked in the vending component	
1c	Total hours worked in the temporary component	108.51
2	Total hours worked in all programs by EHS.	1730.78
3	Divide line 1 by line 2 and enter result.	0.929
3a	Divide line 1a by line 2 and enter result.	0.008
3b	Divide line 1b by line 2 and enter result.	
3c	Divide line 1c by line 2 and enter result.	0.063
4	Total increase in annual wages or salary paid.	\$2,499.85
5	Amount of increase for each fringe benefit:	
	a. Health Insurance	\$1,236.00
	b. PERS Pickup	
	c. Workers Compensation	\$22.49
	d. Life Insurance	
	e. Medicare Reimbursement	\$36.25
	f. Dental Insurance	
	g. Vision Insurance	
	h. Liability Insurance	
	i. Other:	
	j. Other:	
6	Sum lines 5a through line 5j and enter total.	\$1,294.74
7	Travel Costs:	
	a. Estimated additional mileage cost	
	b. Estimated additional agency vehicle expense (lease, owned, rental, etc.)	
	c. Estimated additional miscellaneous travel expenses	
8	Sum lines 7a through 7c and enter total.	
9	Estimated additional inspection equipment	
10	Sum lines 4, 6, 8 and 9 and enter total.	\$3,794.59
11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	\$3,525.17
11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	\$30.36
11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	
11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	\$239.06
WORKSHEET FOR DETERMINING SUPPORT COST		
12	Sum lines 4, 6, and 8	\$3,794.59
13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	\$3,525.17
13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	\$30.36
13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	
13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	\$239.06

2023		ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST ANTICIPATED TABLE B-A (M-2)	
Department		Franklin County Public Health	
Name of EHS		Tania Nur	
	1	Total hours worked in the risk component.	1581.26
	1a	Total hours worked in the mobile component.	55.50
	1b	Total hours worked in the vending component	
	1c	Total hours worked in the temporary component	69.02
	2	Total hours worked in all programs by EHS.	1705.78
	3	Divide line 1 by line 2 and enter result.	0.927
	3a	Divide line 1a by line 2 and enter result.	0.033
	3b	Divide line 1b by line 2 and enter result.	
	3c	Divide line 1c by line 2 and enter result.	0.040
	4	Total increase in annual wages or salary paid.	\$1,344.00
	5	Amount of increase for each fringe benefit:	
	a.	Health Insurance	\$1,080.00
	b.	PERS Pickup	\$188.16
	c.	Workers Compensation	\$1.69
	d.	Life Insurance	
	e.	Medicare Reimbursement	\$2.73
	f.	Dental Insurance	
	g.	Vision Insurance	
	h.	Liability Insurance	
	i.	Other:	
	j.	Other:	
	6	Sum lines 5a through line 5j and enter total.	\$1,272.58
	7	Travel Costs:	
	a.	Estimated additional mileage cost	
	b.	Estimated additional agency vehicle expense (lease, owned, rental, etc.)	
	c.	Estimated additional miscellaneous travel expenses	
	8	Sum lines 7a through 7c and enter total.	
	9	Estimated additional inspection equipment	
	10	Sum lines 4, 6, 8 and 9 and enter total.	\$2,616.58
	11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	\$2,425.57
	11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	\$86.35
	11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	
	11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	\$104.66
WORKSHEET FOR DETERMINING SUPPORT COST			
	12	Sum lines 4, 6, and 8	\$2,616.58
	13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	\$2,425.57
	13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	\$86.35
	13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	
	13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	\$104.66

2023		ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST ANTICIPATED TABLE B-A (M-2)	
Department		Franklin County Public Health	
Name of EHS		Al Nunez	
	1	Total hours worked in the risk component.	868.20
	1a	Total hours worked in the mobile component.	36.33
	1b	Total hours worked in the vending component	0.58
	1c	Total hours worked in the temporary component	21.74
	2	Total hours worked in all programs by EHS.	1712.62
	3	Divide line 1 by line 2 and enter result.	0.507
	3a	Divide line 1a by line 2 and enter result.	0.021
	3b	Divide line 1b by line 2 and enter result.	
	3c	Divide line 1c by line 2 and enter result.	0.013
	4	Total increase in annual wages or salary paid.	\$2,499.85
	5	Amount of increase for each fringe benefit:	
	a.	Health Insurance	\$1,236.00
	b.	PERS Pickup	
	c.	Workers Compensation	\$22.49
	d.	Life Insurance	
	e.	Medicare Reimbursement	\$36.25
	f.	Dental Insurance	
	g.	Vision Insurance	
	h.	Liability Insurance	
	i.	Other:	
	j.	Other:	
	6	Sum lines 5a through line 5j and enter total.	\$1,294.74
	7	Travel Costs:	
	a.	Estimated additional mileage cost	
	b.	Estimated additional agency vehicle expense (lease, owned, rental, etc.)	
	c.	Estimated additional miscellaneous travel expenses	
	8	Sum lines 7a through 7c and enter total.	
	9	Estimated additional inspection equipment	
	10	Sum lines 4, 6, 8 and 9 and enter total.	\$3,794.59
	11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	\$1,923.86
	11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	\$79.69
	11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	
	11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	\$49.33
WORKSHEET FOR DETERMINING SUPPORT COST			
	12	Sum lines 4, 6, and 8	\$3,794.59
	13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	\$1,923.86
	13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	\$79.69
	13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	
	13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	\$49.33

2023	ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST ANTICIPATED TABLE B-A (M-2)		
Department	Franklin County Public Health		
Name of EHS	James Smith		
1	Total hours worked in the risk component.		507.25
1a	Total hours worked in the mobile component.		47.50
1b	Total hours worked in the vending component		
1c	Total hours worked in the temporary component		7.25
2	Total hours worked in all programs by EHS.		1765.00
3	Divide line 1 by line 2 and enter result.		0.287
3a	Divide line 1a by line 2 and enter result.		0.027
3b	Divide line 1b by line 2 and enter result.		
3c	Divide line 1c by line 2 and enter result.		0.004
4	Total increase in annual wages or salary paid.		
5	Amount of increase for each fringe benefit:		
	a. Health Insurance		
	b. PERS Pickup		
	c. Workers Compensation		
	d. Life Insurance		
	e. Medicare Reimbursement		
	f. Dental Insurance		
	g. Vision Insurance		
	h. Liability Insurance		
	i. Other:		
	j. Other:		
6	Sum lines 5a through line 5j and enter total.		
7	Travel Costs:		
	a. Estimated additional mileage cost		
	b. Estimated additional agency vehicle expense (lease, owned, rental, etc.)		
	c. Estimated additional miscellaneous travel expenses		
8	Sum lines 7a through 7c and enter total.		
9	Estimated additional inspection equipment		
10	Sum lines 4, 6, 8 and 9 and enter total.		
11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).		
11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).		
11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).		
11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).		
WORKSHEET FOR DETERMINING SUPPORT COST			
12	Sum lines 4, 6, and 8		
13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).		
13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).		
13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).		
13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).		

2023		ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST ANTICIPATED TABLE B-A (M-2)	
Department		Franklin County Public Health	
Name of EHS		Hannah Lower	
	1	Total hours worked in the risk component.	1647.08
	1a	Total hours worked in the mobile component.	101.17
	1b	Total hours worked in the vending component	2.25
	1c	Total hours worked in the temporary component	27.75
	2	Total hours worked in all programs by EHS.	1778.25
	3	Divide line 1 by line 2 and enter result.	0.926
	3a	Divide line 1a by line 2 and enter result.	0.057
	3b	Divide line 1b by line 2 and enter result.	0.001
	3c	Divide line 1c by line 2 and enter result.	0.016
	4	Total increase in annual wages or salary paid.	\$2,237.12
	5	Amount of increase for each fringe benefit:	
	a.	Health Insurance	\$16.80
	b.	PERS Pickup	\$313.20
	c.	Workers Compensation	\$15.68
	d.	Life Insurance	
	e.	Medicare Reimbursement	\$25.26
	f.	Dental Insurance	
	g.	Vision Insurance	
	h.	Liability Insurance	
	i.	Other:	
	j.	Other:	
	6	Sum lines 5a through line 5j and enter total.	\$370.94
	7	Travel Costs:	
	a.	Estimated additional mileage cost	
	b.	Estimated additional agency vehicle expense (lease, owned, rental, etc.)	
	c.	Estimated additional miscellaneous travel expenses	
	8	Sum lines 7a through 7c and enter total.	
	9	Estimated additional inspection equipment	
	10	Sum lines 4, 6, 8 and 9 and enter total.	\$2,608.06
	11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	\$2,415.06
	11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	\$148.66
	11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	\$2.61
	11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	\$41.73
WORKSHEET FOR DETERMINING SUPPORT COST			
	12	Sum lines 4, 6, and 8	\$2,608.06
	13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	\$2,415.06
	13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	\$148.66
	13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	\$2.61
	13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	\$41.73

2023		ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST ANTICIPATED TABLE B-A (M-2)	
Department		Franklin County Public Health	
Name of EHS		Jonah Bilek	
	1	Total hours worked in the risk component.	1612.50
	1a	Total hours worked in the mobile component.	99.25
	1b	Total hours worked in the vending component	35.25
	1c	Total hours worked in the temporary component	17.25
	2	Total hours worked in all programs by EHS.	1764.25
	3	Divide line 1 by line 2 and enter result.	0.914
	3a	Divide line 1a by line 2 and enter result.	0.056
	3b	Divide line 1b by line 2 and enter result.	0.020
	3c	Divide line 1c by line 2 and enter result.	0.010
	4	Total increase in annual wages or salary paid.	\$597.60
	5	Amount of increase for each fringe benefit:	
	a.	Health Insurance	\$16.80
	b.	PERS Pickup	\$83.66
	c.	Workers Compensation	\$0.75
	d.	Life Insurance	
	e.	Medicare Reimbursement	\$1.21
	f.	Dental Insurance	
	g.	Vision Insurance	
	h.	Liability Insurance	
	i.	Other:	
	j.	Other:	
	6	Sum lines 5a through line 5j and enter total.	\$102.42
	7	Travel Costs:	
	a.	Estimated additional mileage cost	
	b.	Estimated additional agency vehicle expense (lease, owned, rental, etc.)	
	c.	Estimated additional miscellaneous travel expenses	
	8	Sum lines 7a through 7c and enter total.	
	9	Estimated additional inspection equipment	
	10	Sum lines 4, 6, 8 and 9 and enter total.	\$700.02
	11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	\$639.82
	11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	\$39.20
	11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	\$14.00
	11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	\$7.00
WORKSHEET FOR DETERMINING SUPPORT COST			
	12	Sum lines 4, 6, and 8	\$700.02
	13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	\$639.82
	13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	\$39.20
	13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	\$14.00
	13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	\$7.00

2023	ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST ANTICIPATED TABLE B-A (M-2)	
Department	Franklin County Public Health	
Name of EHS	Karl Stichert	
1	Total hours worked in the risk component.	1517.07
1a	Total hours worked in the mobile component.	59.98
1b	Total hours worked in the vending component	
1c	Total hours worked in the temporary component	62.31
2	Total hours worked in all programs by EHS.	1639.85
3	Divide line 1 by line 2 and enter result.	0.925
3a	Divide line 1a by line 2 and enter result.	0.037
3b	Divide line 1b by line 2 and enter result.	
3c	Divide line 1c by line 2 and enter result.	0.038
4	Total increase in annual wages or salary paid.	\$2,499.85
5	Amount of increase for each fringe benefit:	
	a. Health Insurance	\$1,236.00
	b. PERS Pickup	
	c. Workers Compensation	\$22.49
	d. Life Insurance	
	e. Medicare Reimbursement	\$36.25
	f. Dental Insurance	
	g. Vision Insurance	
	h. Liability Insurance	
	i. Other:	
	j. Other:	
6	Sum lines 5a through line 5j and enter total.	\$1,294.74
7	Travel Costs:	
	a. Estimated additional mileage cost	
	b. Estimated additional agency vehicle expense (lease, owned, rental, etc.)	
	c. Estimated additional miscellaneous travel expenses	
8	Sum lines 7a through 7c and enter total.	
9	Estimated additional inspection equipment	
10	Sum lines 4, 6, 8 and 9 and enter total.	\$3,794.59
11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	\$3,510.00
11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	\$140.40
11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	
11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	\$144.19
WORKSHEET FOR DETERMINING SUPPORT COST		
12	Sum lines 4, 6, and 8	\$3,794.59
13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	\$3,510.00
13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	\$140.40
13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	
13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	\$144.19

2023		ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST ANTICIPATED TABLE B-A (M-2)	
Department		Franklin County Public Health	
Name of EHS		Joseph Stacy	
	1	Total hours worked in the risk component.	1054.49
	1a	Total hours worked in the mobile component.	11.00
	1b	Total hours worked in the vending component	1.50
	1c	Total hours worked in the temporary component	19.01
	2	Total hours worked in all programs by EHS.	1086.00
	3	Divide line 1 by line 2 and enter result.	0.971
	3a	Divide line 1a by line 2 and enter result.	0.010
	3b	Divide line 1b by line 2 and enter result.	0.001
	3c	Divide line 1c by line 2 and enter result.	0.018
	4	Total increase in annual wages or salary paid.	\$712.80
	5	Amount of increase for each fringe benefit:	
	a.	Health Insurance	\$1,236.00
	b.	PERS Pickup	\$541.39
	c.	Workers Compensation	\$7.30
	d.	Life Insurance	
	e.	Medicare Reimbursement	\$63.27
	f.	Dental Insurance	
	g.	Vision Insurance	
	h.	Liability Insurance	
	i.	Other:	
	j.	Other:	
	6	Sum lines 5a through line 5j and enter total.	\$1,847.96
	7	Travel Costs:	
	a.	Estimated additional mileage cost	
	b.	Estimated additional agency vehicle expense (lease, owned, rental, etc.)	
	c.	Estimated additional miscellaneous travel expenses	
	8	Sum lines 7a through 7c and enter total.	
	9	Estimated additional inspection equipment	
	10	Sum lines 4, 6, 8 and 9 and enter total.	\$2,560.76
	11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	\$2,486.50
	11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	\$25.61
	11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	\$2.56
	11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	\$46.09
WORKSHEET FOR DETERMINING SUPPORT COST			
	12	Sum lines 4, 6, and 8 of this worksheet.	\$2,560.76
	13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	\$2,486.50
	13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	\$25.61
	13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	\$2.56
	13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	\$46.09

2023		ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST ANTICIPATED TABLE B-A (M-2)	
Department		Franklin County Public Health	
Name of EHS		Rudra Dhungana	
	1	Total hours worked in the risk component.	1515.00
	1a	Total hours worked in the mobile component.	18.75
	1b	Total hours worked in the vending component	1.00
	1c	Total hours worked in the temporary component	19.50
	2	Total hours worked in all programs by EHS.	1554.25
	3	Divide line 1 by line 2 and enter result.	0.975
	3a	Divide line 1a by line 2 and enter result.	0.012
	3b	Divide line 1b by line 2 and enter result.	0.001
	3c	Divide line 1c by line 2 and enter result.	0.013
	4	Total increase in annual wages or salary paid.	\$691.20
	5	Amount of increase for each fringe benefit:	
	a.	Health Insurance	\$1,236.00
	b.	PERS Pickup	\$96.77
	c.	Workers Compensation	\$1.40
	d.	Life Insurance	
	e.	Medicare Reimbursement	\$13.55
	f.	Dental Insurance	
	g.	Vision Insurance	
	h.	Liability Insurance	
	i.	Other:	
	j.	Other:	
	6	Sum lines 5a through line 5j and enter total.	\$1,347.72
	7	Travel Costs:	
	a.	Estimated additional mileage cost	
	b.	Estimated additional agency vehicle expense (lease, owned, rental, etc.)	
	c.	Estimated additional miscellaneous travel expenses	
	8	Sum lines 7a through 7c and enter total.	
	9	Estimated additional inspection equipment	
	10	Sum lines 4, 6, 8 and 9 and enter total.	\$2,038.92
	11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	\$1,987.95
	11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	\$24.47
	11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	\$2.04
	11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	\$26.51
WORKSHEET FOR DETERMINING SUPPORT COST			
	12	Sum lines 4, 6, and 8	\$2,038.92
	13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	\$1,987.95
	13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	\$24.47
	13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	\$2.04
	13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	\$26.51

2023		ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST ANTICIPATED TABLE B-A (M-2)	
Department		Franklin County Public Health	
Name of EHS		Mike Hils	
	1	Total hours worked in the risk component.	1812.88
	1a	Total hours worked in the mobile component.	66.86
	1b	Total hours worked in the vending component	
	1c	Total hours worked in the temporary component	36.75
	2	Total hours worked in all programs by EHS.	1916.49
	3	Divide line 1 by line 2 and enter result.	0.946
	3a	Divide line 1a by line 2 and enter result.	0.035
	3b	Divide line 1b by line 2 and enter result.	
	3c	Divide line 1c by line 2 and enter result.	0.019
	4	Total increase in annual wages or salary paid.	\$1,242.72
	5	Amount of increase for each fringe benefit:	
	a.	Health Insurance	\$1,236.00
	b.	PERS Pickup	\$173.98
	c.	Workers Compensation	\$11.18
	d.	Life Insurance	
	e.	Medicare Reimbursement	\$18.02
	f.	Dental Insurance	
	g.	Vision Insurance	
	h.	Liability Insurance	
	i.	Other:	
	j.	Other:	
	6	Sum lines 5a through line 5j and enter total.	\$1,439.18
	7	Travel Costs:	
	a.	Estimated additional mileage cost	
	b.	Estimated additional agency vehicle expense (lease, owned, rental, etc.)	
	c.	Estimated additional miscellaneous travel expenses	
	8	Sum lines 7a through 7c and enter total.	
	9	Estimated additional inspection equipment	
	10	Sum lines 4, 6, 8 and 9 and enter total.	\$2,681.90
	11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	\$2,537.08
	11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	\$93.87
	11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	
	11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	\$50.96
WORKSHEET FOR DETERMINING SUPPORT COST			
	12	Sum lines 4, 6, and 8	\$2,681.90
	13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	\$2,537.08
	13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	\$93.87
	13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	
	13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	\$50.96

2023	ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST ANTICIPATED TABLE B-A (M-2)	
Department	Franklin County Public Health	
Name of EHS	Jermaine Vail	
1	Total hours worked in the risk component.	661.67
1a	Total hours worked in the mobile component.	
1b	Total hours worked in the vending component	
1c	Total hours worked in the temporary component	
2	Total hours worked in all programs by EHS.	661.67
3	Divide line 1 by line 2 and enter result.	1.000
3a	Divide line 1a by line 2 and enter result.	
3b	Divide line 1b by line 2 and enter result.	
3c	Divide line 1c by line 2 and enter result.	
4	Total increase in annual wages or salary paid.	\$640.80
5	Amount of increase for each fringe benefit:	
	a. Health Insurance	\$1,236.00
	b. PERS Pickup	\$245.71
	c. Workers Compensation	\$3.07
	d. Life Insurance	
	e. Medicare Reimbursement	\$23.14
	f. Dental Insurance	
	g. Vision Insurance	
	h. Liability Insurance	
	i. Other:	
	j. Other:	
6	Sum lines 5a through line 5j and enter total.	\$1,507.92
7	Travel Costs:	
	a. Estimated additional mileage cost	
	b. Estimated additional agency vehicle expense (lease, owned, rental, etc.)	
	c. Estimated additional miscellaneous travel expenses	
8	Sum lines 7a through 7c and enter total.	
9	Estimated additional inspection equipment	
10	Sum lines 4, 6, 8 and 9 and enter total.	\$2,148.72
11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	\$2,148.72
11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	
11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	
11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	
WORKSHEET FOR DETERMINING SUPPORT COST		
12	Sum lines 4, 6, and 8	\$2,148.72
13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	\$2,148.72
13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	
13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	
13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	

2023	ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST ANTICIPATED TABLE B-A (M-2)	
Department	Franklin County Public Health	
Name of EHS		
1	Total hours worked in the risk component.	
1a	Total hours worked in the mobile component.	
1b	Total hours worked in the vending component	
1c	Total hours worked in the temporary component	
2	Total hours worked in all programs by EHS.	
3	Divide line 1 by line 2 and enter result.	
3a	Divide line 1a by line 2 and enter result.	
3b	Divide line 1b by line 2 and enter result.	
3c	Divide line 1c by line 2 and enter result.	
4	Total increase in annual wages or salary paid.	
5	Amount of increase for each fringe benefit:	
	a. Health Insurance	
	b. PERS Pickup	
	c. Workers Compensation	
	d. Life Insurance	
	e. Medicare Reimbursement	
	f. Dental Insurance	
	g. Vision Insurance	
	h. Liability Insurance	
	i. Other:	
	j. Other:	
6	Sum lines 5a through line 5j and enter total.	
7	Travel Costs:	
	a. Estimated additional mileage cost	
	b. Estimated additional agency vehicle expense (lease, owned, rental, etc.)	
	c. Estimated additional miscellaneous travel expenses	
8	Sum lines 7a through 7c and enter total.	
9	Estimated additional inspection equipment	
10	Sum lines 4, 6, 8 and 9 and enter total.	
11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	
11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	
11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	
11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	
WORKSHEET FOR DETERMINING SUPPORT COST		
12	Sum lines 4, 6, and 8	
13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	
13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	
13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	
13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	

2023	ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST ANTICIPATED TABLE B-A (M-2)	
Department	Franklin County Public Health	
Name of EHS		
1	Total hours worked in the risk component.	
1a	Total hours worked in the mobile component.	
1b	Total hours worked in the vending component	
1c	Total hours worked in the temporary component	
2	Total hours worked in all programs by EHS.	
3	Divide line 1 by line 2 and enter result.	
3a	Divide line 1a by line 2 and enter result.	
3b	Divide line 1b by line 2 and enter result.	
3c	Divide line 1c by line 2 and enter result.	
4	Total increase in annual wages or salary paid.	
5	Amount of increase for each fringe benefit:	
	a. Health Insurance	
	b. PERS Pickup	
	c. Workers Compensation	
	d. Life Insurance	
	e. Medicare Reimbursement	
	f. Dental Insurance	
	g. Vision Insurance	
	h. Liability Insurance	
	i. Other:	
	j. Other:	
6	Sum lines 5a through line 5j and enter total.	
7	Travel Costs:	
	a. Estimated additional mileage cost	
	b. Estimated additional agency vehicle expense (lease, owned, rental, etc.)	
	c. Estimated additional miscellaneous travel expenses	
8	Sum lines 7a through 7c and enter total.	
9	Estimated additional inspection equipment	
10	Sum lines 4, 6, 8 and 9 and enter total.	
11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	
11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	
11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	
11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	
WORKSHEET FOR DETERMINING SUPPORT COST		
12	Sum lines 4, 6, and 8	
13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	
13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	
13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	
13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	

2023	ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST ANTICIPATED TABLE B-A (M-2)	
Department	Franklin County Public Health	
Name of EHS		
1	Total hours worked in the risk component.	
1a	Total hours worked in the mobile component.	
1b	Total hours worked in the vending component	
1c	Total hours worked in the temporary component	
2	Total hours worked in all programs by EHS.	
3	Divide line 1 by line 2 and enter result.	
3a	Divide line 1a by line 2 and enter result.	
3b	Divide line 1b by line 2 and enter result.	
3c	Divide line 1c by line 2 and enter result.	
4	Total increase in annual wages or salary paid.	
5	Amount of increase for each fringe benefit:	
	a. Health Insurance	
	b. PERS Pickup	
	c. Workers Compensation	
	d. Life Insurance	
	e. Medicare Reimbursement	
	f. Dental Insurance	
	g. Vision Insurance	
	h. Liability Insurance	
	i. Other:	
	j. Other:	
6	Sum lines 5a through line 5j and enter total.	
7	Travel Costs:	
	a. Estimated additional mileage cost	
	b. Estimated additional agency vehicle expense (lease, owned, rental, etc.)	
	c. Estimated additional miscellaneous travel expenses	
8	Sum lines 7a through 7c and enter total.	
9	Estimated additional inspection equipment	
10	Sum lines 4, 6, 8 and 9 and enter total.	
11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	
11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	
11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	
11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	
WORKSHEET FOR DETERMINING SUPPORT COST		
12	Sum lines 4, 6, and 8	
13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	
13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	
13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	
13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	

2023	ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST ANTICIPATED TABLE B-A (M-2)	
Department	Franklin County Public Health	
Name of EHS		
1	Total hours worked in the risk component.	
1a	Total hours worked in the mobile component.	
1b	Total hours worked in the vending component	
1c	Total hours worked in the temporary component	
2	Total hours worked in all programs by EHS.	
3	Divide line 1 by line 2 and enter result.	
3a	Divide line 1a by line 2 and enter result.	
3b	Divide line 1b by line 2 and enter result.	
3c	Divide line 1c by line 2 and enter result.	
4	Total increase in annual wages or salary paid.	
5	Amount of increase for each fringe benefit:	
	a. Health Insurance	
	b. PERS Pickup	
	c. Workers Compensation	
	d. Life Insurance	
	e. Medicare Reimbursement	
	f. Dental Insurance	
	g. Vision Insurance	
	h. Liability Insurance	
	i. Other:	
	j. Other:	
6	Sum lines 5a through line 5j and enter total.	
7	Travel Costs:	
	a. Estimated additional mileage cost	
	b. Estimated additional agency vehicle expense (lease, owned, rental, etc.)	
	c. Estimated additional miscellaneous travel expenses	
8	Sum lines 7a through 7c and enter total.	
9	Estimated additional inspection equipment	
10	Sum lines 4, 6, 8 and 9 and enter total.	
11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	
11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	
11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	
11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	
WORKSHEET FOR DETERMINING SUPPORT COST		
12	Sum lines 4, 6, and 8	
13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	
13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	
13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	
13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	

2023	ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST ANTICIPATED TABLE B-A (M-2)	
Department	Franklin County Public Health	
Name of EHS		
1	Total hours worked in the risk component.	
1a	Total hours worked in the mobile component.	
1b	Total hours worked in the vending component	
1c	Total hours worked in the temporary component	
2	Total hours worked in all programs by EHS.	
3	Divide line 1 by line 2 and enter result.	
3a	Divide line 1a by line 2 and enter result.	
3b	Divide line 1b by line 2 and enter result.	
3c	Divide line 1c by line 2 and enter result.	
4	Total increase in annual wages or salary paid.	
5	Amount of increase for each fringe benefit:	
	a. Health Insurance	
	b. PERS Pickup	
	c. Workers Compensation	
	d. Life Insurance	
	e. Medicare Reimbursement	
	f. Dental Insurance	
	g. Vision Insurance	
	h. Liability Insurance	
	i. Other:	
	j. Other:	
6	Sum lines 5a through line 5j and enter total.	
7	Travel Costs:	
	a. Estimated additional mileage cost	
	b. Estimated additional agency vehicle expense (lease, owned, rental, etc.)	
	c. Estimated additional miscellaneous travel expenses	
8	Sum lines 7a through 7c and enter total.	
9	Estimated additional inspection equipment	
10	Sum lines 4, 6, 8 and 9 and enter total.	
11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	
11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	
11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	
11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	
WORKSHEET FOR DETERMINING SUPPORT COST		
12	Sum lines 4, 6, and 8	
13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	
13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	
13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	
13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	

2023		ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST ANTICIPATED TABLE B-A (M-2)	
Department		Franklin County Public Health	
Name of EHS			
	1	Total hours worked in the risk component.	
	1a	Total hours worked in the mobile component.	
	1b	Total hours worked in the vending component	
	1c	Total hours worked in the temporary component	
	2	Total hours worked in all programs by EHS.	
	3	Divide line 1 by line 2 and enter result.	
	3a	Divide line 1a by line 2 and enter result.	
	3b	Divide line 1b by line 2 and enter result.	
	3c	Divide line 1c by line 2 and enter result.	
	4	Total increase in annual wages or salary paid.	
	5	Amount of increase for each fringe benefit:	
	a.	Health Insurance	
	b.	PERS Pickup	
	c.	Workers Compensation	
	d.	Life Insurance	
	e.	Medicare Reimbursement	
	f.	Dental Insurance	
	g.	Vision Insurance	
	h.	Liability Insurance	
	i.	Other:	
	j.	Other:	
	6	Sum lines 5a through line 5j and enter total.	
	7	Travel Costs:	
	a.	Estimated additional mileage cost	
	b.	Estimated additional agency vehicle expense (lease, owned, rental, etc.)	
	c.	Estimated additional miscellaneous travel expenses	
	8	Sum lines 7a through 7c and enter total.	
	9	Estimated additional inspection equipment	
	10	Sum lines 4, 6, 8 and 9 and enter total.	
	11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	
	11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	
	11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	
	11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	
WORKSHEET FOR DETERMINING SUPPORT COST			
	12	Sum lines 4, 6, and 8	
	13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	
	13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	
	13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	
	13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	

2023	ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST ANTICIPATED TABLE B-A (M-2)	
Department	Franklin County Public Health	
Name of EHS		
1	Total hours worked in the risk component.	
1a	Total hours worked in the mobile component.	
1b	Total hours worked in the vending component	
1c	Total hours worked in the temporary component	
2	Total hours worked in all programs by EHS.	
3	Divide line 1 by line 2 and enter result.	
3a	Divide line 1a by line 2 and enter result.	
3b	Divide line 1b by line 2 and enter result.	
3c	Divide line 1c by line 2 and enter result.	
4	Total increase in annual wages or salary paid.	
5	Amount of increase for each fringe benefit:	
	a. Health Insurance	
	b. PERS Pickup	
	c. Workers Compensation	
	d. Life Insurance	
	e. Medicare Reimbursement	
	f. Dental Insurance	
	g. Vision Insurance	
	h. Liability Insurance	
	i. Other:	
	j. Other:	
6	Sum lines 5a through line 5j and enter total.	
7	Travel Costs:	
	a. Estimated additional mileage cost	
	b. Estimated additional agency vehicle expense (lease, owned, rental, etc.)	
	c. Estimated additional miscellaneous travel expenses	
8	Sum lines 7a through 7c and enter total.	
9	Estimated additional inspection equipment	
10	Sum lines 4, 6, 8 and 9 and enter total.	
11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	
11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	
11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	
11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	
WORKSHEET FOR DETERMINING SUPPORT COST		
12	Sum lines 4, 6, and 8	
13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	
13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	
13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	
13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	

2023	ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST ANTICIPATED TABLE B-A (M-2)	
Department	Franklin County Public Health	
Name of EHS		
1	Total hours worked in the risk component.	
1a	Total hours worked in the mobile component.	
1b	Total hours worked in the vending component	
1c	Total hours worked in the temporary component	
2	Total hours worked in all programs by EHS.	
3	Divide line 1 by line 2 and enter result.	
3a	Divide line 1a by line 2 and enter result.	
3b	Divide line 1b by line 2 and enter result.	
3c	Divide line 1c by line 2 and enter result.	
4	Total increase in annual wages or salary paid.	
5	Amount of increase for each fringe benefit:	
	a. Health Insurance	
	b. PERS Pickup	
	c. Workers Compensation	
	d. Life Insurance	
	e. Medicare Reimbursement	
	f. Dental Insurance	
	g. Vision Insurance	
	h. Liability Insurance	
	i. Other:	
	j. Other:	
6	Sum lines 5a through line 5j and enter total.	
7	Travel Costs:	
	a. Estimated additional mileage cost	
	b. Estimated additional agency vehicle expense (lease, owned, rental, etc.)	
	c. Estimated additional miscellaneous travel expenses	
8	Sum lines 7a through 7c and enter total.	
9	Estimated additional inspection equipment	
10	Sum lines 4, 6, 8 and 9 and enter total.	
11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	
11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	
11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	
11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	
WORKSHEET FOR DETERMINING SUPPORT COST		
12	Sum lines 4, 6, and 8	
13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	
13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	
13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	
13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	

2023	ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST ANTICIPATED TABLE B-A (M-2)	
Department	Franklin County Public Health	
Name of EHS		
1	Total hours worked in the risk component.	
1a	Total hours worked in the mobile component.	
1b	Total hours worked in the vending component	
1c	Total hours worked in the temporary component	
2	Total hours worked in all programs by EHS.	
3	Divide line 1 by line 2 and enter result.	
3a	Divide line 1a by line 2 and enter result.	
3b	Divide line 1b by line 2 and enter result.	
3c	Divide line 1c by line 2 and enter result.	
4	Total increase in annual wages or salary paid.	
5	Amount of increase for each fringe benefit:	
	a. Health Insurance	
	b. PERS Pickup	
	c. Workers Compensation	
	d. Life Insurance	
	e. Medicare Reimbursement	
	f. Dental Insurance	
	g. Vision Insurance	
	h. Liability Insurance	
	i. Other:	
	j. Other:	
6	Sum lines 5a through line 5j and enter total.	
7	Travel Costs:	
	a. Estimated additional mileage cost	
	b. Estimated additional agency vehicle expense (lease, owned, rental, etc.)	
	c. Estimated additional miscellaneous travel expenses	
8	Sum lines 7a through 7c and enter total.	
9	Estimated additional inspection equipment	
10	Sum lines 4, 6, 8 and 9 and enter total.	
11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	
11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	
11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	
11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	
WORKSHEET FOR DETERMINING SUPPORT COST		
12	Sum lines 4, 6, and 8	
13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	
13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	
13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	
13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	

2023	ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST ANTICIPATED TABLE B-A (M-2)	
Department	Franklin County Public Health	
Name of EHS		
1	Total hours worked in the risk component.	
1a	Total hours worked in the mobile component.	
1b	Total hours worked in the vending component	
1c	Total hours worked in the temporary component	
2	Total hours worked in all programs by EHS.	
3	Divide line 1 by line 2 and enter result.	
3a	Divide line 1a by line 2 and enter result.	
3b	Divide line 1b by line 2 and enter result.	
3c	Divide line 1c by line 2 and enter result.	
4	Total increase in annual wages or salary paid.	
5	Amount of increase for each fringe benefit:	
	a. Health Insurance	
	b. PERS Pickup	
	c. Workers Compensation	
	d. Life Insurance	
	e. Medicare Reimbursement	
	f. Dental Insurance	
	g. Vision Insurance	
	h. Liability Insurance	
	i. Other:	
	j. Other:	
6	Sum lines 5a through line 5j and enter total.	
7	Travel Costs:	
	a. Estimated additional mileage cost	
	b. Estimated additional agency vehicle expense (lease, owned, rental, etc.)	
	c. Estimated additional miscellaneous travel expenses	
8	Sum lines 7a through 7c and enter total.	
9	Estimated additional inspection equipment	
10	Sum lines 4, 6, 8 and 9 and enter total.	
11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	
11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	
11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	
11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	
WORKSHEET FOR DETERMINING SUPPORT COST		
12	Sum lines 4, 6, and 8	
13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	
13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	
13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	
13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	

2023	ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST ANTICIPATED TABLE B-A (M-2)	
Department	Franklin County Public Health	
Name of EHS		
1	Total hours worked in the risk component.	
1a	Total hours worked in the mobile component.	
1b	Total hours worked in the vending component	
1c	Total hours worked in the temporary component	
2	Total hours worked in all programs by EHS.	
3	Divide line 1 by line 2 and enter result.	
3a	Divide line 1a by line 2 and enter result.	
3b	Divide line 1b by line 2 and enter result.	
3c	Divide line 1c by line 2 and enter result.	
4	Total increase in annual wages or salary paid.	
5	Amount of increase for each fringe benefit:	
	a. Health Insurance	
	b. PERS Pickup	
	c. Workers Compensation	
	d. Life Insurance	
	e. Medicare Reimbursement	
	f. Dental Insurance	
	g. Vision Insurance	
	h. Liability Insurance	
	i. Other:	
	j. Other:	
6	Sum lines 5a through line 5j and enter total.	
7	Travel Costs:	
	a. Estimated additional mileage cost	
	b. Estimated additional agency vehicle expense (lease, owned, rental, etc.)	
	c. Estimated additional miscellaneous travel expenses	
8	Sum lines 7a through 7c and enter total.	
9	Estimated additional inspection equipment	
10	Sum lines 4, 6, 8 and 9 and enter total.	
11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	
11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	
11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	
11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	
WORKSHEET FOR DETERMINING SUPPORT COST		
12	Sum lines 4, 6, and 8	
13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	
13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	
13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	
13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	

2023	ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST ANTICIPATED TABLE B-A (M-2)	
Department	Franklin County Public Health	
Name of EHS		
1	Total hours worked in the risk component.	
1a	Total hours worked in the mobile component.	
1b	Total hours worked in the vending component	
1c	Total hours worked in the temporary component	
2	Total hours worked in all programs by EHS.	
3	Divide line 1 by line 2 and enter result.	
3a	Divide line 1a by line 2 and enter result.	
3b	Divide line 1b by line 2 and enter result.	
3c	Divide line 1c by line 2 and enter result.	
4	Total increase in annual wages or salary paid.	
5	Amount of increase for each fringe benefit:	
	a. Health Insurance	
	b. PERS Pickup	
	c. Workers Compensation	
	d. Life Insurance	
	e. Medicare Reimbursement	
	f. Dental Insurance	
	g. Vision Insurance	
	h. Liability Insurance	
	i. Other:	
	j. Other:	
6	Sum lines 5a through line 5j and enter total.	
7	Travel Costs:	
	a. Estimated additional mileage cost	
	b. Estimated additional agency vehicle expense (lease, owned, rental, etc.)	
	c. Estimated additional miscellaneous travel expenses	
8	Sum lines 7a through 7c and enter total.	
9	Estimated additional inspection equipment	
10	Sum lines 4, 6, 8 and 9 and enter total.	
11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	
11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	
11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	
11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	
WORKSHEET FOR DETERMINING SUPPORT COST		
12	Sum lines 4, 6, and 8 of this worksheet.	
13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	
13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	
13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	
13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	

2023	ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST ANTICIPATED TABLE B-A (M-2)	
Department	Franklin County Public Health	
Name of EHS		
1	Total hours worked in the risk component.	
1a	Total hours worked in the mobile component.	
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2	Total hours worked in all programs by EHS.	
3	Divide line 1 by line 2 and enter result.	
3a	Divide line 1a by line 2 and enter result.	
3b	Divide line 1b by line 2 and enter result.	
3c	Divide line 1c by line 2 and enter result.	
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	c. Workers Compensation	
	d. Life Insurance	
	e. Medicare Reimbursement	
	f. Dental Insurance	
	g. Vision Insurance	
	h. Liability Insurance	
	i. Other:	
	j. Other:	
6	Sum lines 5a through line 5j and enter total.	
7	Travel Costs:	
	a. Estimated additional mileage cost	
	b. Estimated additional agency vehicle expense (lease, owned, rental, etc.)	
	c. Estimated additional miscellaneous travel expenses	
8	Sum lines 7a through 7c and enter total.	
9	Estimated additional inspection equipment	
10	Sum lines 4, 6, 8 and 9 and enter total.	
11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	
11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	
11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	
11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	
WORKSHEET FOR DETERMINING SUPPORT COST		
12	Sum lines 4, 6, and 8	
13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	
13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	
13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	
13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	

2023	ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST ANTICIPATED TABLE B-A (M-2)	
Department	Franklin County Public Health	
Name of EHS		
1	Total hours worked in the risk component.	
1a	Total hours worked in the mobile component.	
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1c	Total hours worked in the temporary component	
2	Total hours worked in all programs by EHS.	
3	Divide line 1 by line 2 and enter result.	
3a	Divide line 1a by line 2 and enter result.	
3b	Divide line 1b by line 2 and enter result.	
3c	Divide line 1c by line 2 and enter result.	
4	Total increase in annual wages or salary paid.	
5	Amount of increase for each fringe benefit:	
	a. Health Insurance	
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	c. Workers Compensation	
	d. Life Insurance	
	e. Medicare Reimbursement	
	f. Dental Insurance	
	g. Vision Insurance	
	h. Liability Insurance	
	i. Other:	
	j. Other:	
6	Sum lines 5a through line 5j and enter total.	
7	Travel Costs:	
	a. Estimated additional mileage cost	
	b. Estimated additional agency vehicle expense (lease, owned, rental, etc.)	
	c. Estimated additional miscellaneous travel expenses	
8	Sum lines 7a through 7c and enter total.	
9	Estimated additional inspection equipment	
10	Sum lines 4, 6, 8 and 9 and enter total.	
11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	
11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	
11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	
11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	
WORKSHEET FOR DETERMINING SUPPORT COST		
12	Sum lines 4, 6, and 8	
13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	
13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	
13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	
13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	

2023	ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST ANTICIPATED TABLE B-A (M-2)	
Department	Franklin County Public Health	
Name of EHS		
1	Total hours worked in the risk component.	
1a	Total hours worked in the mobile component.	
1b	Total hours worked in the vending component	
1c	Total hours worked in the temporary component	
2	Total hours worked in all programs by EHS.	
3	Divide line 1 by line 2 and enter result.	
3a	Divide line 1a by line 2 and enter result.	
3b	Divide line 1b by line 2 and enter result.	
3c	Divide line 1c by line 2 and enter result.	
4	Total increase in annual wages or salary paid.	
5	Amount of increase for each fringe benefit:	
	a. Health Insurance	
	b. PERS Pickup	
	c. Workers Compensation	
	d. Life Insurance	
	e. Medicare Reimbursement	
	f. Dental Insurance	
	g. Vision Insurance	
	h. Liability Insurance	
	i. Other:	
	j. Other:	
6	Sum lines 5a through line 5j and enter total.	
7	Travel Costs:	
	a. Estimated additional mileage cost	
	b. Estimated additional agency vehicle expense (lease, owned, rental, etc.)	
	c. Estimated additional miscellaneous travel expenses	
8	Sum lines 7a through 7c and enter total.	
9	Estimated additional inspection equipment	
10	Sum lines 4, 6, 8 and 9 and enter total.	
11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	
11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	
11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	
11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	
WORKSHEET FOR DETERMINING SUPPORT COST		
12	Sum lines 4, 6, and 8	
13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	
13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	
13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	
13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	

2023	ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST ANTICIPATED TABLE B-A (M-2)	
Department	Franklin County Public Health	
Name of EHS		
1	Total hours worked in the risk component.	
1a	Total hours worked in the mobile component.	
1b	Total hours worked in the vending component	
1c	Total hours worked in the temporary component	
2	Total hours worked in all programs by EHS.	
3	Divide line 1 by line 2 and enter result.	
3a	Divide line 1a by line 2 and enter result.	
3b	Divide line 1b by line 2 and enter result.	
3c	Divide line 1c by line 2 and enter result.	
4	Total increase in annual wages or salary paid.	
5	Amount of increase for each fringe benefit:	
	a. Health Insurance	
	b. PERS Pickup	
	c. Workers Compensation	
	d. Life Insurance	
	e. Medicare Reimbursement	
	f. Dental Insurance	
	g. Vision Insurance	
	h. Liability Insurance	
	i. Other:	
	j. Other:	
6	Sum lines 5a through line 5j and enter total.	
7	Travel Costs:	
	a. Estimated additional mileage cost	
	b. Estimated additional agency vehicle expense (lease, owned, rental, etc.)	
	c. Estimated additional miscellaneous travel expenses	
8	Sum lines 7a through 7c and enter total.	
9	Estimated additional inspection equipment	
10	Sum lines 4, 6, 8 and 9 and enter total.	
11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	
11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	
11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	
11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	
WORKSHEET FOR DETERMINING SUPPORT COST		
12	Sum lines 4, 6, and 8	
13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	
13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	
13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	
13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	

2023	ENVIRONMENTAL HEALTH SPECIALIST (EHS) COST ANTICIPATED TABLE B-A (M-2)	
Department	Franklin County Public Health	
Name of EHS		
1	Total hours worked in the risk component.	
1a	Total hours worked in the mobile component.	
1b	Total hours worked in the vending component	
1c	Total hours worked in the temporary component	
2	Total hours worked in all programs by EHS.	
3	Divide line 1 by line 2 and enter result.	
3a	Divide line 1a by line 2 and enter result.	
3b	Divide line 1b by line 2 and enter result.	
3c	Divide line 1c by line 2 and enter result.	
4	Total increase in annual wages or salary paid.	
5	Amount of increase for each fringe benefit:	
	a. Health Insurance	
	b. PERS Pickup	
	c. Workers Compensation	
	d. Life Insurance	
	e. Medicare Reimbursement	
	f. Dental Insurance	
	g. Vision Insurance	
	h. Liability Insurance	
	i. Other:	
	j. Other:	
6	Sum lines 5a through line 5j and enter total.	
7	Travel Costs:	
	a. Estimated additional mileage cost	
	b. Estimated additional agency vehicle expense (lease, owned, rental, etc.)	
	c. Estimated additional miscellaneous travel expenses	
8	Sum lines 7a through 7c and enter total.	
9	Estimated additional inspection equipment	
10	Sum lines 4, 6, 8 and 9 and enter total.	
11	Multiply line 10 by line 3 and enter total cost of EHS to the Risk component here and on the appropriate line 2 of the Cost Analysis Totals Table A Risk (M-2).	
11a	Multiply line 10 by line 3a and enter total cost of EHS to the Mobile component here and on the appropriate line 2 of the Cost Analysis Totals Table A Mobile (M-2).	
11b	Multiply line 10 by line 3b and enter total cost of EHS to the Vending component here and on the appropriate line 2 of the Cost Analysis Totals Table A Vending (M-2).	
11c	Multiply line 10 by line 3c and enter total cost of EHS to the Temporary component here and on the appropriate line 2 of the Cost Analysis Totals Table A Temporary (M-2).	
WORKSHEET FOR DETERMINING SUPPORT COST		
12	Sum lines 4, 6, and 8	
13	Multiply line 12 by the percentage of time worked in the Risk component (line 3).	
13a	Multiply line 12 by the percentage of time worked in the Mobile component (line 3a).	
13b	Multiply line 12 by the percentage of time worked in the Vending component (line 3b).	
13c	Multiply line 12 by the percentage of time worked in the Temporary component (line 3c).	

2023	ANTICIPATED COSTS TABLE F (M-2)		
Department	Franklin County Public Health		
RISK PROGRAM COMPONENT			
	1a.	Enter amount of anticipated additional cost from all of the lines 11 of EHS Cost Anticipated Table B-A (M-2).	\$26,137.30
	1b.	Known additional support costs: Sum all of the lines 13 of all EHS Cost Anticipated Table B-A (M-2) and enter amount.	\$26,137.30
	1c.	Multiply the amount on line 1b by 30% and enter amount.	\$7,841.19
	1d.	Sum lines 1a and 1c, and enter total here and on line 5 of Cost Analysis Totals Table A Risk (M-2).	\$33,978.49
MOBILE PROGRAM COMPONENT			
	2a.	Enter amount of anticipated additional cost from all of the lines 11a of EHS Cost Anticipated Table B-A (M-2).	\$874.89
	2b.	Known additional support costs: Sum all of the lines 13a of all EHS Cost Anticipated Table B-A (M-2) and enter amount.	\$874.89
	2c.	Multiply the amount on line 2b by 30% and enter amount.	\$262.47
	2d.	Sum lines 2a and 2c, and enter total here and on line 5 of Cost Analysis Totals Table A Mobile (M-2).	\$1,137.36
VENDING PROGRAM COMPONENT			
	3a.	Enter amount of anticipated additional cost from all of the lines 11b of EHS Cost Anticipated Table B-A (M-2).	\$21.21
	3b.	Known additional support costs: Sum all of the lines 13b of all EHS Cost Anticipated Table B-A (M-2) and enter amount.	\$21.21
	3c.	Multiply the amount on line 3b by 30% and enter amount.	\$6.36
	3d.	Sum lines 3a and 3c, and enter total here and on line 5 of Cost Analysis Totals Table A Vending (M-2).	\$27.57
TEMPORARY PROGRAM COMPONENT			
	4a.	Enter amount of anticipated additional cost from line 11c of EHS Cost Anticipated Table B-A (M-2).	\$791.48
	4b.	Known additional support costs: Sum all of the lines 13c of all EHS Cost Anticipated Table B-A (M-2) and enter amount.	\$791.48
	4c.	Multiply the amount on line 4b by 30% and enter amount.	\$237.44
	4d.	Sum lines 4a and 4c, and enter total here and on line 5 of Cost Analysis Totals Table A Temporary (M-2).	\$1,028.92

2023		PROGRAM REVENUE TABLE G (M-2)	
Department		Franklin County Public Health	
License fees collected for Risk Classified Facilities.			
Commercial:			
1.	Level 1, less than 25,000 sq. ft.		\$38,430.75
2.	Level 2, less than 25,000 sq. ft.		\$84,044.25
3.	Level 3, less than 25,000 sq. ft.		\$439,289.00
4.	Level 4, less than 25,000 sq. ft.		\$659,458.50
5.	Level 1, 25,000 sq. ft. and over		
6.	Level 2, 25,000 sq. ft. and over		
7.	Level 3, 25,000 sq. ft. and over		\$15,939.75
8.	Level 4, 25,000 sq. ft. and over		\$37,293.75
Noncommercial (if applicable):			
9.	Level 1, less than 25,000 sq. ft.		
10.	Level 2, less than 25,000 sq. ft.		
11.	Level 3, less than 25,000 sq. ft.		
12.	Level 4, less than 25,000 sq. ft.		
13.	Level 1, 25,000 sq. ft. and over		
14.	Level 2, 25,000 sq. ft. and over		
15.	Level 3, 25,000 sq. ft. and over		
16.	Level 4, 25,000 sq. ft. and over		
RISK FACILITIES			
17.	Sum lines 1 through 16 and enter amount.		\$1,274,456.00
18.	If applicable, enter the amount your department supplements this component of the Food Safety Program.		
19.	Sum lines 17 and 18 and enter amount. This total represents the total program revenue for the risk classified facilities.		\$1,274,456.00
20.	Enter amount from line 8 of Cost Analysis Totals Table A Risk (M-2).		\$1,283,436.62
21.	Subtract line 20 from line 19 and enter amount. If the amount on this line is less than 0, this indicates that you are operating at a deficit.		-\$8,980.62

2023		PROGRAM REVENUE TABLE G (M-2)	
Department		Franklin County Public Health	
MOBILE FACILITIES			
	22.	Enter mobile facilities license fees collected.	\$27,839.50
	23.	If applicable, enter the amount your department supplements this component of the Food Safety Program.	
	24.	Sum lines 22 and 23 and enter amount. This total represents the total program revenue for mobile facilities.	\$27,839.50
	25.	Enter amount from line 8 of Cost Analysis Totals Table A Mobile (M-2).	\$52,994.37
	26.	Subtract line 25 from line 24 and enter the amount. If the amount on this line is less than 0, this indicates that you are operating at a deficit.	-\$25,154.87
VENDING FACILITIES			
	27.	Enter vending license fees collected.	\$1,563.12
	28.	If applicable, enter the amount your department supplements this component of the Food Safety Program.	
	29.	Sum lines 27 and 28 and enter amount. This total represents the total program revenue for vending facilities.	\$1,563.12
	30.	Enter amount from line 8 of the Cost Analysis Totals Table A Vending (M-2).	\$2,067.97
	31.	Subtract line 30 from line 29 and enter amount. If the amount on this line is less than 0, this indicates that you are operating at a deficit.	-\$504.85
TEMPORARY FACILITIES			
	32.	Enter temporary license fees collected.	\$34,037.00
	33.	If applicable, enter the amount your department supplements this component of the Food Safety Program.	
	34.	Sum lines 32 and 33 and enter amount. This total represents the total program revenue for temporary facilities.	\$34,037.00
	35.	Enter amount from line 8 of Cost Analysis Totals Table A Temporary (M-2).	\$37,583.93
	36.	Subtract line 35 from line 34 and enter the amount. If the amount on this line is less than 0, this indicates that you are operating at a deficit.	-\$3,546.93

2023		LICENSE FEE CALCULATION TABLE H (M-2)	
Department		Franklin County Public Health	
Licenses Issued in Each Category:			
Commercial: less than 25,000 sq. ft.			
1.	Level 1		176
2.	Level 2		350
3.	Level 3		967
4.	Level 4		1112
Commercial: 25,000 sq. ft. or more			
5.	Level 1		
6.	Level 2		
7.	Level 3		13
8.	Level 4		30
Noncommercial: less than 25,000 sq. ft. (If LHD chooses to not have a noncommercial fee, enter "0" for each.)			
9.	Level 1		
10.	Level 2		
11.	Level 3		
12.	Level 4		
13.	Multiply line 9 by 0.5 and enter the amount.		
14.	Multiply line 10 by 0.5 and enter the amount.		
15.	Multiply line 11 by 0.5 and enter the amount.		
16.	Multiply line 12 by 0.5 and enter the amount.		
Noncommercial: 25,000 sq. ft. or more. (If LHD chooses to not have a noncommercial fee, enter "0" for each.)			
17.	Level 1		
18.	Level 2		
19.	Level 3		
20.	Level 4		
21.	Multiply line 17 by 0.5 and enter the amount.		
22.	Multiply line 18 by 0.5 and enter the amount.		
23.	Multiply line 19 by 0.5 and enter the amount.		
24.	Multiply line 20 by 0.5 and enter the amount.		
25.	Sum lines 1 to 8, 13 to 16, 21 to 24 and enter total.		2648.00
Calculated inspection period:			
26.	Multiply line 1 by (1) and by (1) and enter the amount.		176.00
27.	Multiply line 2 by (1) and by (1.25) and enter the amount.		437.50
28.	Multiply line 3 by (2) and by (1.64) and enter the amount.		3171.76
29.	Multiply line 4 by (2) and by (2.21) and enter the amount.		4915.04
30.	Multiply line 5 by (1) and by (1.88) and enter the amount.		
31.	Multiply line 6 by (1) and by (2.03) and enter the amount.		
32.	Multiply line 7 by (2) and by (4.84) and enter the amount.		125.84
33.	Multiply line 8 by (2) and by (5.16) and enter the amount.		309.60
34.	Multiply line 13 by (1) and by (1) and enter the amount.		
35.	Multiply line 14 by (1) and by (1.25) and enter the amount.		
36.	Multiply line 15 by (2) and by (1.64) and enter the amount.		
37.	Multiply line 16 by (2) and by (2.21) and enter the amount.		
38.	Multiply line 21 by (1) and by (1.88) and enter the amount.		
39.	Multiply line 22 by (1) and by (2.03) and enter the amount.		
40.	Multiply line 23 by (2) and by (4.84) and enter the amount.		
41.	Multiply line 24 by (2) and by (5.16) and enter the amount.		
42.	Sum lines 26 through 41 and enter total.		9135.74

2023		LICENSE FEE CALCULATION TABLE H (M-2)	
Department		Franklin County Public Health	
Cost per calculated inspection period:			
	43.	Enter program component cost from line 8 of the Cost Analysis Totals Table A Risk (M-2).	\$1,283,436.62
	44.	Enter program support cost from line 1 of the Cost Analysis Totals Table A Risk (M-2).	\$281,578.42
	45.	Subtract line 44 from line 43 and enter the amount.	\$1,001,858.20
	46.	Divide line 45 by line 42 and enter amount.	\$109.66
Support cost per facility:			
	47.	Divide line 44 by line 25 and enter amount.	\$106.34
Calculated inspection period amount:			
	48.	Multiply line 46 by (1) and by (1) and enter the amount.	\$109.66
	49.	Multiply line 46 by (1) and by (1.25) and enter the amount.	\$137.08
	50.	Multiply line 46 by (2) and by (1.64) and enter the amount.	\$359.68
	51.	Multiply line 46 by (2) and by (2.21) and enter the amount.	\$484.70
	52.	Multiply line 46 by (1) and by (1.88) and enter the amount.	\$206.16
	53.	Multiply line 46 by (1) and by (2.03) and enter the amount.	\$222.61
	54.	Multiply line 46 by (2) and by (4.84) and enter the amount.	\$1,061.51
	55.	Multiply line 46 by (2) and by (5.16) and enter the amount.	\$1,131.69
RISK CLASSIFIED LICENSE FEES			
	56.	Add the amount on line 47 to the amount on line 48 and enter this total. This equals the maximum license fee that may be adopted for the Level 1, less than 25,000 sq. ft. category.	\$216.00
	57.	Add the amount on line 47 to the amount on line 49 and enter this total. This equals the maximum license fee that may be adopted for the Level 2, less than 25,000 sq. ft. category.	\$243.42
	58.	Add the amount on line 47 to the amount on line 50 and enter this total. This equals the maximum license fee that may be adopted for the Level 3, less than 25,000 sq. ft. category.	\$466.02
	59.	Add the amount on line 47 to the amount on line 51 and enter this total. This equals the maximum license fee that may be adopted for the Level 4, less than 25,000 sq. ft. category.	\$591.04
	60.	Add the amount on line 47 to the amount on line 52 and enter this total. This equals the maximum license fee that may be adopted for the Level 1, 25,000 sq. ft. and over category.	\$312.50
	61.	Add the amount on line 47 to the amount on line 53 and enter this total. This equals the maximum license fee that may be adopted for the Level 2, 25,000 sq. ft. and over category.	\$328.95
	62.	Add the amount on line 47 to the amount on line 54 and enter this total. This equals the maximum license fee that may be adopted for the Level 3, 25,000 sq. ft. and over category.	\$1,167.85
	63.	Add the amount on line 47 to the amount on line 55 and enter this total. This equals the maximum license fee that may be adopted for the Level 4, 25,000 sq. ft. and over category.	\$1,238.03

2023	LICENSE FEE CALCULATION TABLE H (M-2)	
Department	Franklin County Public Health	
Mobile Facility License Fee Calculation		
64.	Total number of mobile facilities.	329
65.	Enter total cost for this program component from line 8 of the Cost Analysis Totals Table A Mobile (M-2).	\$51,897.17
66.	Divide line 65 by line 64 and enter amount. This represents the maximum amount that the licensor may adopt as a mobile facility license fee.	\$157.74
*VENDING LICENSE FEE CALCULATION		
67.	Total number of licensed vending operations.	123
68.	Enter total cost for this program component from line 8 of the Cost Analysis Totals form Table A Vending (M-2).	\$2,037.03
69.	Divide line 68 by line 67 and enter amount. This represents the maximum amount* that the licensor may adopt as a vending license fee.	\$16.56
*License fee shall not be increased by more than the percentage of increase in the Consumer Price Index.		
TEMPORARY FACILITY LICENSE FEE CALCULATION (DAY)		
70.	Number of days for which commercial temporary licenses were issued last year.	508
71.	Number of days for which noncommercial temporary licenses were issued last year.	508
72.	Multiply line 71 by 0.5 and enter amount.	
73.	Sum of lines 70 and 72.	508
74.	Enter total cost for this program component from line 8 of the Cost Analysis Totals form Table A Temporary (M-2).	\$37,583.93
75.	Divide line 74 by line 73 and enter amount. This represents the maximum amount that the licensor may adopt as a temporary facility license fee per day of operation.	\$73.98
OR		
TEMPORARY FACILITY LICENSE FEE CALCULATION (EVENT)		
76.	Number of commercial temporary licenses issued per year.	305
77.	Number of noncommercial temporary licenses issued per year.	305
78.	Multiply line 77 by 0.5 and enter amount.	
79.	Sum of lines 76 and 78.	305
80.	Enter total cost for this program component from line 8 of the Cost Analysis Totals form Table A Temporary (M-2).	\$37,583.93
81.	Divide line 80 by line 79 and enter amount. This represents the maximum amount that the licensor may adopt as a temporary facility license fee per event.	\$123.23

2023	ANTICIPATED WORKSHEET (M-2)	
Department	Franklin County Public Health	
RISK PROGRAM COMPONENT		
\$921,622.36	1.	Previous year EHS cost taken from line 3 of Table A Risk (M-2)
\$30,901.19	2.	Previous year anticipated EHS cost taken from line 1a Table F (M-2)
\$952,523.55	3.	Sum lines 1 and 2. This is the total EHS cost from the previous year
\$967,879.71	4.	Current EHS cost from line 3 of Table A Risk (M-2)
0	5.	This is the amount of anticipated EHS cost of the risk component that was not incurred from the previous year.
MOBILE PROGRAM COMPONENT		
\$39,985.84	6.	Previous year EHS cost taken from line 3 of Table A Mobile (M-2)
\$1,272.61	7.	Previous year anticipated EHS cost taken from line 2a Table F (M-2)
\$41,258.45	8.	Sum lines 6 and 7. This is the total EHS cost from previous year
\$40,161.25	9.	Current EHS cost from line 3 of Table A Mobile (M-2)
-\$1,097.20	10.	This is the amount of anticipated EHS cost of the mobile component that was not incurred from the previous year.
VENDING PROGRAM COMPONENT		
\$3,356.36	11.	Previous year EHS cost taken from line 3 of Table A Vending (M-2)
\$30.94	12.	Previous year anticipated EHS cost taken from line 3a Table F (M-2)
\$3,387.30	13.	Sum lines 11 and 12. This is the total EHS cost from previous year
\$1,583.63	14.	Current EHS cost from line 3 of Table A Vending (M-2)
\$30.94	15.	This is the amount of anticipated EHS cost of the vendng component that was not incurred from the previous year.
TEMPORARY PROGRAM COMPONENT		
\$24,893.89	16.	Previous year EHS cost taken from line 3 of Table A Temporary (M-2)
\$902.93	17.	Previous year anticipated EHS cost taken from line 4a Table F (M-2)
\$25,796.82	18.	Sum lines 16 and 17. This is the total EHS cost from previous year
\$28,293.82	19.	Current EHS cost from line 3 of Table A Temporary (M-2)
0	20.	This is the amount of anticipated EHS cost of the temporary component that was not incurred from the previous year.