

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY

Meeting Date: October 16, 2007 [X] Consent [] Regular
[] Workshop [] Public
Department Hearing
Submitted By: Community Services
Submitted For: Ryan White Part A

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: Three (3) amendments to Ryan White Part A HIV Health Support Services contracts for the period March 1, 2007, through February 29, 2008 totaling \$370,778:

- (A) Amendment No. 2 to contract (R2007-0741) with Comprehensive AIDS Program, Inc. to increase funding by \$185,389 for a total not to exceed amount of \$1,424,829;
- (B) Amendment No. 1 to contract (R2007-1406) with Compass, Inc. to increase funding by \$55,617 for a total not to exceed amount of \$332,216;
- (C) Amendment No. 1 to contract (R2007-1407) with Comprehensive AIDS Program, Inc. to increase funding by \$129,772 for a total not to exceed amount of \$671,159.

Summary: Carryover funds have been granted from the U.S. Department of Health and Human Services under the Ryan White C.A.R.E. Act. The Priorities and Allocations Committee of the HIV Care Council has determined that the carryover funding of \$370,778 is to be allocated to increase services to Compass and Comprehensive AIDS Program, Inc. for Medical Case Management services. No County funds are required. (Ryan White) Countywide (TKF).

Background and Justification: The carryover funds of \$370,778 will assist in providing continuation of Case Management services to the maximum number of HIV/AIDS clients needing these services.

- Attachments:
- 1. Amendment No.2 with Comprehensive AIDS Program, Inc. (Formula)
 - 2. Amendment No.1 with Compass
 - 3. Amendment No.1 with Comprehensive AIDS Program, Inc. Supplemental)

Recommended by: [Signature] 10-1-2007
Department Director Date

Approved by: [Signature] 10-9-07
Assistant County Administrator Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2008	2009	2010	2011	2012
Capital Expenditures	0	_____	_____	_____	_____
Operating Costs	\$370,778	_____	_____	_____	_____
External Revenues	(\$370,778)	_____	_____	_____	_____
Program Income (County)	0	_____	_____	_____	_____
In-Kind Match (County)	0	_____	_____	_____	_____
NET FISCAL IMPACT	0	_____	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)					

Is Item Included in Current Budget? Yes X No
 Budget Account No.: Fund 1010 Dept 142 Unit 1475/1479 Object 8201
 Program Code various

B. Recommended Sources of Funds/Summary of Fiscal Impact:
 Funding provided through the U.S. Department of Health and Human Services.
 No county match is required.

Fund 1010-142-1475 - \$185,389
 1010-142-1479 - \$185,389

C. Departmental Fiscal Review: *[Signature]*

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

[Signature] 10-4-07 *[Signature]* 10/5/07
 OFMB Contract Dev. and Control

B. Legal Sufficiency:

[Signature] 10/9/07
 Assistant County Attorney

^{These}
 This amendment complies with
 our review requirements.

C. Other Department Review:

 Department Director

This summary is not to be used as a basis for payment.

**AMENDMENT TO RYAN WHITE PART A
HIV HEALTH SUPPORT SERVICES
(Formula)**

THIS AMENDMENT TO THE RYAN WHITE PART A HIV HEALTH SUPPORT SERVICES CONTRACT (Document No.R2007 - 0741, dated May 15, 2007) made and entered into at West Palm Beach Florida, on this ___ day of ___, 2007 by and between PALM BEACH COUNTY, a political subdivision of the State of Florida hereinafter referred to as "COUNTY" and Comprehensive AIDS Program, Inc. hereinafter referred to as the AGENCY, a not-for-profit corporation, entitled to do business in the State of Florida, whose address is 2330 South Congress Avenue, Palm Springs, FL 33406.

WITNESSETH:

WHEREAS, the need exists to amend the contract to increase funding for Medical Case Management.

NOW THEREFORE, the above named parties hereby mutually agree that the Contract entered into on May 15, 2007 is hereby amended as follows:

I. A new Work Plan "A1" attached hereto showing the new total units of service shall replace the original work plan Exhibit "A" in its entirety for Medical Case Management. Units of service will increase from 74,263 units to 89,447 units.

II. A new Budget Exhibit "B1" attached hereto showing the new total budget for funding for Medical Case Management shall replace the original Exhibit "B" in its entirety.

III. Increase funding for Medical Case Management by \$185,389 for a new total of \$1,162,814.

IV. Total contract not to exceed amount will be \$1,424,829.

OTHER PROVISIONS

All provisions in the Contract or exhibits to the Contract in conflict with this Second Amendment to the Contract shall be and are hereby changed to conform to this amendment.

All provisions not in conflict with this Amendment are still in effect and are to be performed at the same level as specified in the Contract.

IN WITNESS WHEREOF, the parties hereto have caused this two (2) page Amendment to be executed by their officials thereupon duly authorized.

ATTEST:
Sharon R. Bock
Clerk and Comptroller

PALM BEACH COUNTY, FLORIDA,
BY ITS BOARD OF COUNTY
COMMISSIONERS

By: _____
Deputy Clerk

By: _____
Addie L. Greene, Chairperson

Date

WITNESS:
[Signature]
Signature

By: [Signature]
Signature

LARRY LEED
Witness Name

Executive Director

9/13/07
Date

APPROVED AS TO FORM AND
LEGAL SUFFICIENCY

APPROVED AS TO TERMS
AND CONDITIONS

County Attorney

[Signature]
Edward L. Rich, Director

**TITLE I
WORKPLAN**

APPLICANT: Comprehensive AIDS Program

SERVICE: Medical Case Management

AREA TO BE SERVED: PALM BEACH COUNTY

<u>OBJECTIVE(S)</u>	<u>ACTIVITIES</u>	<u>START DATE</u>	<u>END DATE</u>	<u>NON-DUPLICATING STATEMENT</u>
<p>1. Objective: Identify units of tangible services and # of unduplicated clients to be served. Define a Unit of Service</p> <p>2. Impact Statement: When the objective is accomplished, what impact will it have?</p> <p>1. A unit of service is a quarter hour of case management. CAP will provide a total of 89,447 units of case management to an estimated 715 clients.</p> <p>2. 715 HIV+ men, women and children will have better health outcomes and longer life as a result of information; education; and medical & social service support.</p> <p>3. 715 HIV+ men, women, and children will receive a referral and linkages to a medical provider and social services support as determined by a careplan.</p> <p>unit=quarter hour Unit cost = \$13.00 per quarter hour 89,447 units of service plus Statewide and countywide trainings at \$260 per day per staff equals 20 units at \$13 per unit per day (other H) plus actual cost of new computer upgrade needs (other M)</p>	<p>Describe the sequential steps to be taken to accomplish the objective</p> <p>1. Upon contractual agreement, CAP will continue to provide case management activities to eligible Ryan White clients, according to the State of Florida HIV Case Management standards.</p> <p>2. Each client will receive an Intake Packet, needs assessment, financial assessment, a careplan & appropriate referrals within one (1) week of request. (If there is a wait list, will receive referrals and place on the list with follow up every 30 days)</p> <p>3. Eighty percent (80%) of clients will comply/follow-up with the referral.</p>	<p>3/1/2007</p>	<p>2/29/2008*</p>	<p>Indicate any other program in your agency or other agencies in the community which provides similar services. Explain how you will avoid duplication of services, or why additional units of services are needed.</p> <p>Clients have a choice in which case management program they would like to be enrolled. Traditionally, CAP serves those clients who are asymptomatic, symptomatic, and diagnosed with AIDS.</p> <p>CAP meets with other providers for referral services, and uses the FACTORS system to prevent duplication of services and enhances overall approach.</p>

* or Date of Depletion of Funds, whichever comes first

BUDGET NARRATIVE SUMMARY

PROPOSED SERVICE: MEDICAL CASE MANAGEMENT

AGENCY NAME: Comprehensive AIDS Program

BUDGET PERIOD: from 3/1/2007 to 2/29/2008*

Category	Administration	Program	Total	Cost per Unit
A. Personnel	-	732,826	732,826	8.19
B. Fringe Benefits	-	173,120	173,120	1.94
C. Travel	-	17,875	17,875	0.20
D. Equipment	-	-	-	
E. Supplies	-	16,172	16,172	0.18
F. Contractual	-	1,000	1,000	0.01
G. Other	105,710	116,110	221,820	2.48
Total	105,710	1,057,104	1,162,814	13.00

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BUDGET NARRATIVE

Service: MEDICAL CASE MANAGEMENT

Agency: Comprehensive AIDS Program Budget Period: 3/1/2007 to 2/29/2008*

REVENUES	Administration Amount	Program Amount	Total Service Costs
1. Funds from Government Sources Ryan White Title I	105,710	1,057,104	1,162,814
2. Foundations			-
3. Other Grants	-	-	-
4. Fund Raising			-
5. Contributions/Legacies/Bequests			-
6. Membership dues			-
7. Program Service Fees and Sales to the Public			-
8. Investment Income			-
9. In Kind			-
10. Miscellaneous Revenue			-
11. Total Revenue	105,710	1,057,104	1,162,814

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BUDGET NARRATIVE

Service: MEDICAL CASE MANAGEMENT

Agency: Comprehensive AIDS Program

Budget Period: 3/1/2007 to 2/29/2008*

Expenditures	Administration Amount	Program Amount	Total Service Costs
12. Salaries (Must agree with Form C-1)		732,826	732,826
13. Employee Benefits			
a. FICA .0765	-	56,061	56,061
b. FI Unemployment \$7,000 x .04 x FTE	-	3,128	3,128
c. Workers' Compensation .02	-	14,657	14,657
d. Health Plan \$575 x 12 per mo per FTE	-	77,290	77,290
e. Retirement .03	-	21,985	21,985
14. Sub-Total Employee Benefits	-	173,120	173,120
15. Sub-Total Salaries & Benefits	-	905,947	905,947
16. Travel			
a. Travel/Transportation	-	11,172	11,172
b. Conference/Registration/Travel	-	6,703	6,703
17. Sub-Total Travel		17,875	17,875

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BUDGET NARRATIVE

Service: MEDICAL CASE MANAGEMENT

Agency: Comprehensive AIDS Program

Budget Period: 3/1/2007 to 2/29/2008*

Expenditures	Administration Amount	Program Amount	Total Service Costs
18. Equipment (Attach a page showing detail description)	-		-
19. Supplies			
a. Office Supplies	-	11,172	11,172
b. Program Supplies (actual purchase)		5,000	5,000
20. Sub-Total Supplies	-	16,172	16,172
21. Contractual (Part-time Case Managers @ \$15per hour)		1,000	1,000
22. Other			
a. Communications/Utilities			
1. Telephone	-	10,055	10,055
2. Postage & Shipping	-	1,676	1,676
3. Utilities (Power/Water/Gas	-	10,055	10,055
Sub-Total Communications/Utilities	-	21,785	21,785

7.

BUDGET NARRATIVE

Service: MEDICAL CASE MANAGEMENT

Agency: Comprehensive AIDS Program

Budget Period: 3/1/2007 to 2/29/2008*

Expenditures	Administration Amount	Program Amount	Total Service Costs
B. Food Service			
C. Rental			
1. Building	-	50,274	\$50,274
2. Equipment			
Sub-Total Rental		\$50,274	\$50,274
D. Repair & Maintenance			
1. Building Maintenance	-	10,055	\$10,055
2. Equipment Maintenance	-	-	
Sub-Total Repair & Maintenance		\$10,055	\$10,055
E. Specific Assistance to Individuals			
F. Dues & Membership	-	168	\$168

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BUDGET NARRATIVE

Service: MEDICAL CASE MANAGEMENT

Agency: Comprehensive AIDS Program

Budget Period: 3/1/2007 to 2/29/2008*

Expenditures	Administration Amount	Program Amount	Total Service Costs
G. Subscriptions	-	168	168
H. Training & Development Includes Countywide & Statewide training required for all staff. \$260 per day per staff=20units per day	-	5,758	5,758
I. Printing	-	3,352	3,352
J. Copy Cost	-	3,352	3,352
K. Advertising/Recruitment/PR	-	2,793	2,793
L. Audit Fees	-	-	-
M. Office Furniture and Equipment (needed for computer hardware and software upgrades)	-	5,000	5,000
N. Insurance/General Liability/Malpractice	-	13,406	13,406
N. Administrative expense allowed at 10%	105,710	-	105,710
23. Sub-Total Other	105,710	116,110	221,820
24. Total Expenditures	105,710	1,057,104	1,162,814
25a Total Cost per Unit of Service - (must match unit of service cost used in Workplan)	1.18	11.82	13.00
Total Units less statewide trainings and computer upgrades to be reimbursed			89,447

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TOTAL AGENCY BUDGET

Comprehensive AIDS Program of Palm Beach County, Inc.

Agency Budget for Fiscal Year

3/1/2007

to

2/29/2008

REVENUES	Ryan White Part A MAI	Ryan White Part A	Ryan White Part B	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
1. Funds from Gov.. Sources	541,631	2,095,988	505,986	188,080	874,292	150,000	463,333	4,819,310
2. Foundations								
3. Other Grants								
4. Fund Raising							150,000	150,000
5. Contributions/ Legacies/Bequests							50,000	50,000
6. Membership Dues								
7. Program Svc Fees/ Sales to Public								
8. Investment Income								
9. In-Kind								
10. Miscellaneous								
11. Total Revenues	541,631	2,095,988	505,986	188,080	874,292	150,000	663,333	5,019,310

All Financial Information Rounded to Nearest Dollar

TOTAL AGENCY BUDGET

Comprehensive AIDS Program of Palm Beach County, Inc.

Agency Budget for Fiscal Year 3/1/2007 to 2/29/2008

EXPENDITURES	Ryan White Part A MAI	Ryan White Part A	Ryan White II	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
12. Salaries	371,412	1,101,777	266,792	79,885	229,062	98,575	225,000	2,372,503
Chief Program Director	31,188	62,377	8,253					
3 Regional Program Managers	68,841	143,793	26,000					
4 Program Supervisors	48,421	156,437	18,500					
4 Program Support Specialists	36,287	106,578	10,500					
40 Case Managers/Techs	186,675	597,768	203,539					
HIV Prevention Manager		2,337						
Treatment Adherence Coordinator		32,487						
	371,412	1,101,777	266,792	79,885	229,062	98,575	225,000	2,372,503

all the above figures are calculated on the best estimated allocation as all grants have not been received and updated as of the date of preparation

TOTAL AGENCY BUDGET

Comprehensive AIDS Program of Palm Beach County, Inc.

Agency Budget for Fiscal Year 3/1/2007 to 2/29/2008

EXPENDITURES	Ryan White Part A MAI	Ryan White Part A	Ryan White II	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
12. Salaries	371,412	1,101,777	266,792	79,885	229,062	98,575	225,000	2,372,503
13. Employee Benefits								
a. FICA	28,413	84,285	20,410	6,111	17,523	7,541	17,000	181,283
b. FI Unemployment	899	5,814	3,344	630	4,604	1,981	3,000	20,273
c. Workers' Comp	7,428	22,036	5,336	3,195	10,583	4,554	6,000	59,132
d. Health Plan	23,812	143,724	77,887	14,794	40,794	12,612	40,000	353,623
e. Retirement	11,142	33,053	8,004	2,397	6,872	2,957	9,000	73,425
14. Sub-Total Employee Benefits	71,694	288,912	114,981	27,127	80,376	29,646	75,000	687,736
15. Sub-Total Salaries/Benefits	443,106	1,390,689	381,773	107,012	309,438	128,221	300,000	3,060,239
16. Travel								
a. Travel/transportation	3,210	22,772	9,034	4,806	11,400	2,000	12,340	65,562
b. Conferences/ Registration/Travel	1,926	13,363		3,375	9,781		6,400	34,845
17. Sub-Total Travel	5,136	36,135	9,034	8,181	21,181	2,000	18,740	100,407

All Financial Information Rounded to Nearest Dollar

TOTAL AGENCY BUDGET

Comprehensive AIDS Program of Palm Beach County, Inc.

Agency Budget for Fiscal Year

3/1/2007

to

2/29/2008

EXPENDITURES	Ryan White Part A MAI	Ryan White Part A	Ryan White II	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
18. Equipment								
19. Supplies								
a. Office Supplies	3,210	20,972		945			10,000	35,127
b. Program Supplies	3,000	11,000		29,642	66,779	1,000	10,322	121,743
c. Computer Software								
20. Sub-Total Supplies	6,210	31,972		30,587	66,779	1,000	20,322	156,870
21. Contractual	1,000	132,381					1,000	134,381
22. Other								
a. Communications/Utilities								
1. Telephone	2,889	17,795					3,000	23,684
2. Postage & Shipping	482	2,966					1,000	4,448
3. Utilities (Power/Water/Gas)	2,889	17,795					6,000	26,684
Sub-Total Communications/Utilities	6,260	38,556					10,000	54,816

All Financial Information Rounded to Nearest Dollar

TOTAL AGENCY BUDGET

Comprehensive AIDS Program of Palm Beach County, Inc.

Agency Budget for Fiscal Year

3/1/2007

to

2/29/2008

EXPENDITURES	Ryan White Part A MAI	Ryan White Part A	Ryan White II	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
B. Food Service		1,800						1,800
C. Rental								
1. Building	14,445	93,774	69,180	10,800	7,740	11,040	36,200	243,179
2. Equipment					1,200			1,200
Sub-Total Rental	14,445	93,774	69,180	10,800	8,940	11,040	36,200	244,379
D. Repair & Maintenance								
1. Building Maintenance	2,889	17,795					6,000	26,684
2. Equipment Maintenance								
Sub-Total Repair & Maintenance	2,889	17,795					6,000	26,684
E. Specific Assistance to Individuals		101,286			373,500		125,000	599,786
F. Dues & Membership	48	297					100	445
G. Subscriptions	48	497					100	645

All Financial Information Rounded to Nearest Dollar

TOTAL AGENCY BUDGET

Comprehensive AIDS Program of Palm Beach County, Inc.Agency Budget for Fiscal Year 3/1/2007 to 2/29/2008

EXPENDITURES	Ryan White Part A MAI	Ryan White Part A	Ryan White II	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
H. Training & Development	1,669	10,230		2,000			3,500	17,399
I. Printing	963	7,732		7,902			2,000	18,597
J. Copy Cost	963	5,932					2,000	8,895
K. Advertising	803	5,143			15,000		1,800	22,746
L. Audit Fees								
M. Office Furniture & Equipment	5,000	7,500		4,500			4,000	21,000
N. Insurance	3,852	23,726					8,000	35,578
O. Fundraising							75,000	75,000
P. Vehicle Operation								
Q. Promotional/PR								
R. Fees/taxes/bank fees								
S. Professional Fees								
T. Indirect Costs	49,239	190,543	45,999	17,098	79,454	7,739	49,571	439,643
25. Sub-Total Other	86,179	504,811	115,179	42,300	476,894	18,779	323,271	1,567,413
26. Sub-Total Expenditures	\$541,631	\$2,095,988	\$505,986	\$188,080	\$874,292	\$150,000	\$663,333	\$5,019,310

All Financial Information Rounded to Nearest Dollar

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/22/2007

PRODUCER (561)392-8888 FAX (561)750-9134
Burke, Bogart & Brownell, Inc.
181 Crawford Blvd.
Boca Raton, FL 33432

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED Comprehensive AIDS Program Inc.
P. O Box 18887
West Palm Beach, FL 33416

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Illinois National Ins Co	
INSURER B: Ameritrust Insurance Corp	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	06LX03074742000	11/01/2006	11/01/2007	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 200,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 10,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 3,000,000
					PRODUCTS - COMPI/OP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY	06CA32237672000	11/01/2006	11/01/2007	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS				
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
A	EXCESS/UMBRELLA LIABILITY	06UD00347342000	11/01/2006	11/01/2007	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$ 1,000,000
	<input type="checkbox"/> DEDUCTIBLE				\$
	<input type="checkbox"/> RETENTION \$				\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WCO280684	04/01/2007	04/01/2008	WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$ 500,000
					E.L. DISEASE - POLICY LIMIT \$ 500,000
A	OTHER Professional Liability	06LX03074742000	11/01/2006	11/01/2007	Each Occurrence: \$1,000,000 General Aggregate: \$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

*10 days notice of cancellation for nonpayment of premium.
Certificate holder is added as Additonal Insured to General Liability only.
Policy #06LX03074741000/ Illinois National Insurance: Employee Dishonesty applies with \$100,000 Limit and \$1,000 Deductible. Professional Liability includes \$3,000,000 Aggregate, \$1,000,000 Each Occurrence. Same policy # for all coverages.

CERTIFICATE HOLDER

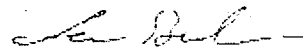
Palm Beach County Board of County Commissioners
Attn: Pat Davis
810 Datura Street
Suite 200
West Palm Beach, FL 33401

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Edward Burke/LNC



**AMENDMENT TO RYAN WHITE PART A
HIV HEALTH SUPPORT SERVICES
(Supplemental)**

THIS AMENDMENT TO THE RYAN WHITE PART A HIV HEALTH SUPPORT SERVICES CONTRACT (Document No. R2007-1406, dated August 21, 2007) made and entered into at West Palm Beach Florida, on this ____ day of ____, 2007 by and between PALM BEACH COUNTY, a political subdivision of the State of Florida hereinafter referred to as "COUNTY" and Compass hereinafter referred to as the AGENCY, a not-for-profit corporation, entitled to do business in the State of Florida, whose address is 7600 South Dixie Highway, West Palm Beach, FL 33405.

WITNESSETH:

WHEREAS, the need exists to amend the contract to increase funding for Medical Case Management.

NOW THEREFORE, the above named parties hereby mutually agree that the Contract entered into on August 21, 2007 is hereby amended as follows:

I. A new Work Plan "A1" attached hereto showing the new total units of service shall replace the original work plan Exhibit "A" in its entirety for Medical Case Management. Units of service will increase from 5,764 units to 9,599 units.

II. A new Budget Exhibit "B1" attached hereto showing the new total budget for funding for Medical Case Management shall replace the original Exhibit "B" in its entirety.

III. Increase funding for Medical Case Management by \$55,617 for a new total of \$139,190.

IV. Total contract not to exceed amount will be \$332,216.

OTHER PROVISIONS

All provisions in the Contract or exhibits to the Contract in conflict with this First Amendment to the Contract shall be and are hereby changed to conform to this amendment.

All provisions not in conflict with this Amendment are still in effect and are to be performed at the same level as specified in the Contract.

IN WITNESS WHEREOF, the parties hereto have caused this two (2) page Amendment to be executed by their officials thereupon duly authorized.

ATTEST:
Sharon R. Bock
Clerk and Comptroller

PALM BEACH COUNTY, FLORIDA,
BY ITS BOARD OF COUNTY
COMMISSIONERS

By: _____
Deputy Clerk

By: _____
Addie L. Greene, Chairperson

Date

WITNESS:
Gayle A. Corso
Signature

By: [Signature]
Signature
Executive Director

Gayle A. Corso
Witness Name

9/12/07
Date

**APPROVED AS TO FORM AND
LEGAL SUFFICIENCY**

County Attorney

**APPROVED AS TO TERMS
AND CONDITIONS**
[Signature]
Edward L. Rich, Director

A1

APPLICANT: COMPASS, Inc.	AREA TO BE SERVED: CASE MANAGMENT
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OBJECTIVE(S)	ACTIVITIES	START DATE	END DATE	NON-DUPLICATING STATEMENT
<p>1. Objective: Identify units of tangible services and # of unduplicated clients to be served. Define a Unit of service.</p> <p>2. Impact Statement: When the objective is accomplished, what impact will it have?</p>	<p>Describe the sequential steps to be taken to accomplish the objective.</p>			<p>Indicate any other program in your agency or other agencies in the community which provides similar services. Explain how you will avoid duplication of services, or why additional units of services are needed.</p>
<p>1. Serve 100 unduplicated clients by February 29, 2008.</p> <p>2. Provide 9599.3 units of service by February 29, 2007. One unit =15 minutes at a cost of \$14.50 (1/4 hour), one hour = \$58</p> <p>3. Implement all training as specified in the DOH HIV/AIDS Case Management Manual.</p> <p>4. Adhere to case management standards as adopted by the PBC CARE Council.</p> <p>The impact of providing medical case management services allows clients to be able to access needed resources and information they need to access health care resources and understand the importance of medical adherence to maintain and/or improve their health and minimize opportunities to transmit HIV.</p> <p>There will be no "start-up" time for the administration of this grant.</p>	<p>1. Provide initial intakes and triage clients for services. Responsible person: Program Coordinator and Case Managers</p> <p>2. Provide intakes for new clients, develop 90 day service plan, link clients to care, evaluate need for ongoing case management in 90 day increments provide education needed to maintain medical adherence. Responsible persons: Case Managers</p> <p>3. Review all records on a semi- annual basis for quality assurance, using a quality assurance tool. Responsible person: Program Coordinator</p> <p>4. Market program through brochures, ads, flyers. Responsible person(s): Executive Director</p>	<p><u>ALL</u></p> <p>9/1/07</p>	<p><u>ALL</u></p> <p>2/29/08</p>	<p>The Comprehensive AIDS Program,</p> <p>Currently, all agencies refer clients to each other for resources. URN numbers and case management specific software linking all Ryan White providers will further ensure no duplication of services.</p>

BUDGET NARRATIVE SUMMARY

Proposed Service: CASE MANAGEMENT

Agency Name: COMPASS, INC.

Budget Period: March 1, 2007 through February 29, 2008

Category	Administration	Program	Total Amount	Cost Per Unit
A. Personnel	\$4,950.00	\$87,260.00	\$92,210.00	\$9.61
B. Fringe Benefits	\$1,766.00	\$32,098.58	\$33,864.58	\$3.53
C. Travel	\$0.00	\$745.00	\$745.00	\$0.08
D. Equipment	\$0.00	\$0.00	\$0.00	\$0.00
E. Supplies	\$0.00	\$864.00	\$864.00	\$0.09
F. Contractual	\$4,737.00	\$0.00	\$4,737.00	\$0.49
G. Other	\$2,466.00	\$4,303.80	\$6,769.80	\$0.71
Total	\$13,919.00	\$ 125,271	\$ 139,190	\$14.50

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Line-itm

Attachment 1A

SALARIES PER SERVICE

Exhibit "B" (Section _____)

Service: CASE MANAGEMENT
 Agency: COMPASS, INC.
 Budget Period: March 1, 2007 through February 29, 2008

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
PERSONNEL	Admin/ Prog	Annual Salary	Pay Per Period	No. of Days	Hrs Per Day	Hourly Rate	Total Salary (5 x 6 x 7)	Percentage Charged	Admin	Program	Total
Positions/Salaries											
PROGRAM MANAGER	PROG	\$46,000.00	\$1,916.67	260	8	\$22.12	\$46,000.00	16%	\$0.00	\$7,360.00	\$7,360.00
CASE MANAGER	PROG	\$34,000.00	\$1,416.67	260	8	\$16.35	\$34,000.00	100%	\$0.00	\$34,000.00	\$34,000.00
CASE MANAGER	PROG	\$34,000.00	\$1,416.67	260	8	\$16.35	\$34,000.00	35%	\$0.00	\$11,900.00	\$11,900.00
CASE MANAGER	PROG	\$34,000.00	\$0.00	260	8	\$16.35	\$34,000.00	100%	\$0.00	\$34,000.00	\$34,000.00
CASE MANAGER TECH	PROG	\$0.00	\$0.00	260	6	\$0.00	\$0.00	0%	\$0.00	\$0.00	\$0.00
ADMIN. ASSISTANT	ADM	\$33,000.00	\$1,375.00	260	8	\$15.87	\$33,000.00	15%	\$4,950.00	\$0.00	\$4,950.00
Sub-Total Salaries									\$4,950.00	\$87,260.00	\$92,210.00

C1-RW8

If not requesting 100% funding for the position attach a sheet detailing each position showing total salary, funding sources and percentage per source

Use additional sheets if necessary.

Attachment 1A

BUDGET NARRATIVE

Exhibit "B" /
Page 2 of 6

Service: CASE MANAGEMENT

Agency: COMPASS, INC.

Budget Period: March 1, 2007 through February 29, 2008

REVENUES	Administration Amount	Program Amount	Total Service Cost
1. Funds from Government Sources (Specify Source of Funds)	\$13,919.00	\$ 125,271	\$ 139,190
2. Foundations			
3. Other Grants			
4. Fund Raising			
5. Contributions/Legacies/Bequests			
6. Membership Dues			
7. Program Service Fees and Sales to the Public			
8. Investment Income			
9. In Kind			
10. Miscellaneous Revenue			
11. Total Revenue	\$13,919.00	\$ 125,271	\$ 139,190

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BUDGET NARRATIVE

Exhibit "B"
Section _____
Page 3 of 6

Service: CASE MANAGEMENT
Agency: COMPASS, INC.

Budget Period: March 1, 2007 through February 29, 2008

EXPENDITURES						Administration Amount	Program Amount	Total Service Cost
12. Salaries (Must agree with Form C-1)						4,950.00	87,260.00	92,210.00
13. Employee Benefits	Cost		Percentage		Total			
a. FICA	ADM:	\$4,950.00	7.65%		\$378.68			
	PROG:	\$87,260.00	7.65%		\$6,675.39	\$378.68	\$6,675.39	\$7,054.07
b. FI Unemployment	ADM:	\$700.00	0.42%		\$2.94			
	PROG:	\$9,100.00	0.42%		\$38.22	\$1.00	\$38.00	\$39.00
c. Workers' Comp.	ADM:	\$4,950.00	1.65%		\$81.32			
	PROG:	\$87,260.00	1.65%		\$1,439.79	\$81.32	\$1,439.79	\$1,521.11
d. Health Plan	Health +	Dental/Life	LTD+	Percent=	Total			
PM	12	\$700.00	\$70.00	\$25.00	16%	\$1,526.40		
CM	12	\$700.00	\$70.00	\$25.00	100%	\$9,540.00		
CM	12	\$700.00	\$70.00	\$25.00	100%	\$9,540.00		
CM	12	\$700.00	\$70.00	\$25.00	35%	\$3,339.00		
AA	12	\$650.00	\$50.00	\$25.00	15%	\$1,305.00	\$1,305.00	\$23,945.40
				PROG:	\$23,945.40			
				ADM:	\$1,305.00			
e. Retirement								
14. Sub-Total Employee Benefits						\$1,766	\$32,099	\$33,865
15. Sub-Total Salaries & Benefits						\$6,716.00	\$119,358.00	\$126,074.00
16. Travel								
a. Travel/Transportation						\$0.00	\$300.00	\$300.00
b. Conferences/Registration/Travel								
USCA and LGBT Health Conferences: Registration, travel, per diem \$2000.00*.2						\$0.00	\$445.00	\$445.00
17. Sub-Total Travel						\$0.00	\$745.00	\$745.00

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Attachment 1A

BUDGET NARRATIVE

Exhibit "B" |
Section _____
Page 4 of 6

Service: CASE MANAGEMENT

Agency: COMPASS, INC.

Budget Period: March 1, 2007 through February 29, 2008

EXPENDITURES					Administration Amount	Program Amount	Total Service Cost
18. Equipment (Attach a page showing detail description)					\$0.00	\$0.00	\$0.00
19. Supplies	Amount	Months	Percentage	Total			
a. Office Supplies	1200	12	6%	864			
Pens, Paper, Copy Paper, Folders, Cleaning Supplies, Files Cabinets, Locks, Etc.					\$0.00	\$864.00	\$864.00
b. Program Supplies							
Videos, Poster Board, Printed Educational Materials					\$0.00	\$0.00	\$0.00
20. Sub-Total Supplies					\$0.00	\$864.00	\$864.00
21. Contractual (Attach sheet showing details if more space needed)					\$4,737.00	\$0.00	\$4,737.00
Administrative consulting service				\$2,500.00			
Paychex				\$437.00			
Bookkeeping service				\$1,800.00			
22. Other							
A. Communications/Utilities	Monthly	Months	Percentage	Total			
1. Telephone	Evolution	\$650.00	12	6%	\$468.00		
CASE MANAGERS MAKE MAJORITY OF LONG DISTANCE CALLS					\$0.00	\$468.00	\$468.00
2. Postage & Shipping	Monthly	Months	Percentage	Total			
	\$580.00	12	6%	\$417.60	\$0.00	\$ 418	\$417.60
3. Utilities (Power/Water/Gas)	Monthly	Months	Percentage	Total			
Electric	\$850.00	12	6%	\$612.00			
Water	\$285.00	12	6%	\$205.20	\$0.00	\$ 817	\$817.20
Sub-Total Communications/Utilities					\$0.00	\$ 1,703	\$1,702.80

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Attachment 1A

BUDGET NARRATIVE

Exhibit "B" |
Section ____
Page 5 of 6

Service: CASE MANAGEMENT

Agency: COMPASS, INC.

Budget Period: March 1, 2007 through February 29, 2008

EXPENDITURES					Administration Amount	Program Amount	Total Service Cost
B. Food Service					\$0.00	\$0.00	\$0.00
C. Rental							
1. Building					\$0.00	\$0.00	\$0.00
2. Equipment							
	Monthly	Months	Percentage	Total			
Copier	\$650.00	12	6%	\$468.00			
Postage	\$275.00	4	6%	\$66.00	\$501.00	\$501.00	\$1,002.00
Sub-Total Rental					\$501.00	\$501.00	\$1,002.00
D. Repair & Maintenance							
	Monthly	Months	Percentage	Total			
Air Cond./Building/Land	\$500.00	12	6%	\$360.00			
IT Infrastructure maintenance	\$200.00	12	6%	\$120.00			
1. Building Maintenance					\$480.00	\$0.00	\$480.00
2. Equipment Maintenance					\$0.00	\$0.00	\$0.00
Sub-Total Repair & Maintenance					\$480.00	\$0.00	\$480.00
E. Specific Assistance to Individuals					\$0.00	\$0.00	\$0.00
F. Dues & Membership					\$0.00	\$0.00	\$0.00

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Attachment 1A

BUDGET NARRATIVE

Exhibit "B" |
Section _____
Page 6 of 6

Service: CASE MANAGEMENT

Agency: COMPASS, INC.

Budget Period: March 1, 2007 through February 29, 2008

EXPENDITURES	Administration Amount	Program Amount	Total Service Cost
G. Subscriptions	\$300.00	\$0.00	\$300.00
H. Training & Development	\$0.00	\$0.00	\$0.00
I. Printing Letterhead, Brochures, Business Cards, Envelopes	\$435.00	\$700.00	\$1,135.00
J. Copy Cost			
K. Advertising Employment Ads, Program Ads, Etc.	\$0.00	\$200.00	\$200.00
L. Audit Fees	\$750.00	\$0.00	\$750.00
M. Office Furniture and Equipment (Attach a sheet showing details)			
N. Miscellaneous (Attach a sheet showing details)			
Professional, Bonding, Liability, Property Insurance	\$20,000.00	\$1,200.00	\$21,200.00
23. Sub-Total Other	\$2,466.00	\$4,303.80	\$6,769.80
24. Total Expenditures	\$13,919.00	\$125,271	\$139,190
25. Total Cost per Unit of Service (must match unit of service cost used in workplan)	\$1.45	\$13.05	\$14.50
9599.3 total units			
All Financial Information Rounded to Nearest Dollar			
SCHC-RW8			

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10%

90%

Attachment 2

TOTAL BUDGET BY SERVICE AND CATEGORIES
Ryan White CARE Act Title I Funding

EXHIBIT "B" |

Agency Name: COMPASS, INC.

Budget Period: March 1, 2007 through February 29, 2008

Category	Service Category					Total
	CASE MANAGEMENT	TRANSPORT	MENTAL HEALTH	FOOD BANK	DIRECT ASSIST.	
A. Personnel	\$92,210.00	\$0.00	\$0.00	\$0.00	\$0.00	\$92,210.00
B. Fringe Benefits	\$33,864.58	\$0.00	\$0.00	\$0.00	\$0.00	\$33,864.58
C. Travel	\$745.00	\$0.00	\$0.00	\$0.00	\$0.00	\$745.00
D. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
E. Supplies	\$864.00	\$0.00	\$0.00	\$0.00	\$0.00	\$864.00
F. Contractual	\$4,737.00	\$0.00	\$0.00	\$414.00	\$583.00	\$5,734.00
G. Other	\$6,769.80	\$0.00	\$0.00	\$3,729.00	\$5,250.00	\$15,748.80
Total	\$ 139,190	\$0.00	\$0.00	\$4,143.00	\$5,833.00	\$149,166.38

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TOTAL AGENCY BUDGET
 COMPASS, Inc.
 Proposed Budget for Fiscal Year March 1, 2007 to February 29, 2008

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	Ryan White CM, FB, DEA Supplimental	Ryan White CM, TR, MH	Case Manage DOH	Case Manage HCD	EVOLVE DOH	United Way Youth	HOPE CSC	Administration Development	Total
1. Funds from Title 1 Govt. Sources	\$139,190.00	\$276,599.00	\$149,110.00	\$47,250.00	\$150,000.00		\$103,673.00		\$865,822.00
2. Foundations									\$0.00
3. Other Grants						\$55,000.00			\$55,000.00
4. Fund Raising								\$244,000.00	\$244,000.00
5. Contributions/ Legacies/Bequests								\$150,000.00	\$150,000.00
6. Membership Dues								\$24,750.00	\$24,750.00
7. Program Svc Fees/ Sales to Public									\$0.00
8. Investment Income									\$0.00
9. In-Kind									\$0.00
10. Miscellaneous								\$28,500.00	\$28,500.00
11. Total Revenues	\$139,190.00	\$276,599.00	\$149,110.00	\$47,250.00	\$150,000.00	\$55,000.00	\$103,673.00	\$447,250.00	\$1,368,072.00

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TOTAL AGENCY BUDGET
 COMPASS, Inc.
 Proposed Budget for Fiscal Year March 1, 2007 to February 29, 2008

B1

EXPENDITURES	Ryan White CM, TR, MH	Ryan White CM, TR, MH	Case Manage DOH	Case Manage HCB	EVOLVE DOH	United Way Youth	HOPE CSC	Administration Development	Total
12. Salaries	\$92,210.00	\$127,850.00	\$99,750.00	\$33,790.00	\$92,490.00	\$39,170.00	\$55,890.00	\$115,000.00	\$489,130.00
<i>Detail for employees billed to Ryan White</i>									
Program Coordinator	\$7,360.00	\$34,500.00		\$6,900.00					\$48,760.00
Case Manager	\$34,000.00								\$34,000.00
Case Manager	\$11,900.00	\$23,800.00	\$10,200.00						\$45,900.00
Case Manager	\$34,000.00	\$34,000.00							\$68,000.00
LCSW		\$12,500.00							\$12,500.00
Administrative Assistant	\$4,950.00	\$9,900.00	\$3,500.00	\$1,750.00	\$7,000.00		\$7,000.00	\$3,870.00	\$37,970.00
Case Manager Tech		\$13,150.00							\$13,150.00
13. Employee Benefits:									
a. FICA	\$7,054.07	\$15,761.00	\$7,631.00	\$2,585.00	\$7,075.00	\$2,997.00	\$4,276.00	\$8,798.00	\$37,419.07
b. FL Unemployment	\$39.00	\$255.00	\$150.00	\$16.00	\$100.00	\$35.00	\$51.00	\$277.00	\$633.00
c. Workers' Comp.	\$1,521.11	\$3,399.00	\$531.00	\$537.00	\$1,471.00	\$623.00	\$889.00	\$1,800.00	\$6,749.11
d. Health Plan	\$25,250.40	\$33,829.00	\$17,000.00	\$3,720.00	\$13,307.00	\$6,100.00	\$8,700.00	\$14,500.00	\$82,477.40
e. Retirement	#REF!	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00
14. Sub-Total Employee Benefits	\$ 33,865	\$53,244.00	\$25,312.00	\$6,858.00	\$21,953.00	\$9,755.00	\$13,916.00	\$25,375.00	\$127,278.58
15. Sub-Total Salaries/Benefits	\$ 126,075	\$181,094.00	\$125,062.00	\$40,648.00	\$114,443.00	\$48,925.00	\$69,806.00	\$140,375.00	\$616,408.58
16. Travel									
a. Travel/Transportation	\$300.00	\$1,500.00	\$1,500.00	\$0.00	\$1,650.00	\$257.00	\$326.00	\$2,000.00	\$5,776.00
b. Conferences/Registration/Travel	\$445.00	\$1,000.00	\$845.00	\$0.00	\$1,452.00	\$500.00	\$5,668.00	\$7,546.00	\$15,956.00
17. Sub-Total Travel	\$745.00	\$2,500.00	\$2,345.00	\$0.00	\$3,102.00	\$757.00	\$5,994.00	\$9,546.00	\$21,732.00

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EXPENDITURES	Ryan White CM, TR, MH	Ryan White CM, TR, MH	Case Manage DOH	Case Manage HCD	EVOLVE DOH	United Way Youth	HOPE CSC	Administration Development	Total
18. <u>Equipment</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$11,000.00	\$11,000.00
19. <u>Supplies</u>									
a. <u>Office Supplies</u>	\$864.00	\$3,000.00	\$500.00	\$500.00	\$2,000.00	\$500.00	\$2,000.00	\$0.00	\$5,864.00
b. <u>Program Supplies</u>	\$0.00	\$0.00	\$848.00	\$48.00	\$2,000.00	\$345.00	\$1,200.00	\$68,600.00	\$72,696.00
c. <u>Computer Software</u>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
20. <u>Sub-Total Supplies</u>	\$864.00	\$3,000.00	\$1,348.00	\$548.00	\$4,000.00	\$845.00	\$3,200.00	\$68,600.00	\$78,560.00
21. <u>Contractual</u>	\$4,737.00	\$62,883.00	\$150.00	\$150.00	\$552.00	\$1,135.00	\$2,078.00	\$0.00	\$7,667.00
22. <u>Other</u>									
A. <u>Communications/Utilities</u>									
1. <u>Telephone</u>	\$468.00	\$2,355.00	\$480.00	\$480.00	\$1,680.00	\$453.00	\$1,680.00	\$1,260.00	\$6,048.00
2. <u>Postage & Shipping</u>	\$417.60	\$1,740.00	\$1,000.00	\$360.00	\$1,310.00	\$330.00	\$1,320.00	\$10,000.00	\$14,407.60
3. <u>Utilities (Power/Water/Gas)</u>	\$817.20	\$3,405.00	\$540.00	\$540.00	\$2,400.00	\$540.00	\$2,160.00	\$60.00	\$6,517.20
<u>Sub-Total Communications/Utilities</u>	\$1,702.80	\$7,500.00	\$2,020.00	\$1,380.00	\$5,390.00	\$1,323.00	\$5,160.00	\$11,320.00	\$26,972.80

H

TOTAL AGENCY BUDGET
 COMPASS, Inc.
 Proposed Budget for Fiscal Year March 1, 2007 to February 29, 2008

B1

EXPENDITURES	Ryan White CM, TR, MH	Ryan White CM, TR, MH	Case Manage DOH	Case Manage HCD	EVOLVE DOH	United Way Youth	HOPE CSC	Administration Development	Total
B. Food Service	#REF!	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$930.00	\$32,100.00	\$33,030.00
C. Rental									
1. Building	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$18,900.00	\$18,900.00
2. Equipment	\$1,002.00	\$1,775.00	\$285.00	\$285.00	\$1,140.00	\$265.00	\$1,140.00	\$17,900.00	\$21,752.00
Sub-Total Rental	\$1,002.00	\$1,775.00	\$285.00	\$285.00	\$1,140.00	\$265.00	\$1,140.00	\$36,800.00	\$40,652.00
D. Repair & Maintenance									
1. Building Maintenance	\$480.00	\$2,400.00	\$600.00	\$639.00	\$2,563.00	\$450.00	\$1,768.00	\$64,000.00	\$70,050.00
2. Equipment Maintenance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Sub-Total Repair & Maintenance	\$480.00	\$2,400.00	\$600.00	\$639.00	\$2,563.00	\$450.00	\$1,768.00	\$64,000.00	\$70,050.00
E. Specific Assistance to Individuals	\$0.00	\$6,224.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
F. Dues & Membership	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$100.00	\$1,500.00	\$1,600.00
G. Subscriptions	\$300.00	\$0.00	\$0.00	\$100.00	\$316.00	\$0.00	\$0.00	\$200.00	\$616.00

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EXPENDITURES	Ryan White CM, TR, MH	Ryan White CM, TR, MH	Case Manage DOH	Case Manage HCD	EVOLVE DOH	United Way Youth	HOPE CSC	Administration Development	Total
H. Training & Development	\$0.00	\$0.00	\$0.00	\$0.00	\$150.00	\$0.00	\$400.00	\$1,000.00	\$1,550.00
I. Printing	\$1,135.00	\$1,723.00	\$1,000.00	\$150.00	\$1,400.00	\$0.00	\$1,200.00	\$43,500.00	\$48,385.00
J. Copy Cost	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
K. Advertising	\$200.00	\$1,000.00	\$0.00	\$150.00	\$500.00	\$0.00	\$700.00	\$7,500.00	\$9,050.00
L. Audit Fees	\$750.00	\$2,500.00	\$450.00	\$500.00	\$1,800.00	\$500.00	\$1,800.00	\$2,950.00	\$8,250.00
M. Office Furniture and Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,000.00	\$5,000.00
N. Insurance	\$1,200.00	\$4,000.00	\$850.00	\$800.00	\$3,200.00	\$800.00	\$3,200.00	\$4,000.00	\$13,250.00
Misc.	\$0.00	\$0.00	\$15,000.00	\$1,900.00	\$11,444.00	\$0.00	\$6,197.00	\$7,859.00	\$42,400.00
25. Sub-Total Other	\$139,190.38	\$15,447.00	\$20,205.00	\$5,904.00	\$27,903.00	\$3,338.00	\$22,595.00	\$217,729.00	\$452,311.38
28. Total Expenditures	\$139,190.00	\$276,599.00	\$149,110.00	\$47,250.00	\$150,000.00	\$55,000.00	\$103,673.00	\$447,250.00	\$1,368,072.00

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ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID CR
COMPA-1

DATE (MM/DD/YYYY)
07/05/07

PRODUCER Casswood Insurance Agency, Ltd. Five Halfmoon Executive Park Clifton Park NY 12065-5694 Phone: 518-373-8700 Fax: 518-373-8799	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURED Compass Inc 7600 So Dixie Highway West Palm Beach FL 33405	INSURERS AFFORDING COVERAGE INSURER A: Philadelphia Insurance Co INSURER B: INSURER C: INSURER D: INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	X	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Liab \$2,000,000 GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	PHPK235997	07/01/07	07/01/08	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	PHPK235997	07/01/07	07/01/08	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$ WC STATUTORY LIMITS \$ OTHER \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				
A		OTHER Property Section	PHPK235997	07/01/07	07/01/08	Real Prop 492,045 Spec Form 500 ded

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Additional Insureds: Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its officers, employees and agents c/o Department of Community Services

CERTIFICATE HOLDER

PALM BEA

Palm Beach County Board of
 Co Commissioners c/o
 Community Services Dept
 810 Datura St., St. 200
 West Palm Beach FL 33401

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Jeffrey W. Wedelka, C.R., Chairman

ACORD CERTIFICATE OF LIABILITY INSURANCE

RDL DATE
00BB 05-02-200

PRODUCER
PAYCHEX AGENCY, INC
210703 P: (877)287-1312 F: (877)538-4364
308 FARMINGTON AVE
FARMINGTON CT 06032

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURED
COMPASS, INC.
7600 S. DIXIE HWY
WEST PALM BEACH FL 33405

INSURER A: The Hartford Ins Group
INSURER B:
INSURER C:
INSURER D:
INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CLASSIFICATION	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
					EACH OCCURRENCE	AGGREGATE
	GENERAL LIABILITY				EACH OCCURRENCE	
	COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Per Occurrence)	
	CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>				MED EXP (Per Occurrence)	
					PERSONAL & ADV INJURY	
	CEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	
	<input type="checkbox"/> POLICY <input type="checkbox"/> PER <input type="checkbox"/> LOC				PRODUCTS - COMP/OP ADD	
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Per occurrence)	
	ANY AUTO				BODILY INJURY (Per person)	
	ALL OWNED AUTOS				BODILY INJURY (Per accident)	
	SCHEDULED AUTOS				PROPERTY DAMAGE (Per occurrence)	
	HIRED AUTOS				AUTO ONLY - EA ACCIDENT	
	NON-OWNED AUTOS				OPERATING AUTO HLT: ACC	
					AUTO HLT: ACC	
	CARAGE LIABILITY				EACH OCCURRENCE	
	ANY AUTO				AGGREGATE	
	EXCESS LIABILITY					
	OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/>					
	DEDUCTIBLE					
	RETENTION					
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	76 WEG R25461	04/15/07	04/15/08	<input checked="" type="checkbox"/> WC STATUTE <input type="checkbox"/> POLICY LIMITS	EA, EACH ACCIDENT: \$100,000 EA, DISEASE - EA EMPLOYEE: \$100,000 EA, DISEASE - POLICY LIMIT: \$500,000
	OTHER					

DESCRIPTION OF OPERATIONS, LOCATIONS, VEHICLES, EXCLUSIONS ADDED BY ENDORSEMENTS/SPECIAL PROVISIONS

Those Usual to Insureds Operations.

CERTIFICATE HOLDER - ADDITIONAL BUSINESS ADDRESS LETTER

Palm Beach County
Board of County Commissioners
c/o Community Services Dept.
810 Datura St. Ste 200
West Palm Beach, FL 33401

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO GIVE 30 DAYS WRITTEN NOTICE (10 DAYS FOR NON-PAYMENT) TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

-18-

**AMENDMENT TO RYAN WHITE PART A
HIV HEALTH SUPPORT SERVICES
(Supplemental)**

THIS AMENDMENT TO THE RYAN WHITE PART A HIV HEALTH SUPPORT SERVICES CONTRACT (Document No.R2007 – 1407, dated August 21, 2007) made and entered into at West Palm Beach Florida, on this ____ day of ____, 2007 by and between PALM BEACH COUNTY, a political subdivision of the State of Florida hereinafter referred to as "COUNTY" and Comprehensive AIDS Program, Inc. hereinafter referred to as the AGENCY, a not-for-profit corporation, entitled to do business in the State of Florida, whose address is 2330 South Congress Avenue, Palm Springs, FL 33406.

WITNESSETH:

WHEREAS, the need exists to amend the contract to increase funding for Medical Case Management.

NOW THEREFORE, the above named parties hereby mutually agree that the Contract entered into on August 21, 2007 is hereby amended as follows:

I. A new Work Plan "A1" attached hereto showing the new total units of service shall replace the original work plan Exhibit "A" in its entirety for Medical Case Management. Units of service will increase from 36,448 units to 46,430 units.

II. A new Budget Exhibit "B1" attached hereto showing the new total budget for funding for Medical Case Management shall replace the original Exhibit "B" in its entirety.

III. Increase funding for Medical Case Management by \$129,772 for a new total of \$603,590.

IV. Total contract not to exceed amount will be \$671,159.

OTHER PROVISIONS

All provisions in the Contract or exhibits to the Contract in conflict with this First Amendment to the Contract shall be and are hereby changed to conform to this amendment.

All provisions not in conflict with this Amendment are still in effect and are to be performed at the same level as specified in the Contract.

IN WITNESS WHEREOF, the parties hereto have caused this two (2) page Amendment to be executed by their officials thereupon duly authorized.

ATTEST:
Sharon R. Bock
Clerk and Comptroller

PALM BEACH COUNTY, FLORIDA,
BY ITS BOARD OF COUNTY
COMMISSIONERS

By: _____
Deputy Clerk

By: _____
Addie L. Greene, Chairperson

Date

WITNESS:
[Handwritten Signature]
Signature

By: *[Handwritten Signature]*
Signature

Executive Director

LARRY LEE
Witness Name

9/13/07
Date

**APPROVED AS TO FORM AND
LEGAL SUFFICIENCY**

County Attorney

**APPROVED AS TO TERMS
AND CONDITIONS**

[Handwritten Signature]

Edward L. Rich, Director

TITLE I
WORKPLAN

APPLICANT: Comprehensive AIDS Program

SERVICE: Medical Case Management-
SUPPLEMENTAL

AREA TO BE SERVED: PALM BEACH COUNTY

OBJECTIVE(S)	ACTIVITIES	START DATE	END DATE	NON-DUPLICATING STATEMENT
<p>1. Objective: Identify units of tangible services and # of unduplicated clients to be served. Define a Unit of Service</p> <p>2. Impact Statement: When the objective is accomplished, what impact will it have?</p>	<p>Describe the sequential steps to be taken to accomplish the objective</p>			<p>Indicate any other program in your agency or other agencies in the community which provides similar services. Explain how you will avoid duplication of services, or why additional units of services are needed.</p>
<p>1. A unit of service is a quarter hour of case management. CAP will provide a total of 46,430 units of case management to an estimated 360 clients.</p> <p>2. 360 HIV+ men, women and children will have better health outcomes and longer life as a result of information; education; and medical & social service support.</p> <p>3. 360 HIV+ men, women, and children will receive a referral and linkages to a medical provider and social services support as determined by a careplan.</p> <p>unit=quarter hour Unit cost = \$13.00 per quarter hour 46,430 units of service includes Statewide and countywide trainings at \$260 per day per staff equals 20 units at \$13 per unit per day (other H) and actual cost of new computer upgrade needs (other M)</p>	<p>1. Upon contractual agreement, CAP will continue to provide case management activities to eligible Ryan White clients, according to the State of Florida HIV Case Management standards.</p> <p>2. Each client will receive an Intake Packet, needs assessment, financial assessment, a careplan & appropriate referrals within one (1) week of request. (If there is a wait list, will receive referrals and place on the list with follow up every 30 days)</p> <p>3. Eighty percent (80%) of clients will comply/follow-up with the referral.</p>	<p>3/1/2007</p>	<p>2/29/2008*</p>	<p>Clients have a choice in which case management program they would like to be enrolled. Traditionally, CAP serves those clients who are asymptomatic, symptomatic, and diagnosed with AIDS.</p> <p>CAP meets with other providers for referral services, and uses the FACTORS system to prevent duplication of services and enhances overall approach.</p>

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* or Date of Depletion of Funds, whichever comes first

BUDGET NARRATIVE SUMMARY

PROPOSED SERVICE: MEDICAL CASE MANAGEMENT-SUPPLEMENTAL

AGENCY NAME: Comprehensive AIDS Program

BUDGET PERIOD: from 3/1/2007 to 2/29/2008*

Category	Administration	Program	Total	Cost per Unit
A. Personnel	-	328,880	328,880	7.08
B. Fringe Benefits	-	103,907	103,907	2.24
C. Travel	-	13,760	13,760	0.30
D. Equipment	-	-	-	
E. Supplies	-	12,600	12,600	0.27
F. Contractual	-	2,000	2,000	0.04
G. Other	54,872	87,570	142,442	3.07
Total	54,872	548,718	603,590	13.00

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BUDGET NARRATIVE

Service: MEDICAL CASE MANAGEMENT-SUPPLEMENTAL

Agency: Comprehensive AIDS Program Budget Period: 3/1/2007 to 2/29/2008*

REVENUES	Administration Amount	Program Amount	Total Service Costs
1. Funds from Government Sources Ryan White Title I	54,872	548,718	603,590
2. Foundations			-
3. Other Grants	-	-	-
4. Fund Raising			-
5. Contributions/Legacies/Bequests			-
6. Membership dues			-
7. Program Service Fees and Sales to the Public			-
8. Investment Income			-
9. In Kind			-
10. Miscellaneous Revenue			-
11. Total Revenue	54,872	548,718	603,590

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BUDGET NARRATIVE

Service: MEDICAL CASE MANAGEMENT-SUPPLEMENTAL

Agency: Comprehensive AIDS Program

Budget Period: 3/1/2007 to 2/29/2008*

Expenditures	Administration Amount	Program Amount	Total Service Costs
12. Salaries (Must agree with Form C-1)		328,880	328,880
13. Employee Benefits			
a. FICA .0765	-	25,159	25,159
b. FI Unemployment \$7,000 x .04 x FTE	-	2,408	2,408
c. Workers' Compensation .02	-	6,578	6,578
d. Health Plan \$575 x 12 per mo per FTE	-	59,896	59,896
e. Retirement .03	-	9,866	9,866
14. Sub-Total Employee Benefits	-	103,907	103,907
15. Sub-Total Salaries & Benefits	-	432,788	432,788
16. Travel			
a. Travel/Transportation	-	8,600	8,600
b. Conference/Registration/Travel	-	5,160	5,160
17. Sub-Total Travel		13,760	13,760

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BUDGET NARRATIVE

Service: MEDICAL CASE MANAGEMENT-SUPPLEMENTAL

Agency: Comprehensive AIDS Program

Budget Period: 3/1/2007 to 2/29/2008*

Expenditures	Administration Amount	Program Amount	Total Service Costs
18. Equipment (Attach a page showing detail description)	-		-
19. Supplies			
a. Office Supplies	-	8,600	8,600
b. Program Supplies (actual purchase)		4,000	4,000
20. Sub-Total Supplies	-	12,600	12,600
21. Contractual (Part-time Case Managers @ \$15per hour)		2,000	2,000
22. Other			
a. Communications/Utilities			
1. Telephone	-	7,740	7,740
2. Postage & Shipping	-	1,290	1,290
3. Utilities (Power/Water/Gas	-	7,740	7,740
Sub-Total Communications/Utilities	-	16,770	16,770

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BUDGET NARRATIVE

Service: MEDICAL CASE MANAGEMENT-SUPPLEMENTAL

Agency: Comprehensive AIDS Program

Budget Period: 3/1/2007 to 2/29/2008*

Expenditures	Administration Amount	Program Amount	Total Service Costs
B. Food Service			
C. Rental			
1. Building	-	38,700	\$38,700
2. Equipment			
Sub-Total Rental		\$38,700	\$38,700
D. Repair & Maintenance			
1. Building Maintenance	-	7,740	\$7,740
2. Equipment Maintenance	-	-	
Sub-Total Repair & Maintenance		\$7,740	\$7,740
E. Specific Assistance to Individuals			
F. Dues & Membership	-	129	\$129

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BUDGET NARRATIVE

Service: MEDICAL CASE MANAGEMENT-SUPPLEMENTAL

Agency: Comprehensive AIDS Program

Budget Period: 3/1/2007 to 2/29/2008*

Expenditures	Administration Amount	Program Amount	Total Service Costs
G. Subscriptions	-	129	129
H. Training & Development Includes Countywide & Statewide training required for all staff. \$260 per day per staff=20units per day	-	4,472	4,472
I. Printing	-	2,580	2,580
J. Copy Cost	-	2,580	2,580
K. Advertising/Recruitment/PR	-	2,150	2,150
L. Audit Fees	-	-	-
M. Office Furniture and Equipment (needed for computer hardware and software upgrades)	-	2,000	2,000
N. Insurance/General Liability/Malpractice	-	10,320	10,320
N. Administrative expense allowed at 10%	54,872	-	54,872
23. Sub-Total Other	54,872	87,570	142,442
24. Total Expenditures	54,872	548,718	603,590
25a Total Cost per Unit of Service - (must match unit of service cost used in Workplan)	1.18	11.82	13.00
Total Units less statewide trainings and computer upgrades to be reimbursed			46,430

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TOTAL AGENCY BUDGET

Comprehensive AIDS Program of Palm Beach County, Inc.

Agency Budget for Fiscal Year

3/1/2007

to

2/29/2008

REVENUES	Ryan White Part A MAI	Ryan White Part A	Ryan White Part B	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
1. Funds from Gov.. Sources	541,631	2,095,988	505,986	188,080	874,292	150,000	463,333	4,819,310
2. Foundations								
3. Other Grants								
4. Fund Raising							150,000	150,000
5. Contributions/ Legacies/Bequests							50,000	50,000
6. Membership Dues								
7. Program Svc Fees/ Sales to Public								
8. Investment Income								
9. In-Kind								
10. Miscellaneous								
11. Total Revenues	541,631	2,095,988	505,986	188,080	874,292	150,000	663,333	5,019,310

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All Financial Information Rounded to Nearest Dollar

TOTAL AGENCY BUDGET

Comprehensive AIDS Program of Palm Beach County, Inc.

Agency Budget for Fiscal Year 3/1/2007 to 2/29/2008

EXPENDITURES	Ryan White Part A MAI	Ryan White Part A	Ryan White II	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
12. Salaries	371,412	1,101,777	266,792	79,885	229,062	98,575	225,000	2,372,503
Chief Program Director	31,188	62,377	8,253					
3 Regional Program Managers	68,841	143,793	26,000					
4 Program Supervisors	48,421	156,437	18,500					
4 Program Support Specialists	36,287	106,578	10,500					
40 Case Managers/Techs	186,675	597,768	203,539					
HIV Prevention Manager		2,337						
Treatment Adherence Coordinator		32,487						
	371,412	1,101,777	266,792	79,885	229,062	98,575	225,000	2,372,503

all the above figures are calculated on the best estimated allocation as all grants have not been received and updated as of the date of preparation

TOTAL AGENCY BUDGET

Comprehensive AIDS Program of Palm Beach County, Inc.Agency Budget for Fiscal Year 3/1/2007 to 2/29/2008

EXPENDITURES	Ryan White Part A MAI	Ryan White Part A	Ryan White II	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
12. Salaries	371,412	1,101,777	266,792	79,885	229,062	98,575	225,000	2,372,503
13. Employee Benefits								
a. FICA	28,413	84,285	20,410	6,111	17,523	7,541	17,000	181,283
b. FI Unemployment	899	5,814	3,344	630	4,604	1,981	3,000	20,273
c. Workers' Comp	7,428	22,036	5,336	3,195	10,583	4,554	6,000	59,132
d. Health Plan	23,812	143,724	77,887	14,794	40,794	12,612	40,000	353,623
e. Retirement	11,142	33,053	8,004	2,397	6,872	2,957	9,000	73,425
14. Sub-Total Employee Benefits	71,694	288,912	114,981	27,127	80,376	29,646	75,000	687,736
15. Sub-Total Salaries/Benefits	443,106	1,390,689	381,773	107,012	309,438	128,221	300,000	3,060,239
16. Travel								
a. Travel/transportation	3,210	22,772	9,034	4,806	11,400	2,000	12,340	65,562
b. Conferences/ Registration/Travel	1,926	13,363		3,375	9,781		6,400	34,845
17. Sub-Total Travel	5,136	36,135	9,034	8,181	21,181	2,000	18,740	100,407

All Financial Information Rounded to Nearest Dollar

TOTAL AGENCY BUDGET

Comprehensive AIDS Program of Palm Beach County, Inc.

Agency Budget for Fiscal Year

3/1/2007

to

2/29/2008

EXPENDITURES	Ryan White Part A MAI	Ryan White Part A	Ryan White II	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
18. Equipment								
19. Supplies								
a. Office Supplies	3,210	20,972		945			10,000	35,127
b. Program Supplies	3,000	11,000		29,642	66,779	1,000	10,322	121,743
c. Computer Software								
20. Sub-Total Supplies	6,210	31,972		30,587	66,779	1,000	20,322	156,870
21. Contractual	1,000	132,381					1,000	134,381
22. Other								
a. Communications/Utilities								
1. Telephone	2,889	17,795					3,000	23,684
2. Postage & Shipping	482	2,966					1,000	4,448
3. Utilities (Power/Water/Gas)	2,889	17,795					6,000	26,684
Sub-Total Communications/Utilities	6,260	38,556					10,000	54,816

All Financial Information Rounded to Nearest Dollar

TOTAL AGENCY BUDGET

Comprehensive AIDS Program of Palm Beach County, Inc.

Agency Budget for Fiscal Year

3/1/2007

to

2/29/2008

EXPENDITURES	Ryan White Part A MAI	Ryan White Part A	Ryan White II	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
B. Food Service		1,800						1,800
C. Rental								
1. Building	14,445	93,774	69,180	10,800	7,740	11,040	36,200	243,179
2. Equipment					1,200			1,200
Sub-Total Rental	14,445	93,774	69,180	10,800	8,940	11,040	36,200	244,379
D. Repair & Maintenance								
1. Building Maintenance	2,889	17,795					6,000	26,684
2. Equipment Maintenance								
Sub-Total Repair & Maintenance	2,889	17,795					6,000	26,684
E. Specific Assistance to Individuals		101,286			373,500		125,000	599,786
F. Dues & Membership	48	297					100	445
G. Subscriptions	48	497					100	645

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All Financial Information Rounded to Nearest Dollar

TOTAL AGENCY BUDGET

Comprehensive AIDS Program of Palm Beach County, Inc.

Agency Budget for Fiscal Year 3/1/2007 to 2/29/2008

EXPENDITURES	Ryan White Part A MAI	Ryan White Part A	Ryan White II	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
H. Training & Development	1,669	10,230		2,000			3,500	17,399
I. Printing	963	7,732		7,902			2,000	18,597
J. Copy Cost	963	5,932					2,000	8,895
K. Advertising	803	5,143			15,000		1,800	22,746
L. Audit Fees								
M. Office Furniture & Equipment	5,000	7,500		4,500			4,000	21,000
N. Insurance	3,852	23,726					8,000	35,578
O. Fundraising							75,000	75,000
P. Vehicle Operation								
Q. Promotional/PR								
R. Fees/taxes/bank fees								
S. Professional Fees								
T. Indirect Costs	49,239	190,543	45,999	17,098	79,454	7,739	49,571	439,643
25. Sub-Total Other	86,179	504,811	115,179	42,300	476,894	18,779	323,271	1,567,413
26. Sub-Total Expenditures	\$541,631	\$2,095,988	\$505,986	\$188,080	\$874,292	\$150,000	\$663,333	\$5,019,310

All Financial Information Rounded to Nearest Dollar

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/22/2007

PRODUCER (561)392-8888 FAX (561)750-9134
Burke, Bogart & Brownell, Inc.
181 Crawford Blvd.
Boca Raton, FL 33432

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE NAIC #

INSURED Comprehensive AIDS Program Inc.
P. O Box 18887
West Palm Beach, FL 33416

INSURER A: Illinois National Ins Co
INSURER B: Ameritrust Insurance Corp
INSURER C:
INSURER D:
INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY	06LX03074742000	11/01/2006	11/01/2007	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 200,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 3,000,000
		GEN'L AGGREGATE LIMIT APPLIES PER:				PRODUCTS - COMPIOP AGG	\$ 3,000,000
		<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
A		AUTOMOBILE LIABILITY	06CA32237672000	11/01/2006	11/01/2007	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input checked="" type="checkbox"/> HIRED AUTOS					
<input checked="" type="checkbox"/> NON-OWNED AUTOS							
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC AGG	\$
A		EXCESS/UMBRELLA LIABILITY	06UD00347342000	11/01/2006	11/01/2007	EACH OCCURRENCE	\$ 1,000,000
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 1,000,000
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input type="checkbox"/> RETENTION \$					\$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC0280684	04/01/2007	04/01/2008	WC STATUTORY LIMITS	OTHR
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	\$ 500,000
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	\$ 500,000
						E.L. DISEASE - POLICY LIMIT	\$ 500,000
A		OTHER Professional Liability	06LX03074742000	11/01/2006	11/01/2007	Each Occurrence: \$1,000,000 General Aggregate: \$3,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

*10 days notice of cancellation for nonpayment of premium.

Certificate holder is added as Additional Insured to General Liability only.

Policy #06LX03074741000/ Illinois National Insurance: Employee Dishonesty applies with

\$100,000 Limit and \$1,000 Deductible. Professional Liability includes \$3,000,000 Aggregate, \$1,000,000

Each Occurrence. Same policy # for all coverages.

CERTIFICATE HOLDER

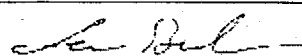
Palm Beach County Board of County Commissioners
Attn: Pat Davis
810 Datura Street
Suite 200
West Palm Beach, FL 33401

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Edward Burke/LNC



ACORD 25 (2001/08)

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