

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS  
AGENDA ITEM SUMMARY**

=====

|                                 |              |                    |
|---------------------------------|--------------|--------------------|
| Meeting Date: December 18, 2007 | [X] Consent  | [ ] Regular        |
|                                 | [ ] Workshop | [ ] Public Hearing |

Department \_\_\_\_\_

Submitted By: Community Services

Submitted For: Ryan White Part A

---

**I. EXECUTIVE BRIEF**

**Motion and Title: Staff recommends motion to approve:** Two (2) amendments to the Ryan White Part A HIV Health Support Services Contracts (Supplemental) for the period March 1, 2007, through February 29, 2008 as follows:

- A. Amendment No. 2 to contract (R2007-1407) with Comprehensive AIDS Program, Inc. to increase funding by \$60,000 for a total not to exceed amount of \$663,590 for Medical Case Management services.
- B. Amendment No. 1 to contract (R2007-1408) with Comprehensive Community Care Network to decrease funding by \$30,000 for a total not to exceed amount of \$16,705 for Food services; and to decrease funding by \$30,000 for a total not to exceed amount of \$39,167 for Direct Emergency services.

**Summary:** Ryan White HIV Health Support service dollars are reviewed throughout the contract year and dollars unlikely to be spent by the end of the contract period are reallocated to best meet the need of the affected clients. These amendments reflect staff recommendations for reallocations of dollars. The net result of the contract increases/decreases is \$0. (Ryan White) Countywide (TKF).

**Background and Justification:** Funds are being moved to ensure that agencies needing funds to serve the community until the end of the grant period can continue to provide needed services.

**Attachments:**

- 1. Amendment No. 2 Comprehensive AIDS Program, Inc.
- 2. Amendment No. 1 Comprehensive Community Care Network

=====

|   |            |
|---|------------|
| Recommended by:  | 12-13-2007 |
| Department Director   | Date       |
| Approved by:     | 12-17-07   |
| Assistant County Administrator  | Date       |

## II. FISCAL IMPACT ANALYSIS

### A. Five Year Summary of Fiscal Impact:

| Fiscal Years            | 2008     | 2009 | 2010 | 2011 | 2012 |
|-------------------------|----------|------|------|------|------|
| Capital Expenditures    | <u>0</u> |      |      |      |      |
| Operating Costs         | <u>0</u> |      |      |      |      |
| External Revenues       | <u>0</u> |      |      |      |      |
| Program Income (County) | <u>0</u> |      |      |      |      |
| In-Kind Match (County)  | <u>0</u> |      |      |      |      |
| NET FISCAL IMPACT       | <u>0</u> |      |      |      |      |
| # ADDITIONAL FTE        |          |      |      |      |      |
| POSITIONS (Cumulative)  |          |      |      |      |      |

Is Item Included in Current Budget? Yes X No       
Budget Account No.: Fund 1010 Dept 142 Unit 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.

### C. Departmental Fiscal Review:

## III. REVIEW COMMENTS

### A. OFMB Fiscal and/or Contract Administration Comments:

[Signature] 12-14-07 [Signature] 12/14/07  
OFMB Contract Dev. and Control  
12/14/07 12/14/07

### B. Legal Sufficiency:

[Signature] 12/17/07 [Signature] 12/14/07  
Assistant County Attorney 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  
(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, Florida 33406.

**WITNESSETH:**

**WHEREAS**, the need exists to amend the contract to increase 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 "A2" attached hereto showing the new total units of service shall replace the original work plan Exhibit "A1" in its entirety for Medical Case Management. Units of service will increase from 46,430 units to 51,045 units.

**II.** A new Budget Exhibit "B2" attached hereto showing the new total budget for funding for Medical Case Management shall replace the original Exhibit "B1" in its entirety.

**III.** Increase funding for Medical Case Management by \$ 60,000 for a new total of \$663,590.

**IV.** Total contract not to exceed amount will be \$731,159.

**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

**WITNESS:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness Name

**APPROVED AS TO FORM AND  
LEGAL SUFFICIENCY**

\_\_\_\_\_  
County Attorney

\_\_\_\_\_  
Date

By: \_\_\_\_\_

\_\_\_\_\_  
Signature

Executive Director

\_\_\_\_\_  
Date

**APPROVED AS TO TERMS  
AND CONDITIONS**

\_\_\_\_\_  
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<br>DATE   | END<br>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 51,045 units of case management to an estimated 395 clients.</p> <p>2. 395 HIV+ men, women and children will have better health outcomes and longer life as a result of information; education; and medical &amp; social service support.</p> <p>3. 395 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<br/>Unit cost = \$13.00 per quarter hour<br/>51,045 units of service<br/>includes Statewide and countywide trainings at \$260 per day per staff<br/>equals 20 units at \$13 per unit per day (other H)<br/>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 &amp; 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> |

\* 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       | -              | 339,538        | 339,538        | 6.65          |
| B. Fringe Benefits | -              | 119,941        | 119,941        | 2.35          |
| C. Travel          | -              | 17,120         | 17,120         | 0.34          |
| D. Equipment       | -              | -              | -              |               |
| E. Supplies        | -              | 16,200         | 16,200         | 0.32          |
| F. Contractual     | -              | 2,000          | 2,000          | 0.04          |
| G. Other           | 60,326         | 108,465        | 168,791        | 3.31          |
| <b>Total</b>       | <b>60,326</b>  | <b>603,264</b> | <b>663,590</b> | <b>13.00</b>  |

4

**BUDGET NARRATIVE**

**Service:** MEDICAL CASE MANAGEMENT-SUPPLEMENTAL

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

| REVENUES  | Administration<br>Amount | Program<br>Amount | Total<br>Service Costs |
|---|--------------------------|-------------------|------------------------|
| 1. Funds from Government Sources Ryan White Title I | 60,326                   | 603,264           | 663,590                |
| 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                                   | 60,326                   | 603,264           | 663,590                |

**BUDGET NARRATIVE**

**Service:** MEDICAL CASE MANAGEMENT-SUPPLEMENTAL

**Agency:** Comprehensive AIDS Program

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

| Expenditures                             | Administration<br>Amount | Program<br>Amount | Total<br>Service Costs |
|--|--------------------------|-------------------|------------------------|
| 12. Salaries (Must agree with Form C-1)  |                          | 339,538           | 339,538                |
| 13. Employee Benefits                    |                          |                   |                        |
| a. FICA .0765                            | -                        | 25,975            | 25,975                 |
| b. FI Unemployment \$7,000 x .04 x FTE   | -                        | 2,996             | 2,996                  |
| c. Workers' Compensation .02             | -                        | 6,791             | 6,791                  |
| d. Health Plan \$575 x 12 per mo per FTE | -                        | 73,993            | 73,993                 |
| e. Retirement .03                        | -                        | 10,186            | 10,186                 |
| 14. Sub-Total Employee Benefits          | -                        | 119,941           | 119,941                |
| 15. Sub-Total Salaries & Benefits        | -                        | 459,479           | 459,479                |
| 16. Travel                               |                          |                   |                        |
| a. Travel/Transportation                 | -                        | 10,700            | 10,700                 |
| b. Conference/Registration/Travel        | -                        | 6,420             | 6,420                  |
| 17. Sub-Total Travel                     |                          | 17,120            | 17,120                 |

**BUDGET NARRATIVE**

**Service:** MEDICAL CASE MANAGEMENT-SUPPLEMENTAL

**Agency:** Comprehensive AIDS Program

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

| Expenditures   | Administration<br>Amount | Program<br>Amount | Total<br>Service Costs |
|--|--------------------------|-------------------|------------------------|
| 18. Equipment (Attach a page showing detail description) | -                        |                   | -                      |
| 19. Supplies   |                          |                   |                        |
| a. Office Supplies                                       | -                        | 10,700            | 10,700                 |
| b. Program Supplies (actual purchase)                    |                          | 5,500             | 5,500                  |
| 20. Sub-Total Supplies                                   | -                        | 16,200            | 16,200                 |
| 21. Contractual (Part-time Case Managers @ \$15per hour) |                          | 2,000             | 2,000                  |
| 22. Other  |                          |                   |                        |
| a. Communications/Utilities                              |                          |                   |                        |
| 1. Telephone   | -                        | 9,630             | 9,630                  |
| 2. Postage & Shipping                                    | -                        | 1,605             | 1,605                  |
| 3. Utilities (Power/Water/Gas                            | -                        | 9,630             | 9,630                  |
| Sub-Total Communications/Utilities                       | -                        | 20,865            | 20,865                 |

# BUDGET NARRATIVE

Service: MEDICAL CASE MANAGEMENT-SUPPLEMENTAL

Agency: Comprehensive AIDS Program

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

| Expenditures                          | Administration<br>Amount | Program<br>Amount | Total<br>Service Costs |
|---------------------------------------|--------------------------|-------------------|------------------------|
| B. Food Service                       |                          |                   |                        |
| C. Rental                             |                          |                   |                        |
| 1. Building                           | -                        | 48,150            | \$48,150               |
| 2. Equipment                          |                          |                   |                        |
| Sub-Total Rental                      |                          | \$48,150          | \$48,150               |
| D. Repair & Maintenance               |                          |                   |                        |
| 1. Building Maintenance               | -                        | 9,630             | \$9,630                |
| 2. Equipment Maintenance              | -                        | -                 |                        |
| Sub-Total Repair & Maintenance        |                          | \$9,630           | \$9,630                |
| E. Specific Assistance to Individuals |                          |                   |                        |
| F. Dues & Membership                  | -                        | 161               | \$161                  |

**BUDGET NARRATIVE**

**Service:** MEDICAL CASE MANAGEMENT-SUPPLEMENTAL

**Agency:** Comprehensive AIDS Program

**Budget Period:** 3/1/2007

**to** 2/29/2008\*

| Expenditures   | Administration<br>Amount | Program<br>Amount | Total<br>Service Costs |
|--|--------------------------|-------------------|------------------------|
| G. Subscriptions   | -                        | 161               | 161                    |
| H. Training & Development<br>Includes Countywide & Statewide training required for all<br>staff. \$260 per day per staff=20units per day | -                        | 5,564             | 5,564                  |
| I. Printing  | -                        | 3,210             | 3,210                  |
| J. Copy Cost   | -                        | 3,210             | 3,210                  |
| K. Advertising/Recruitment/PR  | -                        | 2,675             | 2,675                  |
| L. Audit Fees  | -                        | -                 | -                      |
| M. Office Furniture and Equipment (needed for computer hardware and software upgrades)   | -                        | 2,000             | 2,000                  |
| N. Insurance/General Liability/Malpractice   | -                        | 12,840            | 12,840                 |
| N. Administrative expense allowed at 10%   | 60,326                   | -                 | 60,326                 |
| 23. Sub-Total Other  | 60,326                   | 108,465           | 168,791                |
| 24. Total Expenditures   | 60,326                   | 603,264           | 663,590                |
| 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  |                          |                   | 51,045                 |
|  |                          |                   |                        |

**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<br>FORMULA | Ryan White<br>SUPPLM | Ryan White<br>MAI | PBC/BCC<br>Tax Dollars | Other *<br>Federal | Other *<br>State | Other *<br>Local | Total            |
|---|-----------------------|----------------------|-------------------|------------------------|--------------------|------------------|------------------|------------------|
| 1. Funds from<br>Gov.. Sources          | 1,409,829             | 731,159              | 541,631           | 188,080                | 1,380,278          | 150,000          | 463,333          | 4,864,310        |
| 2. Foundations                          |                       |                      |                   |                        |                    |                  |                  |                  |
| 3. Other Grants                         |                       |                      |                   |                        |                    |                  |                  |                  |
| 4. Fund Raising                         |                       |                      |                   |                        |                    |                  | 150,000          | 150,000          |
| 5. Contributions/<br>Legacies/Bequests  |                       |                      |                   |                        |                    |                  | 50,000           | 50,000           |
| 6. Membership Dues                      |                       |                      |                   |                        |                    |                  |                  |                  |
| 7. Program Svc Fees/<br>Sales to Public |                       |                      |                   |                        |                    |                  |                  |                  |
| 8. Investment Income                    |                       |                      |                   |                        |                    |                  |                  |                  |
| 9. In-Kind                              |                       |                      |                   |                        |                    |                  |                  |                  |
| 10. Miscellaneous                       |                       |                      |                   |                        |                    |                  |                  |                  |
| <b>11. Total Revenues</b>               | <b>1,409,829</b>      | <b>731,159</b>       | <b>541,631</b>    | <b>188,080</b>         | <b>1,380,278</b>   | <b>150,000</b>   | <b>663,333</b>   | <b>5,064,310</b> |

10

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<br>FORMULA | Ryan White<br>SUPPLM | Ryan White<br>MAI | PBC/BCC<br>Tax Dollars | Other *<br>Federal | Other *<br>State | Other *<br>Local | Total     |
|---------------------------------|-----------------------|----------------------|-------------------|------------------------|--------------------|------------------|------------------|-----------|
| 12. Salaries                    | 772,897               | 339,538              | 371,412           | 79,885                 | 495,854            | 98,575           | 225,000          | 2,383,161 |
| Chief Program Director          | 46,831                | 20,792               | 31,188            |                        |                    |                  |                  |           |
| 3 Regional Program Managers     | 106,725               | 37,068               | 68,841            |                        |                    |                  |                  |           |
| 4 Program Supervisors           | 104,291               | 52,146               | 48,421            |                        |                    |                  |                  |           |
| 5 Program Support Specialists   | 78,157                | 39,078               | 36,287            |                        |                    |                  |                  |           |
| 40 Case Managers/Techs          | 402,069               | 190,454              | 186,675           |                        |                    |                  |                  |           |
| HIV Prevention Manager          | 2,337                 |                      |                   |                        |                    |                  |                  |           |
| Treatment Adherence Coordinator | 32,487                |                      |                   |                        |                    |                  |                  |           |
|                                 |                       |                      |                   |                        |                    |                  |                  |           |
|                                 |                       |                      |                   |                        |                    |                  |                  |           |
|                                 |                       |                      |                   |                        |                    |                  |                  |           |
|                                 |                       |                      |                   |                        |                    |                  |                  |           |
|                                 | 772,897               | 339,538              | 371,412           | 79,885                 | 495,854            | 98,575           | 225,000          | 2,383,161 |

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<br>FORMULA | Ryan White<br>SUPPLM | Ryan White<br>MAI | PBC/BCC<br>Tax Dollars | Other *<br>Federal | Other *<br>State | Other *<br>Local | Total     |
|--|-----------------------|----------------------|-------------------|------------------------|--------------------|------------------|------------------|-----------|
| 12. Salaries                           | 772,897               | 339,538              | 371,412           | 79,885                 | 495,854            | 98,575           | 225,000          | 2,383,161 |
| 13. Employee Benefits                  |                       |                      |                   |                        |                    |                  |                  |           |
| a. FICA                                | 59,126                | 25,975               | 28,413            | 6,111                  | 37,933             | 7,541            | 17,000           | 182,099   |
| b. FI Unemployment                     | 3,406                 | 2,996                | 899               | 630                    | 9,967              | 1,981            | 3,000            | 22,879    |
| c. Workers' Comp                       | 15,458                | 6,791                | 7,428             | 3,195                  | 22,908             | 4,554            | 6,000            | 66,335    |
| d. Health Plan                         | 83,828                | 73,993               | 23,812            | 14,794                 | 118,681            | 12,612           | 40,000           | 367,720   |
| e. Retirement                          | 23,187                | 10,186               | 11,142            | 2,397                  | 14,876             | 2,957            | 9,000            | 73,745    |
| 14. Sub-Total<br>Employee Benefits     | 185,005               | 119,941              | 71,694            | 27,127                 | 204,365            | 29,646           | 75,000           | 712,778   |
| 15. Sub-Total<br>Salaries/Benefits     | 957,902               | 459,479              | 443,106           | 107,012                | 700,219            | 128,221          | 300,000          | 3,095,939 |
| 16. Travel                             |                       |                      |                   |                        |                    |                  |                  |           |
| a. Travel/transportation               | 14,172                | 10,700               | 3,210             | 4,806                  | 20,434             | 2,000            | 12,340           | 67,662    |
| b. Conferences/<br>Registration/Travel | 8,203                 | 6,420                | 1,926             | 3,375                  | 9,781              |                  | 6,400            | 36,105    |
| 17. Sub-Total Travel                   | 22,375                | 17,120               | 5,136             | 8,181                  | 30,215             | 2,000            | 18,740           | 103,767   |

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<br>FORMULA | Ryan White<br>SUPPLM | Ryan White<br>MAI | PBC/BCC<br>Tax Dollars | Other *<br>Federal | Other *<br>State | Other *<br>Local | Total   |
|---------------------------------------|-----------------------|----------------------|-------------------|------------------------|--------------------|------------------|------------------|---------|
| 18. Equipment                         |                       |                      |                   |                        |                    |                  |                  |         |
| 19. Supplies                          |                       |                      |                   |                        |                    |                  |                  |         |
| a. Office Supplies                    | 12,372                | 10,700               | 3,210             | 945                    |                    |                  | 10,000           | 37,227  |
| b. Program Supplies                   | 7,000                 | 5,500                | 3,000             | 29,642                 | 66,779             | 1,000            | 10,322           | 123,243 |
| c. Computer Software                  |                       |                      |                   |                        |                    |                  |                  |         |
| 20. Sub-Total<br>Supplies             | 19,372                | 16,200               | 6,210             | 30,587                 | 66,779             | 1,000            | 20,322           | 160,470 |
| 21. Contractual                       | 99,578                | 32,803               | 1,000             |                        |                    |                  | 1,000            | 134,381 |
| 22. Other                             |                       |                      |                   |                        |                    |                  |                  |         |
| a. Communications/Utilities           |                       |                      |                   |                        |                    |                  |                  |         |
| 1. Telephone                          | 10,055                | 9,630                | 2,889             |                        |                    |                  | 3,000            | 25,574  |
| 2. Postage & Shipping                 | 1,676                 | 1,605                | 482               |                        |                    |                  | 1,000            | 4,763   |
| 3. Utilities<br>(Power/Water/Gas)     | 10,055                | 9,630                | 2,889             |                        |                    |                  | 6,000            | 28,574  |
| Sub-Total<br>Communications/Utilities | 21,786                | 20,865               | 6,260             |                        |                    |                  | 10,000           | 58,911  |

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<br>FORMULA | Ryan White<br>SUPPLM | Ryan White<br>MAI | PBC/BCC<br>Tax Dollars | Other *<br>Federal | Other *<br>State | Other *<br>Local | Total   |
|--|-----------------------|----------------------|-------------------|------------------------|--------------------|------------------|------------------|---------|
| B. Food Service                          | 1,800                 |                      |                   |                        |                    |                  |                  | 1,800   |
| C. Rental                                |                       |                      |                   |                        |                    |                  |                  |         |
| 1. Building                              | 55,074                | 48,150               | 14,445            | 10,800                 | 76,920             | 11,040           | 36,200           | 252,629 |
| 2. Equipment                             |                       |                      |                   |                        | 1,200              |                  |                  | 1,200   |
| Sub-Total Rental                         | 55,074                | 48,150               | 14,445            | 10,800                 | 78,120             | 11,040           | 36,200           | 253,829 |
| D. Repair & Maintenance                  |                       |                      |                   |                        |                    |                  |                  |         |
| 1. Building Maintenance                  | 10,055                | 9,630                | 2,889             |                        |                    |                  | 6,000            | 28,574  |
| 2. Equipment Maintenance                 |                       |                      |                   |                        |                    |                  |                  |         |
| Sub-Total Repair &<br>Maintenance        | 10,055                | 9,630                | 2,889             |                        |                    |                  | 6,000            | 28,574  |
| E. Specific Assistance<br>to Individuals | 57,026                | 30,623               |                   |                        | 373,500            |                  | 125,000          | 586,149 |
| F. Dues & Membership                     | 168                   | 161                  | 48                |                        |                    |                  | 100              | 477     |
| G. Subscriptions                         | 368                   | 161                  | 48                |                        |                    |                  | 100              | 677     |

14

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<br>FORMULA | Ryan White<br>SUPPLM | Ryan White<br>MAI | PBC/BCC<br>Tax Dollars | Other *<br>Federal | Other *<br>State | Other *<br>Local | Total       |
|---------------------------------|-----------------------|----------------------|-------------------|------------------------|--------------------|------------------|------------------|-------------|
| H. Training & Development       | 5,758                 | 5,564                | 1,669             | 2,000                  |                    |                  | 3,500            | 18,491      |
| I. Printing                     | 5,152                 | 3,210                | 963               | 7,902                  |                    |                  | 2,000            | 19,227      |
| J. Copy Cost                    | 3,352                 | 3,210                | 963               |                        |                    |                  | 2,000            | 9,525       |
| K. Advertising                  | 2,993                 | 2,675                | 803               |                        | 15,000             |                  | 1,800            | 23,271      |
| L. Audit Fees                   |                       |                      |                   |                        |                    |                  |                  |             |
| M. Office Furniture & Equipment | 5,500                 | 2,000                | 5,000             | 4,500                  |                    |                  | 4,000            | 21,000      |
| N. Insurance                    | 13,406                | 12,840               | 3,852             |                        |                    |                  | 8,000            | 38,098      |
| O. Fundraising                  |                       |                      |                   |                        |                    |                  | 75,000           | 75,000      |
| P. Vehicle Operation            |                       |                      |                   |                        |                    |                  |                  |             |
| Q. Promotional/PR               |                       |                      |                   |                        |                    |                  |                  |             |
| R. Fees/taxes/bank fees         |                       |                      |                   |                        |                    |                  |                  |             |
| S. Professional Fees            |                       |                      |                   |                        |                    |                  |                  |             |
| T. Indirect Costs               | 128,164               | 66,468               | 49,239            | 17,098                 | 116,445            | 7,739            | 49,571           | 434,724     |
| 25. Sub-Total Other             | 310,602               | 205,557              | 86,179            | 42,300                 | 583,065            | 18,779           | 323,271          | 1,569,753   |
| 26. Sub-Total Expenditures      | \$1,409,829           | \$731,159            | \$541,631         | \$188,080              | \$1,380,278        | \$150,000        | \$663,333        | \$5,064,310 |

All Financial Information Rounded to Nearest Dollar

**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.R2007-1408, 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 Community Care Network, 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, Florida 33406.

**WITNESSETH:**

**WHEREAS**, the need exists to amend the contract to decrease funding for Food Bank and Direct Emergency Assistance.

**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 shall replace the original work plan Exhibit "A" in its entirety for Food Bank and Direct Emergency Assistance.

II. A new Budget Exhibit "B1" attached hereto showing the new total budget for funding for Food Bank and Direct Emergency Assistance shall replace the original Exhibit "B" in its entirety.

III. Decrease funding for Food Bank by \$ 30,000 for a new total of \$16,705 and decrease funding for Direct Emergency Assistance by \$30,000 for a new total of \$39,167.

IV. Total contract not to exceed amount will be \$87,672.

**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.

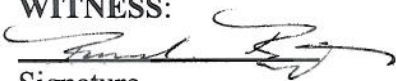
IN WITNESS WHEREOF, the parties hereto have caused this two (2) page Amendment to be executed by their officials thereupon duly authorized.

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

WITNESS:  
  
Signature

Robbin T. Rodriguez  
Witness Name

\_\_\_\_\_  
Date

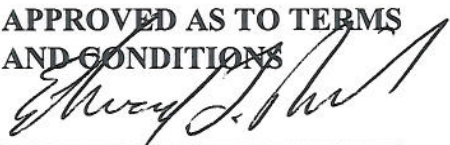
By:   
Signature

Executive Director

12/10/07  
Date

APPROVED AS TO FORM AND  
LEGAL SUFFICIENCY

\_\_\_\_\_  
County Attorney

APPROVED AS TO TERMS  
AND CONDITIONS  
  
\_\_\_\_\_  
Edward L. Rich, Director

# TITLE I WORKPLAN

APPLICANT: CCCnet

SERVICE: Food Bank / Home Delivered Meals-  
SUPPLEMENTAL

AREA TO BE  
SERVED:

PALM BEACH COUNTY

| OBJECTIVE(S)   | ACTIVITIES  | START<br>DATE   | END<br>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 food voucher or a meal. CCCnet estimates we can provide about 490 food cards and 110 meals to an unduplicated 63 clients.</p> <p>2. 63 HIV+ infected men, women, and children, plus their families, will be able to meet their nutritional requirements.</p> <p>cost=actual cost + 10% handling</p> | <p>1. Upon contractual agreement, CCCnet will continue to provide food services through food cards, individual meal service, and lunches and dinners according to the standards as set by the CARE Council.</p> | <p>3/1/2007</p> | <p>2/29/08*</p> | <p>CCCnet administers this resource through applications from Ryan White Case Management agencies for all Ryan White eligible clients throughout Palm Beach County, and conducts follow-up to assure services are received.</p> |

\*or Date of Depletion of Funds, whichever comes first

### BUDGET NARRATIVE SUMMARY

PROPOSED SERVICE: FOOD BANK/HOME DELIVERED MEALS-SUPPLEMENTAL

AGENCY NAME: Comprehensive Community Care Network Inc.

BUDGET PERIOD: from 3/1/2007 to 2/29/08\*

| Category           | Administration | Program | Total  | ** Average Cost Per Unit |
|--------------------|----------------|---------|--------|--------------------------|
| A. Personnel       | -              | -       | -      |                          |
| B. Fringe Benefits | -              | -       | -      |                          |
| C. Travel          | -              | -       | -      |                          |
| D. Equipment       | -              | -       | -      |                          |
| E. Supplies        | -              | 900     | 900    |                          |
| F. Contractual     | -              | -       | -      |                          |
| G. Other           | 1,519          | 14,286  | 15,805 |                          |
| <b>Total</b>       | 1,519          | 15,186  | 16,705 | Varies by service        |

\*or Date of Depletion of Funds, whichever comes first

**BUDGET NARRATIVE**

**Service:** FOOD BANK/HOME DELIVERED MEALS-SUPPLEMENTAL

**Agency:** CCCnet **Budget Period:** 3/1/2007 **to** 2/29/08\*

| <b>REVENUES</b>                                     | <b>Administration<br/>Amount</b> | <b>Program<br/>Amount</b> | <b>Total<br/>Service Costs</b> |
|---|----------------------------------|---------------------------|--------------------------------|
| 1. Funds from Government Sources Ryan White Title I | 1,519                            | 15,186                    | 16,705                         |
| 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                                   | 1,519                            | 15,186                    | 16,705                         |

**BUDGET NARRATIVE**

**Service:** FOOD BANK/HOME DELIVERED MEALS-SUPPLEMENTAL

**Agency:** CCCnet

**Budget Period:** 3/1/2007 to 2/29/08\*

| Expenditures                               | Administration<br>Amount | Program<br>Amount | Total<br>Service Costs |
|--|--------------------------|-------------------|------------------------|
| 12. Salaries (Must agree with Form C-1)    |                          |                   |                        |
| 13. Employee Benefits                      |                          |                   |                        |
| a. FICA .0765                              |                          |                   |                        |
| b. FI Unemployment   \$7,000 x .0233 x FTE |                          |                   |                        |
| c. Workers' Compensation .084              |                          |                   |                        |
| d. Health Plan \$475 x 12 per FTE          |                          |                   |                        |
| e. Retirement .05                          |                          |                   |                        |
| 14. Sub-Total Employee Benefits            |                          |                   |                        |
| 15. Sub-Total Salaries & Benefits          |                          |                   |                        |
| 16. Travel                                 |                          |                   |                        |
| a. Travel/Transportation                   |                          |                   |                        |
| b. Conference/Registration/Travel          |                          |                   |                        |
| 17. Sub-Total Travel                       |                          |                   |                        |

**BUDGET NARRATIVE**

**Service:** FOOD BANK/HOME DELIVERED MEALS-SUPPLEMENTAL

**Agency:** CCCnet

**Budget Period:** 3/1/2007 to 2/29/08\*

| Expenditures   | Administration<br>Amount | Program<br>Amount | Total<br>Service Costs |
|--|--------------------------|-------------------|------------------------|
| 18. Equipment (Attach a page showing detail description) | -                        | -                 | -                      |
| 19. Supplies   |                          |                   |                        |
| a. Office Supplies                                       |                          |                   |                        |
| b. Program Supplies (items for monthly dinners)          |                          | 900               | 900                    |
| 20. Sub-Total Supplies                                   |                          | 900               | 900                    |
| 21. Contractual  |                          |                   |                        |
| 22. Other  |                          |                   |                        |
| a. Communications/Utilities                              |                          |                   |                        |
| 1. Telephone   |                          |                   |                        |
| 2. Postage & Shipping                                    |                          |                   |                        |
| 3. Utilities (Power/Water/Gas)                           |                          |                   |                        |
| Sub-Total Communications/Utilities                       |                          |                   |                        |

**BUDGET NARRATIVE**

**Service:** FOOD BANK/HOME DELIVERED MEALS-SUPPLEMENTAL

**Agency:** CCCnet

**Budget Period:** 3/1/2007 to 2/29/08\*

| Expenditures   | Administration<br>Amount | Program<br>Amount | Total<br>Service Costs |
|--|--------------------------|-------------------|------------------------|
| B. Food Service<br>(Purchase of actual food, vouchers, meals, and group lunches and dinners) |                          | 13486             | 13486                  |
| C. Rental  |                          |                   |                        |
| 1. Building  |                          |                   |                        |
| 2. Equipment (Rental of truck plus gas for monthly dinners)                                  |                          | 800               | 800                    |
| Sub-Total Rental   |                          | 800               | 800                    |
| D. Repair & Maintenance  |                          |                   |                        |
| 1. Building Maintenance  |                          |                   |                        |
| 2. Equipment Maintenance   |                          |                   |                        |
| Sub-Total Repair & Maintenance   |                          |                   |                        |
| E. Specific Assistance to Individuals  |                          |                   |                        |
| F. Dues & Membership   |                          |                   |                        |

# BUDGET NARRATIVE

EXHIBIT B)  
SECTION \_\_\_\_\_  
PAGE 6 of 6

Service: FOOD BANK/HOME DELIVERED MEALS-SUPPLEMENTAL

Agency: CCCnet

Budget Period: 3/1/2007 to 2/29/08\*

| Expenditures  | Administration<br>Amount | Program<br>Amount | Total<br>Service Costs |
|---|--------------------------|-------------------|------------------------|
| G. Subscriptions  |                          |                   |                        |
| H. Training & Development   |                          |                   |                        |
| I. Printing   |                          |                   |                        |
| J. Copy Cost  |                          |                   |                        |
| K. Advertising  |                          |                   |                        |
| L. Audit Fees   |                          |                   |                        |
| M. Office Furniture and Equipment (Attach a sheet showing details)                      |                          |                   |                        |
| N. Administrative Expense allowed at 10%  | 1519                     |                   | 1519                   |
| 23. Sub-Total Other   | 1519                     | 14286             | 15805                  |
| 24. Total Expenditures  | 1519                     | 15186             | 16705                  |
| 25. Total Cost per Unit of Service - (must match unit of service cost used in Workplan) | 2.53                     | 25.31             | 27.84                  |
| Total Units   |                          |                   | 600                    |

All Financial Rounded to Nearest Dollar

**TITLE I  
WORKPLAN**

**REVISED 11/1/06 AND 12/6/07**

**APPLICANT: CCCnet**

**SERVICE: Direct Emergency Assistance-  
SULLEMENTAL**

**AREA TO BE SERVED: PALM BEACH COUNTY**

| <u>OBJECTIVE(S)</u>   | <u>ACTIVITIES</u>   | <u>START<br/>DATE</u> | <u>END<br/>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>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 1 assistance encounter of direct emergency assistance. A unit cost varies according to the type of service delivered. CAP estimates they can provide these services to an estimated 50 unduplicated clients.</p> <p>2. 50 HIV+ men, women, and children will be better able to maintain daily living activities as a result of assistance in an emergency.</p> | <p>1. Upon contractual agreement, CCCnet will continue to provide emergency financial assistance.</p> <p>2. Upon meeting eligibility, clients will receive up to two (2) incidences of financial assistance during the grant year, according to standards as set by the Care Council.</p> | 3/1/2007              | 2/29/08*            | <p>CCCnet administers this resource through applications from Ryan White Case Management agencies for all Ryan White eligible clients throughout Palm Beach County, and conducts follow-up to assure services are received.</p> |

cost= actual cost plus 10% handling fee.

\* or Date of Depletion of Funds, whichever comes first.

## BUDGET NARRATIVE SUMMARY

**PROPOSED SERVICE:** DIRECT EMERGENCY ASSISTANCE-SUPPLEMENTAL

**AGENCY NAME:** Comprehensive Community Care Network, Inc.

**BUDGET PERIOD:** from 3/1/2007 to 2/29/08\*

| Category           | Administration | Program | Total  | ** AVERAGE<br>Cost Per Unit |
|--------------------|----------------|---------|--------|-----------------------------|
| A. Personnel       |                |         |        |                             |
| B. Fringe Benefits |                |         |        |                             |
| C. Travel          |                |         |        |                             |
| D. Equipment       |                |         |        |                             |
| E. Supplies        |                |         |        |                             |
| F. Contractual     |                |         |        |                             |
| G. Other           | 3,561          | 35,606  | 39,167 |                             |
| <b>Total</b>       | 3,561          | 35,606  | 39,167 | Varies by service           |

\* or Date of Depletion of Funds, whichever comes first.

\*\* Varies according to the type of service

**BUDGET NARRATIVE**

**Service:** DIRECT EMERGENCY ASSISTANCE-SUPPLEMENTAL

**Agency:** CCCnet

**Budget Period:** 3/1/2007

**to** 2/29/08\*

| <b>REVENUES</b>                                     | <b>Administration<br/>Amount</b> | <b>Program<br/>Amount</b> | <b>Total<br/>Service Costs</b> |
|---|----------------------------------|---------------------------|--------------------------------|
| 1. Funds from Government Sources Ryan White Title I | 3,561                            | 35,606                    | 39,167                         |
| 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                                   | 3,561                            | 35,606                    | 39,167                         |

# BUDGET NARRATIVE

**Service:** DIRECT EMERGENCY ASSISTANCE-SUPPLEMENTAL

**Agency:** CCCnet

**Budget Period:** 3/1/2007 to 2/29/08\*

| Expenditures                            | Administration<br>Amount | Program<br>Amount | Total<br>Service Costs |
|---|--------------------------|-------------------|------------------------|
| 12. Salaries (Must agree with Form C-1) |                          |                   | -                      |
| 13. Employee Benefits                   |                          |                   |                        |
| a. FICA .0765                           |                          |                   |                        |
| b. FI Unemployment \$7000 x .0233 x FTE |                          |                   |                        |
| c. Workers' Compensation .084           |                          |                   |                        |
| d. Health Plan \$475 x 12 x FTE         |                          |                   |                        |
| e. Retirement .05                       |                          |                   |                        |
| 14. Sub-Total Employee Benefits         |                          |                   |                        |
| 15. Sub-Total Salaries & Benefits       |                          |                   |                        |
| 16. Travel                              |                          |                   |                        |
| a. Travel/Transportation                |                          |                   |                        |
| b. Conference/Registration/Travel       |                          |                   |                        |
| 17. Sub-Total Travel                    |                          |                   |                        |

# BUDGET NARRATIVE

Service: DIRECT EMERGENCY ASSISTANCE-SUPPLEMENTAL

Agency: CCCnet

Budget Period: 3/1/2007 to 2/29/08\*

| Expenditures   | Administration<br>Amount | Program<br>Amount | Total<br>Service Costs |
|--|--------------------------|-------------------|------------------------|
| 18. Equipment (Attach a page showing detail description) |                          |                   |                        |
| 19. Supplies   |                          |                   |                        |
| a. Office Supplies                                       |                          |                   |                        |
| b. Program Supplies (actual purchase)                    |                          |                   |                        |
| 20. Sub-Total Supplies                                   |                          |                   |                        |
| 21. Contractual  |                          |                   |                        |
| 22. Other  |                          |                   |                        |
| a. Communications/Utilities                              |                          |                   |                        |
| 1. Telephone   |                          |                   |                        |
| 2. Postage & Shipping                                    |                          |                   |                        |
| 3. Utilities (Power/Water/Gas                            |                          |                   |                        |
| Sub-Total Communications/Utilities                       |                          |                   |                        |

# BUDGET NARRATIVE

**Service:** DIRECT EMERGENCY ASSISTANCE-SUPPLEMENTAL

**Agency:** CCCnet

**Budget Period:** 3/1/2007 to 2/29/08\*

| Expenditures                          | Administration<br>Amount | Program<br>Amount | Total<br>Service Costs |
|---------------------------------------|--------------------------|-------------------|------------------------|
| B. Food Service                       |                          |                   |                        |
| C. Rental                             |                          |                   |                        |
| 1. Building                           |                          |                   |                        |
| 2. Equipment                          |                          |                   |                        |
| Sub-Total Rental                      |                          |                   |                        |
| D. Repair & Maintenance               |                          |                   |                        |
| 1. Building Maintenance               |                          |                   |                        |
| 2. Equipment Maintenance              |                          |                   |                        |
| Sub-Total Repair & Maintenance        |                          |                   |                        |
| E. Specific Assistance to Individuals |                          | 35,606            | 35,606                 |
| F. Dues & Membership                  |                          |                   |                        |

# BUDGET NARRATIVE

Service: DIRECT EMERGENCY ASSISTANCE-SUPPLEMENTAL

Agency: CCCnet

Budget Period: 3/1/2007 to 2/29/08\*

| Expenditures  | Administration<br>Amount | Program<br>Amount | Total<br>Service Costs |
|---|--------------------------|-------------------|------------------------|
| G. Subscriptions  |                          |                   |                        |
| H. Training & Development   |                          |                   |                        |
| I. Printing   |                          |                   |                        |
| J. Copy Cost  |                          |                   |                        |
| K. Advertising  |                          |                   |                        |
| L. Audit Fees   |                          |                   |                        |
| M. Office Furniture and Equipment (Attach a sheet showing details)                    |                          |                   |                        |
| N. Administrative expense allowed at 10%  |                          |                   |                        |
|   | 3,561                    |                   | 3,561                  |
| 23. Sub-Total Other   | 3,561                    | 35,606            | 39,167                 |
| 24. Total Expenditures  | 3,561                    | 35,606            | 39,167                 |
| 25. Total Cost per Unit of Service (must match unit of service cost used in Workplan) |                          |                   |                        |
| Total Units   |                          |                   |                        |

All Financial Information Rounded to Nearest Dollar

**TOTAL AGENCY BUDGET****Comprehensive Community Care Network, Inc.****Agency Budget for Fiscal Year 8/1/07 to 7/31/08**

| REVENUES                                | Ryan White<br>FORMULA | Ryan White<br>SUPPLM. | HOPWA     | PBC/BCC<br>Tax Dollars | Other *<br>Federal | Other *<br>State | Other *<br>Local | Total     |
|---|-----------------------|-----------------------|-----------|------------------------|--------------------|------------------|------------------|-----------|
| 1. Funds from<br>Gov.. Sources          | 415,287               | 87,672                | 2,651,000 |                        |                    |                  | 25,000           | 3,178,959 |
| 2. Foundations                          |                       |                       |           |                        |                    |                  |                  |           |
| 3. Other Grants                         |                       |                       |           |                        |                    |                  |                  |           |
| 4. Fund Raising                         |                       |                       |           |                        |                    |                  |                  |           |
| 5. Contributions/<br>Legacies/Bequests  |                       |                       |           |                        |                    |                  |                  |           |
| 6. Membership Dues                      |                       |                       |           |                        |                    |                  |                  |           |
| 7. Program Svc Fees/<br>Sales to Public |                       |                       |           |                        |                    |                  |                  |           |
| 8. Investment Income                    |                       |                       |           |                        |                    |                  |                  |           |
| 9. In-Kind                              |                       |                       |           |                        |                    |                  |                  |           |
| 10. Miscellaneous                       |                       |                       |           |                        |                    |                  |                  |           |
| 11. Total Revenues                      | 415,287               | 87,672                | 2,651,000 |                        |                    |                  | 25,000           | 3,178,959 |

All Financial Information Rounded to Nearest Dollar

**TOTAL AGENCY BUDGET**

**Comprehensive Community Care Network, Inc.**

**Agency Budget for Fiscal Year 8/1/07 to 7/31/08**[illegible]

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 Community Care Network, Inc.****Agency Budget for Fiscal Year 8/1/07 to 7/31/08**

| EXPENDITURES                           | Ryan White<br>FORMULA | Ryan White<br>SUPPLM. | HOPWA   | PBC/BCC<br>Tax Dollars | Other *<br>Federal | Other *<br>State | Other *<br>Local | Total   |
|--|-----------------------|-----------------------|---------|------------------------|--------------------|------------------|------------------|---------|
| 12. Salaries                           |                       |                       | 159,029 |                        |                    |                  |                  | 159,029 |
| 13. Employee Benefits                  |                       |                       |         |                        |                    |                  |                  |         |
| a. FICA                                |                       |                       |         |                        |                    |                  |                  |         |
| b. FI Unemployment                     |                       |                       |         |                        |                    |                  |                  |         |
| c. Workers' Comp                       |                       |                       |         |                        |                    |                  |                  |         |
| d. Health Plan                         |                       |                       |         |                        |                    |                  |                  |         |
| e. Retirement                          |                       |                       |         |                        |                    |                  |                  |         |
| 14. Sub-Total<br>Employee Benefits     |                       |                       | 54,366  |                        |                    |                  |                  | 54,366  |
| 15. Sub-Total<br>Salaries/Benefits     |                       |                       | 213,395 |                        |                    |                  |                  | 213,395 |
| 16. Travel                             |                       |                       |         |                        |                    |                  |                  |         |
| a. Travel/transportation               |                       |                       | 15,480  |                        |                    |                  |                  | 15,480  |
| b. Conferences/<br>Registration/Travel |                       |                       |         |                        |                    |                  |                  |         |
| 17. Sub-Total Travel                   |                       |                       | 15,480  |                        |                    |                  |                  | 15,480  |

All Financial Information Rounded to Nearest Dollar

**TOTAL AGENCY BUDGET**  
**Comprehensive Community Care Network, Inc.**  
**Agency Budget for Fiscal Year 8/1/07 to 7/31/08**

| EXPENDITURES                          | Ryan White<br>FORMULA | Ryan White<br>SUPPLM. | HOPWA | PBC/BCC<br>Tax Dollars | Other *<br>Federal | Other *<br>State | Other *<br>Local | Total   |
|---------------------------------------|-----------------------|-----------------------|-------|------------------------|--------------------|------------------|------------------|---------|
| 18. Equipment                         |                       |                       |       |                        |                    |                  |                  |         |
| 19. Supplies                          |                       |                       |       |                        |                    |                  |                  |         |
| a. Office Supplies                    |                       |                       |       |                        |                    |                  |                  |         |
| b. Program Supplies                   | 300                   | 600                   | 5,000 |                        |                    |                  |                  | 5,900   |
| c. Computer Software                  |                       |                       |       |                        |                    |                  |                  |         |
| 20. Sub-Total<br>Supplies             | 300                   | 600                   | 5,000 |                        |                    |                  |                  | 5,900   |
| 21. Contractual                       | 315,872               | 28,909                |       |                        |                    |                  | 22,727           | 367,508 |
| 22. Other                             |                       |                       |       |                        |                    |                  |                  |         |
| a. Communications/Utilities           |                       |                       |       |                        |                    |                  |                  |         |
| 1. Telephone                          |                       |                       |       |                        |                    |                  |                  |         |
| 2. Postage & Shipping                 |                       |                       |       |                        |                    |                  |                  |         |
| 3. Utilities<br>(Power/Water/Gas)     |                       |                       |       |                        |                    |                  |                  |         |
| Sub-Total<br>Communications/Utilities |                       |                       |       |                        |                    |                  |                  |         |

All Financial Information Rounded to Nearest Dollar

**TOTAL AGENCY BUDGET****Comprehensive Community Care Network, Inc.****Agency Budget for Fiscal Year 8/1/07 to 7/31/08**

| <b>EXPENDITURES</b>                      | <b>Ryan White<br/>FORMULA</b> | <b>Ryan White<br/>SUPPLM.</b> | <b>HOPWA</b> | <b>PBC/BCC<br/>Tax Dollars</b> | <b>Other *<br/>Federal</b> | <b>Other *<br/>State</b> | <b>Other *<br/>Local</b> | <b>Total</b> |
|--|-------------------------------|-------------------------------|--------------|--------------------------------|----------------------------|--------------------------|--------------------------|--------------|
| B. Food Service                          | 17,629                        | 13,786                        |              |                                |                            |                          |                          | 31,415       |
| C. Rental                                |                               |                               |              |                                |                            |                          |                          |              |
| 1. Building                              |                               |                               | 24,480       |                                |                            |                          |                          | 24,480       |
| 2. Equipment                             | 800                           | 800                           |              |                                |                            |                          |                          | 1,600        |
| Sub-Total Rental                         | 800                           | 800                           | 24,480       |                                |                            |                          |                          | 26,080       |
| D. Repair & Maintenance                  |                               |                               |              |                                |                            |                          |                          |              |
| 1. Building Maintenance                  |                               |                               |              |                                |                            |                          |                          |              |
| 2. Equipment Maintenance                 |                               |                               |              |                                |                            |                          |                          |              |
| Sub-Total Repair &<br>Maintenance        |                               |                               |              |                                |                            |                          |                          |              |
| E. Specific Assistance<br>to Individuals | 42,933                        | 35,606                        | 2,243,695    |                                |                            |                          |                          | 2,322,234    |
| F. Dues & Membership                     |                               |                               |              |                                |                            |                          |                          |              |
| G. Subscriptions                         |                               |                               |              |                                |                            |                          |                          |              |

All Financial Information Rounded to Nearest Dollar

**TOTAL AGENCY BUDGET****Comprehensive Community Care Network, Inc.**

Agency Budget for Fiscal Year 8/1/07 to 7/31/08

| EXPENDITURES                    | Ryan White<br>FORMULA | Ryan White<br>SUPPLM. | HOPWA       | PBC/BCC<br>Tax Dollars | Other *<br>Federal | Other *<br>State | Other *<br>Local | Total       |
|---------------------------------|-----------------------|-----------------------|-------------|------------------------|--------------------|------------------|------------------|-------------|
| H. Training & Development       |                       |                       |             |                        |                    |                  |                  |             |
| I. Printing                     |                       |                       |             |                        |                    |                  |                  |             |
| J. Copy Cost                    |                       |                       |             |                        |                    |                  |                  |             |
| K. Advertising                  |                       |                       |             |                        |                    |                  |                  |             |
| L. Audit Fees                   |                       |                       |             |                        |                    |                  |                  |             |
| M. Office Furniture & Equipment |                       |                       |             |                        |                    |                  |                  |             |
| N. Insurance                    |                       |                       |             |                        |                    |                  |                  |             |
| O. Fundraising                  |                       |                       |             |                        |                    |                  |                  |             |
| P. Vehicle Operation            |                       |                       |             |                        |                    |                  |                  |             |
| Q. Promotional/PR               |                       |                       |             |                        |                    |                  |                  |             |
| R. Fees/taxes/bank fees         |                       |                       |             |                        |                    |                  |                  |             |
| S. Professional Fees            |                       |                       |             |                        |                    |                  |                  |             |
| T. Indirect Costs               | 37,753                | 7,971                 | 148,950     |                        |                    |                  | 2,273            | 196,947     |
| 25. Sub-Total Other             | 99,115                | 58,163                | 2,417,125   |                        |                    |                  | 2,273            | 2,576,676   |
| 26. Sub-Total Expenditures      | \$415,287             | \$87,672              | \$2,651,000 |                        |                    |                  | \$25,000         | \$3,178,959 |

All Financial Information Rounded to Nearest Dollar