



**II. FISCAL IMPACT ANALYSIS**

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

<b>Fiscal Years</b>	2008	2009	2010	2011	2012
Capital Expenditures	<u>0</u>	_____	_____	_____	_____
Operating Costs	<u>100,000</u>	_____	_____	_____	_____
External Revenues	<u>(100,000)</u>	_____	_____	_____	_____
Program Income (County)	<u>0</u>	_____	_____	_____	_____
In-Kind Match (County)	<u>0</u>	_____	_____	_____	_____
<b>NET FISCAL IMPACT</b>	<u>0</u>	_____	_____	_____	_____
<b># ADDITIONAL FTE POSITIONS (Cumulative)</b>					

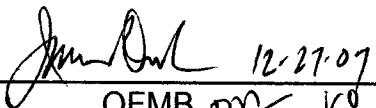
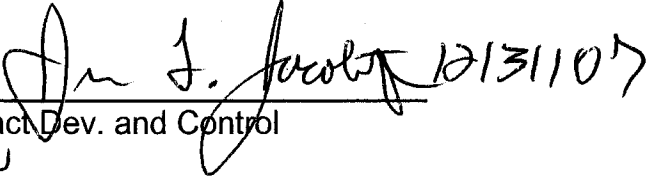
Is Item Included in Current Budget? Yes X No \_\_\_\_\_  
 Budget Account No.: Fund 1010 Dept 142 Unit 1475 Object 8201  
 Program Code 32

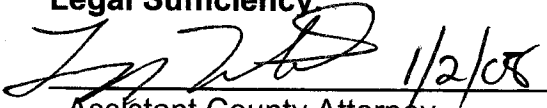
**B. Recommended Sources of Funds/Summary of Fiscal Impact:**  
 Funding provided through the U.S. Department of Health and Human Services.  
 No county match is required.

**C. Departmental Fiscal Review:**

**III. REVIEW COMMENTS**

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


  
 \_\_\_\_\_  
 OFMB *mm* *vd* Contract Dev. and Control  
*12/26/07* *12/21* *JW*

**B. Legal Sufficiency:**  
  
 \_\_\_\_\_  
 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  
(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, Florida 33406.

**WITNESSETH:**

**WHEREAS**, the need exists to amend the contract to increase funding for 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 "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 89,447 units to 97,139 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 \$100,000 for a new total of \$1,262,814.

**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 Fourth 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:**  
Richard F. Durant  
Signature  
Richard F. Durant  
Witness Name

By: [Signature]  
Signature  
Larry Leed, Deputy Executive Director

12/20/07  
Date

**APPROVED AS TO FORM AND  
LEGAL SUFFICIENCY**

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

**APPROVED AS TO TERMS  
AND CONDITIONS**

[Signature]  
Edward L. Rich, Director

**TITLE I  
WORKPLAN**

APPLICANT: Comprehensive AIDS Program      SERVICE: Medical Case Management      AREA TO BE SERVED: PALM BEACH COUNTY

OBJECTIVE(S)	ACTIVITIES	START DATE	END DATE	NON-DUPLICATING STATEMENT
				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>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 97,140 units of case management to an estimated 777 clients.</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>	3/1/2007	2/29/2008*	<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>2. 777 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>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>CAP meets with other providers for referral services, and uses the FACTORS system to prevent duplication of services and enhances overall approach.</p>
<p>3. 777 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>3. Eighty percent (80%) of clients will comply/follow-up with the referral.</p>			
<p>unit=quarter hour Unit cost = \$13.00 per quarter hour 97,140 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>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>			

\* 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	-	801,249	801,249	8.25
B. Fringe Benefits	-	186,997	186,997	1.93
C. Travel	-	18,973	18,973	0.20
D. Equipment	-	-	-	
E. Supplies	-	16,858	16,858	0.17
F. Contractual	-	1,000	1,000	0.01
G. Other	114,801	122,936	237,737	2.45
<b>Total</b>	<b>114,801</b>	<b>1,148,013</b>	<b>1,262,814</b>	<b>13.00</b>

H

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	114,801	1,148,013	1,262,814
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	114,801	1,148,013	1,262,814

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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)		801,249	801,249
13. Employee Benefits			
a. FICA .0765	-	61,296	61,296
b. FI Unemployment \$7,000 x .04 x FTE	-	3,320	3,320
c. Workers' Compensation .02	-	16,025	16,025
d. Health Plan \$575 x 12 per mo per FTE	-	82,319	82,319
e. Retirement .03	-	24,037	24,037
14. Sub-Total Employee Benefits	-	186,997	186,997
15. Sub-Total Salaries & Benefits	-	988,246	988,246
16. Travel			
a. Travel/Transportation	-	11,858	11,858
b. Conference/Registration/Travel	-	7,115	7,115
17. Sub-Total Travel		18,973	18,973

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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	-	11,858	11,858
b. Program Supplies (actual purchase)		5,000	5,000
20. Sub-Total Supplies	-	16,858	16,858
21. Contractual (Part-time Case Managers @ \$15per hour)		1,000	1,000
22. Other			
a. Communications/Utilities			
1. Telephone	-	10,672	10,672
2. Postage & Shipping	-	1,779	1,779
3. Utilities (Power/Water/Gas)	-	10,672	10,672
Sub-Total Communications/Utilities	-	23,123	23,123

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	-	53,361	\$53,361
2. Equipment			
Sub-Total Rental		\$53,361	\$53,361
D. Repair & Maintenance			
1. Building Maintenance	-	10,672	\$10,672
2. Equipment Maintenance	-	-	-
Sub-Total Repair & Maintenance		\$10,672	\$10,672
E. Specific Assistance to Individuals			
F. Dues & Membership	-	178	\$178

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	-	178	178
H. Training & Development Includes Countywide & Statewide training required for all staff. \$260 per day per staff=20units per day	-	6,115	6,115
I. Printing	-	3,557	3,557
J. Copy Cost	-	3,557	3,557
K. Advertising/Recruitment/PR	-	2,965	2,965
L. Audit Fees	-	-	-
M. Office Furniture and Equipment (needed for computer hardware and software upgrades)	-	5,000	5,000
N. Insurance/General Liability/Malpractice	-	14,230	14,230
N. Administrative expense allowed at 10%	114,801	-	114,801
23. Sub-Total Other	114,801	122,936	237,737
24. Total Expenditures	114,801	1,148,013	1,262,814
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			97,140

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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 FORMULA	Ryan White SUPPLM	Ryan White MAI	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
1. Funds from Gov. Sources	1,509,829	731,159	541,631	188,080	1,380,278	150,000	463,333	4,964,310
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								
<b>11. Total Revenues</b>	<b>1,509,829</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>5,164,310</b>

All Financial Information Rounded to Nearest Dollar