



**II. FISCAL IMPACT ANALYSIS**

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

<b>Fiscal Years</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
Capital Expenditures	<u>0</u>	_____	_____	_____	_____
Operating Costs	<u>18,377.45</u>	_____	_____	_____	_____
External Revenues	<u>(18,377.45)</u>	_____	_____	_____	_____
Program Income (County)	<u>0</u>	_____	_____	_____	_____
In-Kind Match (County)	<u>0</u>	_____	_____	_____	_____
<b>NET FISCAL IMPACT</b>	<b><u>0</u></b>	_____	_____	_____	_____
<b># ADDITIONAL FTE POSITIONS (Cumulative)</b>					

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:**

*[Handwritten signature]*

**III. REVIEW COMMENTS**

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

*[Handwritten signature]* 4/28/08  
*[Handwritten signature]* 4/29/08  
 OFMB Contract Dev. and Control

**B. Legal Sufficiency:**

*[Handwritten signature]* 4/29/08  
 Assistant County Attorney  
 These Amendments comply with all 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 \_\_\_, 2008 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 "A3" attached hereto showing the new total units of service shall replace the original work plan Exhibit "A2" in its entirety for Medical Case Management. Units of service will increase from 51,045 units to 56,404 units.

**II.** A new Budget Exhibit "B3" attached hereto showing the new total budget for funding for Medical Case Management shall replace the original Exhibit "B2" in its entirety.

**III.** Increase funding for Medical Case Management by \$ 18,377.45 for a new total of \$733,247.45.

**IV.** Total contract not to exceed amount will be \$749,536.45.

**OTHER PROVISIONS**

All provisions in the Contract or exhibits to the Contract in conflict with this Third 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:**  
*Larry Leed*  
Signature

By: *[Signature]*  
Signature

Executive Director

LARRY LEED  
Witness Name

4-17-08  
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-  
SUPPLEMENTAL**

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

<u>OBJECTIVE(S)</u>	<u>ACTIVITIES</u>	<u>START DATE</u>	<u>END DATE</u>	<u>NON-DUPLICATING STATEMENT</u>
<p>1. Objective: Identify units of tangible services and # of unduplicated clients to be served. Define a Unit of Service</p> <p>2. Impact Statement: When the objective is accomplished, what impact will it have?</p>	<p>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 56,404 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 Unit cost = \$13.00 per quarter hour 51,045 units of service includes Statewide and countywide trainings at \$260 per day per staff equals 20 units at \$13 per unit per day (other H) and actual cost of new computer upgrade needs (other M)</p>	<p>1. Upon contractual agreement, CAP will continue to provide case management activities to eligible Ryan White clients, according to the State of Florida HIV Case Management standards.</p> <p>2. Each client will receive an Intake Packet, needs assessment, financial assessment, a careplan &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		339,538.00	339,538.00	6.02
B. Fringe Benefits		141,850.59	141,850.59	2.51
C. Travel		22,400.00	22,400.00	0.40
D. Equipment				
E. Supplies		19,500.00	19,500.00	0.35
F. Contractual		2,000.00	2,000.00	0.04
G. Other	66,658.86	141,300.00	207,958.86	3.69
<b>Total</b>	66,658.86	666,588.59	733,247.45	13.00

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**BUDGET NARRATIVE**

**Service:** MEDICAL CASE MANAGEMENT-SUPPLEMENTAL

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

<b>REVENUES</b>	<b>Administration Amount</b>	<b>Program Amount</b>	<b>Total Service Costs</b>
1. Funds from Government Sources Ryan White Title I	66,659	666,589	733,247
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	66,659	666,589	733,247

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**BUDGET NARRATIVE**

**Service:** MEDICAL CASE MANAGEMENT-SUPPLEMENTAL

**Agency:** Comprehensive AIDS Program

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

Expenditures	Administration Amount	Program Amount	Total Service Costs
12. Salaries (Must agree with Form C-1)		339,538	339,538
13. Employee Benefits			
a. FICA .0765	-	25,975	25,975
b. FI Unemployment \$7,000 x .04 x FTE	-	3,920	3,920
c. Workers' Compensation .02	-	6,791	6,791
d. Health Plan \$575 x 12 per mo per FTE	-	94,979	94,979
e. Retirement .03	-	10,186	10,186
14. Sub-Total Employee Benefits	-	141,851	141,851
15. Sub-Total Salaries & Benefits	-	481,389	481,389
16. Travel			
a. Travel/Transportation	-	14,000	14,000
b. Conference/Registration/Travel	-	8,400	8,400
17. Sub-Total Travel		22,400	22,400

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**BUDGET NARRATIVE**

**Service:** MEDICAL CASE MANAGEMENT-SUPPLEMENTAL

**Agency:** Comprehensive AIDS Program

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

Expenditures	Administration Amount	Program Amount	Total Service Costs
18. Equipment (Attach a page showing detail description)	-		-
19. Supplies			
a. Office Supplies	-	14,000	14,000
b. Program Supplies (actual purchase)		5,500	5,500
20. Sub-Total Supplies	-	19,500	19,500
21. Contractual (Part-time Case Managers @ \$15per hour)		2,000	2,000
22. Other			
a. Communications/Utilities			
1. Telephone	-	12,600	12,600
2. Postage & Shipping	-	2,100	2,100
3. Utilities (Power/Water/Gas)	-	12,600	12,600
Sub-Total Communications/Utilities	-	27,300	27,300

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**BUDGET NARRATIVE**

**Service:** MEDICAL CASE MANAGEMENT-SUPPLEMENTAL

**Agency:** Comprehensive AIDS Program

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

Expenditures	Administration Amount	Program Amount	Total Service Costs
B. Food Service			
C. Rental			
1. Building	-	63,000	\$63,000
2. Equipment			
Sub-Total Rental		\$63,000	\$63,000
D. Repair & Maintenance			
1. Building Maintenance	-	12,600	\$12,600
2. Equipment Maintenance	-	-	
Sub-Total Repair & Maintenance		\$12,600	\$12,600
E. Specific Assistance to Individuals			
F. Dues & Membership	-	210	\$210

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**BUDGET NARRATIVE**

**Service: MEDICAL CASE MANAGEMENT-SUPPLEMENTAL**

**Agency: Comprehensive AIDS Program**

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

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

Expenditures	Administration Amount	Program Amount	Total Service Costs
G. Subscriptions	-	210	210
H. Training & Development Includes Countywide & Statewide training required for all staff. \$260 per day per staff=20units per day	-	7,280	7,280
I. Printing	-	4,200	4,200
J. Copy Cost	-	4,200	4,200
K. Advertising/Recruitment/PR	-	3,500	3,500
L. Audit Fees	-	-	-
M. Office Furniture and Equipment (needed for computer hardware and software upgrades)	-	2,000	2,000
N. Insurance/General Liability/Malpractice	-	16,800	16,800
N. Administrative expense allowed at 10%	66,659	-	66,659
23. Sub-Total Other	66,659	141,300	207,959
24. Total Expenditures	66,659	666,589	733,247
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			56,404

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**SALARIES PER SERVICE**

Service: MEDICAL CASE MANAGEMENT-SUPPLEMENTAL  
 Agency: Comprehensive AIDS Program  
 Budget Period: 3/1/2007 to 2/29/2008\*

\*Total Salary = No. of days x Hrs per day x Hourly rate

\*\* Requested amount = Total salary x percent funded

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
PERSONNEL	Admin/ Prog	Annual Salary	Pay Per Period	No. Of Days	Hrs. Per Day	Hourly Rate	Total Salary (5x6x7)	Percentage Charged	Admin	Program	Total
Positions/Salaries											
Chief Program Director/CPO	Prog	103,168	3,968	262	8	49.60	103,962	20%		20,792	20,792
1 Program Managers	Prog	52,550	2,021	262	8	25.26	52,954	70%		37,068	37,068
2 Program Supervisors	Prog	73,925	2,843	262	8	35.54	74,494	70%		52,146	52,146
2 Program Specialists	Prog	55,400	2,131	262	8	26.63	55,826	70%		39,078	39,078
10 Case Managers/Techs	Prog	270,000	10,385	262	8	129.81	272,077	70%		190,454	190,454
NOTE: FULL STAFF 63 FTE'S PROVIDED SERVICES FROM 3/1/07 UNTIL CHANGE IN AWARD RECEIVED											
Total Personnel (Line Item Budget Line A)		555,043	21,348				559,313			339,538	339,538

FTE Admin

(need to add up)>>>>>>>> FTE Prog

14.00 actual fte's by %

**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	749,536.45	541,631	188,080	1,380,278	150,000	463,333	4,982,687
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>749,536.45</b>	<b>541,631</b>	<b>188,080</b>	<b>1,380,278</b>	<b>150,000</b>	<b>663,333</b>	<b>5,182,687</b>

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All Financial Information Rounded to Nearest Dollar

**TOTAL AGENCY BUDGET**

**Comprehensive AIDS Program of Palm Beach County, Inc.**

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

EXPENDITURES	Ryan White FORMULA	Ryan White SUPPLM	Ryan White MAI	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
12. Salaries	841,320	339,538	371,412	79,885	495,854	98,575	225,000	2,451,584
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	470,492	190,454	186,675					
HIV Prevention Manager	2,337							
Treatment Adherence Coordinator	32,487							
	841,320	339,538	371,412	79,885	495,854	98,575	225,000	2,451,584

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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 FORMULA	Ryan White SUPPLM	Ryan White MAI	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
12. Salaries	841,320	339,538	371,412	79,885	495,854	98,575	225,000	2,451,584
13. Employee Benefits								
a. FICA	64,361	25,975	28,413	6,111	37,933	7,541	17,000	187,334
b. FI Unemployment	3,598	3,920	899	630	9,967	1,981	3,000	23,995
c. Workers' Comp	16,826	6,791	7,428	3,195	22,908	4,554	6,000	67,703
d. Health Plan	88,857	94,979	23,812	14,794	118,681	12,612	40,000	393,735
e. Retirement	25,239	10,186	11,142	2,397	14,876	2,957	9,000	75,797
14. Sub-Total Employee Benefits	198,881	141,851	71,694	27,127	204,365	29,646	75,000	748,564
15. Sub-Total Salaries/Benefits	1,040,201	481,389	443,106	107,012	700,219	128,221	300,000	3,200,148
16. Travel								
a. Travel/transportation	14,858	14,000	3,210	4,806	20,434	2,000	12,340	71,648
b. Conferences/Registration/Travel	8,615	8,400	1,926	3,375	9,781		6,400	38,497
17. Sub-Total Travel	23,473	22,400	5,136	8,181	30,215	2,000	18,740	110,145

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All Financial Information Rounded to Nearest Dollar

**TOTAL AGENCY BUDGET**

**Comprehensive AIDS Program of Palm Beach County, Inc.**

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

EXPENDITURES	Ryan White FORMULA	Ryan White SUPPLM	Ryan White MAI	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
18. Equipment								
19. Supplies								
a. Office Supplies	13,058	14,000	3,210	945			10,000	41,213
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 Supplies	20,058	19,500	6,210	30,587	66,779	1,000	20,322	164,456
21. Contractual	99,578	9,719	1,000				1,000	111,297
22. Other								
a. Communications/Utilities								
1. Telephone	10,672	12,600	2,889				3,000	29,161
2. Postage & Shipping	1,779	2,100	482				1,000	5,361
3. Utilities (Power/Water/Gas)	10,672	12,600	2,889				6,000	32,161
Sub-Total Communications/Utilities	23,123	27,300	6,260				10,000	66,683

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All Financial Information Rounded to Nearest Dollar



**TOTAL AGENCY BUDGET**

**Comprehensive AIDS Program of Palm Beach County, Inc.**

Agency Budget for Fiscal Year

3/1/2007

to

2/29/2008

EXPENDITURES	Ryan White FORMULA	Ryan White SUPPLM	Ryan White MAI	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
B. Food Service	1,800							1,800
C. Rental								
1. Building	58,161	63,000	14,445	10,800	76,920	11,040	36,200	270,566
2. Equipment					1,200			1,200
Sub-Total Rental	58,161	63,000	14,445	10,800	78,120	11,040	36,200	271,766
D. Repair & Maintenance								
1. Building Maintenance	10,672	12,600	2,889				6,000	32,161
2. Equipment Maintenance								
Sub-Total Repair & Maintenance	10,672	12,600	2,889				6,000	32,161
E. Specific Assistance to Individuals	57,026	7,090			373,500		125,000	562,616
F. Dues & Membership	178	210	48				100	536
G. Subscriptions	378	210	48				100	736

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All Financial Information Rounded to Nearest Dollar

**TOTAL AGENCY BUDGET**

**Comprehensive AIDS Program of Palm Beach County, Inc.**

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

EXPENDITURES	Ryan White FORMULA	Ryan White SUPPLM	Ryan White MAI	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
H. Training & Development	6,115	7,280	1,669	2,000			3,500	20,564
I. Printing	5,357	4,200	963	7,902			2,000	20,422
J. Copy Cost	3,557	4,200	963				2,000	10,720
K. Advertising	3,165	3,500	803		15,000		1,800	24,268
L. Audit Fees								
M. Office Furniture & Equipment	5,500	2,000	5,000	4,500			4,000	21,000
N. Insurance	14,230	16,800	3,852				8,000	42,882
O. Fundraising							75,000	75,000
P. Vehicle Operation								
Q. Promotional/PR								
R. Fees/taxes/bank fees								
S. Professional Fees								
T. Indirect Costs	137,257	68,140	49,239	17,098	116,445	7,739	49,571	445,489
25. Sub-Total Other	326,519	216,530	86,179	42,300	583,065	18,779	323,271	1,596,643
26. Sub-Total Expenditures	\$1,509,829	\$749,538	\$541,631	\$188,080	\$1,380,278	\$150,000	\$663,333	\$5,182,689

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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 \_\_\_, 2008 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, Direct Emergency Assistance and Home Health Care.

**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 shall replace the original Work Plan Exhibit "A1" in its entirety for Food Bank and Direct Emergency Assistance. A new Work Plan "A1" attached hereto shall replace the original Work Plan Exhibit "A" for Home Health Care.

II. A new Budget Exhibit "B2" attached hereto showing the new total budget for funding for Food Bank and Direct Emergency Assistance shall replace the original Exhibit "B1" in its entirety. A new Budget Exhibit "B1" attached hereto showing the new total budget for funding for Home Health Care shall replace the original Work Plan Exhibit "B" in its entirety.

III. Decrease funding for Food Bank by \$ 19.81 for a new total of \$16,685.19, decrease funding for Direct Emergency Assistance by \$18,342.69 for a new total of \$20,824.31 and decrease funding for Home Health Care by \$14.95 for a new total of \$31,785.05.

IV. Total contract not to exceed amount will be \$69,294.55.

**OTHER PROVISIONS**

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

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

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

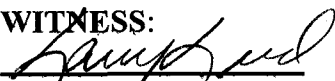
**ATTEST:**  
Sharon R. Bock  
Clerk and Comptroller

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

By: \_\_\_\_\_  
Deputy Clerk

By: \_\_\_\_\_  
Addie L. Greene, Chairperson

\_\_\_\_\_  
Date

**WITNESS:**  
  
Signature

By:   
Signature

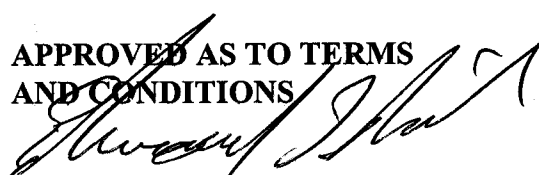
Chief Executive Officer

LARRY LEE  
Witness Name

\_\_\_\_\_  
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

<u>OBJECTIVE(S)</u>	<u>ACTIVITIES</u>	<u>START DATE</u>	<u>END DATE</u>	<u>NON-DUPLICATING STATEMENT</u>
<p>1. Objective: Identify units of tangible services and # of unduplicated clients to be served. Define a Unit of Service</p> <p>2. Impact Statement: When the objective is accomplished, what impact will it have?</p> <p>1. A unit of service is a 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>Describe the sequential steps to be taken to accomplish the objective</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>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>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		305.43	305.43	
F. Contractual				
G. Other	1,516.84	14,862.92	16,379.76	
<b>Total</b>	1,516.84	15,168.35	16,685.19	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\*

REVENUES	Administration Amount	Program Amount	Total Service Costs
1. Funds from Government Sources Ryan White Title I	1,516.84	15,168.35	16,685.19
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	1,516.84	15,168.35	16,685.19

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**BUDGET NARRATIVE**

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

**Agency:** CCCnet

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

Expenditures	Administration Amount	Program Amount	Total 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			

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**BUDGET NARRATIVE**

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

**Agency:** CCCnet

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

Expenditures	Administration Amount	Program Amount	Total Service Costs
18. Equipment (Attach a page showing detail description)	-	-	-
19. Supplies			
a. Office Supplies			
b. Program Supplies (items for monthly dinners)		305.43	305.43
20. Sub-Total Supplies		305.43	305.43
21. Contractual			
22. Other			
a. Communications/Utilities			
1. Telephone			
2. Postage & Shipping			
3. Utilities (Power/Water/Gas)			
Sub-Total Communications/Utilities			

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**BUDGET NARRATIVE**

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

**Agency:** CCCnet

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

Expenditures	Administration Amount	Program Amount	Total Service Costs
B. Food Service (Purchase of actual food, vouchers, meals, and group lunches and dinners)		14,317.74	14,317.74
C. Rental			
1. Building			
2. Equipment (Rental of truck plus gas for monthly dinners)		545.18	545.18
Sub-Total Rental		545.18	545.18
D. Repair & Maintenance			
1. Building Maintenance			
2. Equipment Maintenance			
Sub-Total Repair & Maintenance			
E. Specific Assistance to Individuals			
F. Dues & Membership			

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**BUDGET NARRATIVE**

EXHIBIT B 2  
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 Amount	Program Amount	Total 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%	1,516.84		1,516.84
23. Sub-Total Other	1,516.84	14,862.92	16,379.76
24. Total Expenditures	1,516.84	15,168.35	16,685.19
25. Total Cost per Unit of Service - (must match unit of service cost used in Workplan)	2.53	25.28	27.81
Total Units			600

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**All Financial Rounded to Nearest Dollar**

**SALARIES PER SERVICE**

Service: FOOD BANK/HOME DELIVERED MEALS-SUPPLEMENTAL  
 Agency: Comprehensive Community Care Network Inc.  
 Budget Period: 3/1/2007 to 2/29/08\*

\*Total Salary = No. of days x Hrs per day x Hourly rate

\*\* Requested amount = Total salary x percent funded

(1)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	
PERSONNEL	Admin/ Prog	Annual Salary	Pay Per Period	No. Of Days	Hrs. Per Day	Hourly Rate	Total Salary (5x6x7)	Percentage Charged	Admin	Program	Total
Positions/Salaries											
Total Personnel (Line Item Budget Line A)		-	-				-		-	-	-

FTE Admin  
FTE Prog

10

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 DATE</u>	<u>END DATE</u>	<u>NON-DUPLICATING STATEMENT</u>
<p>1. Objective: Identify units of tangible services and # of unduplicated clients to be served. Define a Unit of Service</p> <p>2. Impact Statement: When the objective is accomplished, what impact will it have?</p>	<p>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>	<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>

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 Cost Per Unit
A. Personnel				
B. Fringe Benefits				
C. Travel				
D. Equipment				
E. Supplies				
F. Contractual				
G. Other	1,893.12	18,931.19	20,824.31	
<b>Total</b>	1,893.12	18,931.19	20,824.31	Varies by service

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\* 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\*

REVENUES	Administration Amount	Program Amount	Total Service Costs
1. Funds from Government Sources Ryan White Title I	1,893.12	18,931.19	20,824.31
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	1,893.12	18,931.19	20,824.31

13

**BUDGET NARRATIVE**

**Service:** DIRECT EMERGENCY ASSISTANCE-SUPPLEMENTAL

**Agency:** CCCnet

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

Expenditures	Administration Amount	Program Amount	Total 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			

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**BUDGET NARRATIVE**

**Service:** DIRECT EMERGENCY ASSISTANCE-SUPPLEMENTAL

**Agency:** CCCnet

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

Expenditures	Administration Amount	Program Amount	Total 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			

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**BUDGET NARRATIVE**

**Service:** DIRECT EMERGENCY ASSISTANCE-SUPPLEMENTAL

**Agency:** CCCnet

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

Expenditures	Administration Amount	Program Amount	Total 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		18,931.19	18,931.19
F. Dues & Membership			

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**BUDGET NARRATIVE**

**Service:** DIRECT EMERGENCY ASSISTANCE-SUPPLEMENTAL

**Agency:** CCCnet

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

Expenditures	Administration Amount	Program Amount	Total 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%	1,893.12		1,893.12
23. Sub-Total Other	1,893.12	18,931.19	20,824.31
24. Total Expenditures	1,893.12	18,931.19	20,824.31
25. Total Cost per Unit of Service (must match unit of service cost used in Workplan)			
Total Units			

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All Financial Information Rounded to Nearest Dollar

**SALARIES PER SERVICE**

Service: DIRECT EMERGENCY ASSISTANCE-SUPPLEMENTAL  
 Agency: Comprehensive Community Care Network, Inc.  
 Budget Period: 3/1/2007 to 2/29/08\*

\*Total Salary = No. of days x Hrs per day x Hourly rate

\*\* Requested amount = Total salary x percent funded

(1)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	
PERSONNEL	Admin/ Prog	Annual Salary	Pay Per Period	No. Of Days	Hrs. Per Day	Hourly Rate	Total Salary (5x6x7)	Percentage Charged	Admin	Program	Total
Positions/Salaries											
Total Personnel (Line Item Budget Line A)											

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TITLE I  
WORKPLAN

APPLICANT: CCCnet

SERVICE: Home Health Care-  
SUPPLEMENTAL

AREA TO BE SERVED: PALM BEACH COUNTY

OBJECTIVE(S)	ACTIVITIES	START DATE	END DATE	NON-DUPLICATING STATEMENT
<p>1. Objective: Identify units of tangible services and # of unduplicated clients to be served. Define a Unit of Service</p> <p>2. Impact Statement: When the objective is accomplished, what impact will it have?</p>	<p>Describe the sequential steps to be taken to accomplish the objective</p>			<p>Indicate any other program in your agency or other agencies in the community which provides similar services. Explain how you will avoid duplication of services, or why additional units of services are needed.</p>
<p>1. A unit of service is a visit. A visit is an hour of home health care time. A unit cost varies according to the type of service delivered. CCCnet estimates they can provide these services to an unduplicated 4 clients.</p> <p>1a. A unit of service is an item of durable medical equipment. Units vary according to the type of item. CCCnet estimates they can provide up to 5 items to an unduplicated 5 clients.</p> <p>2. 9 clients will be able to stay in the least restrictive environment due to the professional services they receive which will enable them to stay in their home.</p> <p>Cost=actual cost plus 10%</p>	<p>1. Upon contractual agreement, CCCnet will continue to provide home health care services for HIV+ clients.</p> <p>2. Services will be provided by a certified home health care professional according to state standards, the client's careplan, and upon referral from a case manager.</p>	<p>3/1/2007</p>	<p>2/29/08*</p>	<p>Home Health Care services are difficult to obtain from many home health care agencies because of the lack of para-professional staff to accommodate the need.</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>

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

**BUDGET NARRATIVE SUMMARY**

**PROPOSED SERVICE:** HOME HEALTH CARE-SUPPLEMENTAL

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

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

Category	Administration	Program	Total	Cost Per Unit
A. Personnel	-	-	-	
B. Fringe Benefits	-	-	-	
C. Travel	-	-	-	
D. Equipment	-	-	-	
E. Supplies	-	-	-	
F. Contractual		28,895.50	28,895.50	
G. Other	2,889.55		2,889.55	
<b>Total</b>	2,889.55	28,895.50	31,785.05	varies by type of service

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

**BUDGET NARRATIVE**

Service: HOME HEALTH CARE-SUPPLEMENTAL  
Agency: CCCnet Budget Period: 3/1/2007 to 2/29/08\*

REVENUES	Administration Amount	Program Amount	Total Service Costs
1. Funds from Government Sources Ryan White Title I	2,890	28,896	31,785
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	2,890	28,896	31,785

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**BUDGET NARRATIVE**

**Service:** HOME HEALTH CARE-SUPPLEMENTAL

**Agency:** CCCnet

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

Expenditures	Administration Amount	Program Amount	Total 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 \$450 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			

aa



**BUDGET NARRATIVE**

**Service:** HOME HEALTH CARE-SUPPLEMENTAL

**Agency:** CCCnet

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

Expenditures	Administration Amount	Program Amount	Total Service Costs
18. Equipment			
19. Supplies			
a. Office Supplies			
b. Program Supplies (actual purchase)			
20. Sub-Total Supplies			
21. Contractual rates vary by HHC services ranging from \$7 to \$40 to \$70 per unit and actual durable medical items		28,896	28,896
22. Other			
a. Communications/Utilities			
1. Telephone			
2. Postage & Shipping			
3. Utilities (Power/Water/Gas			
Sub-Total Communications/Utilities			

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**BUDGET NARRATIVE**

**Service:** HOME HEALTH CARE-SUPPLEMENTAL

**Agency:** CCCnet

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

Expenditures	Administration Amount	Program	Total 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			
F. Dues & Membership			

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**BUDGET NARRATIVE**

**Service:** HOME HEALTH CARE-SUPPLEMENTAL

**Agency:** CCCnet

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

Expenditures	Administration Amount	Program Amount	Total Service Costs
G. Subscriptions			
H. Training & Development			
I. Printing			
J. Copy Cost			
K. Advertising			
L. Audit Fees			
M. Office Furniture and Equipment :			
N. Administrative expense allowed at 10%	2,890		2,890
23. Sub-Total Other	2,890		2,890
24. Total Expenditures	2,890	28,896	31,785
25. Total Cost per Unit of Service (must match unit of service cost used in Workplan)			
Total Units			

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All Financial Information Rounded to Nearest Dollar

**SALARIES PER SERVICE**

Service: HOME HEALTH CARE-SUPPLEMENTAL  
 Agency: Comprehensive Community Care Network, Inc.  
 Budget Period: 3/1/2007 to 2/29/08\*

\*Total Salary = No. of days x Hrs per day x Hourly rate

\*\* Requested amount = Total salary x percent funded

(1)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	
PERSONNEL	Admin/ Prog	Annual Salary	Pay Per Period	No. Of Days	Hrs. Per Day	Hourly Rate	Total Salary (5x6x7)	Percentage Charged	Admin	Program	Total
Positions/Salaries											
Total Personnel (Line Item Budget Line A)			-				-	-	-	-	-

FTE Admin  
FTE Prog

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

REVENUES	Ryan White FORMULA	Ryan White SUPPLM.	HOPWA	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
1. Funds from Gov.. Sources	415,287	69,294.55	2,651,000				25,000	3,160,581.55
2. Foundations								
3. Other Grants								
4. Fund Raising								
5. Contributions/ Legacies/Bequests								
6. Membership Dues								
7. Program Svc Fees/ Sales to Public								
8. Investment Income								
9. In-Kind								
10. Miscellaneous								
11. Total Revenues	415,287	69,294.55	2,651,000				25,000	3,160,581.55

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

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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 FORMULA	Ryan White SUPPLM.	HOPWA	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
18. Equipment								
19. Supplies								
a. Office Supplies								
b. Program Supplies	300	305	5,000					5,605
c. Computer Software								
20. Sub-Total Supplies	300	305	5,000					5,605
21. Contractual	315,872	28,896					22,727	367,495
22. Other								
a. Communications/Utilities								
1. Telephone								
2. Postage & Shipping								
3. Utilities (Power/Water/Gas)								
Sub-Total Communications/Utilities								

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AH 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**

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EXPENDITURES	Ryan White FORMULA	Ryan White SUPPLM.	HOPWA	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
B. Food Service	17,629	14,318						31,947
C. Rental								
1. Building			24,480					24,480
2. Equipment	800	545						1,345
Sub-Total Rental	800	545	24,480					25,825
D. Repair & Maintenance								
1. Building Maintenance								
2. Equipment Maintenance								
Sub-Total Repair & Maintenance								
E. Specific Assistance to Individuals	42,933	18,931	2,243,695					2,305,559
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 FORMULA	Ryan White SUPPLM.	HOPWA	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * 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	6,300	148,950				2,273	195,276
25. Sub-Total Other	99,115	40,094	2,417,125				2,273	2,558,607
26. Sub-Total Expenditures	\$415,287	\$69,295	\$2,651,000				\$25,000	\$3,160,582

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All Financial Information Rounded to Nearest Dollar