Agenda Item No. 3E-6

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: May 6, 2008

[X] Consent [] Workshop [] Regular [] 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 totaling \$18,377.45:

- A. Amendment No. 2 to contract (R2007-1408) with Comprehensive Community Care Network, Inc. to decrease funding by \$18,377.45 for a total not to exceed amount of \$69,294.55.
- B. Amendment No. 3 to contract (R2007-1407) with Comprehensive AIDS Program, Inc. to increase funding by \$18,377.45 for a total not to exceed amount of \$749,536.45.

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 funds provide compensation for additional case management services by Comprehensive AIDS Program, Inc. and were not needed by Comprehensive Community Care Network, Inc. No County funds are required. (Ryan White) <u>Countywide</u> (TKF).

Background and Justification: Funds are being moved to ensure that Comprehensive AIDS Program, Inc. will have funds to meet budgetary needs for the grant period for Case Management services that have been provided.

Attachments:

- 1. Amendment No. 2 Comprehensive Community Care Network, Inc.
- 2. Amendment No. 3 Comprehensive AIDS Program, Inc.

==============================		
Recommended by:_	S/horn/ 1. 1/m	4-24-2008
	Department Director Date	
Approved by:	Alch	4-29.08
	Assistant County Administrator Date	

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2008	2009	20010	20011	2012
Capital Expenditures	_0				<u> </u>
Operating Costs	<u>18,377.45</u>			<u></u> .	
External Revenues	<u>(18,377.45)</u>				
Program Income (County	/) _ 0 _ /				
In-Kind Match (County)			. <u></u>	· · · · · ·	
NET FISCAL IMPACT	0				
_# ADDITIONAL FTE					
POSITIONS (Cumulativ	e)				

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

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:

fact 1/29/08 trol Amendments comply 'r review vegarnemacts OFMB Control ontrac Β. Legal Sufficience Assistant County Attorney

C. Other Department Review:

Department Director

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

Amendment 03

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 <u>Comprehensive AIDS Program, Inc.</u> 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:

By: ______Addie L. Greene, Chairperson

ud

LARRY.

Witness Name

Date

Signature

Executive Director

<u>4-17-08</u> Date

APPROVED AS TO FORM AND LEGAL SUFFICIENCY

County Attorney

APPRO ÉD AS TO TERMS DITI TIA

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	<u>START</u> DATE	END DATE	NON-DUPLICATING STATEMENT
1. Objective: Identify units of tangible services and # of unduplicated clients to be served. Define a Unit of Service	Describe the sequential steps to be taken to accomplish the objective			Indicate any other program in your agency or other agencies in the community which provides similar services. Explain how you with avoid
 Impact Statement: When the objective is accomplished, what impact will it have? 				duplication of services, or why additional units of services are needed.
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.	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.	3/1/2007	2/29/2008*	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.
2. 395 HIV+ men, women and children will have better health outcomes and longer life as a result of information; education; and medical & social service support.	2. Each client will receive an Intake Packet, needs assessment, financial assessment, a careplan & appropriate referrals within one (1) week of request. (If there is a wait list, will receive referrals and place on the list with follow up every 30 days)			CAP meets with other providers for referral services, and uses the FACTORS system to prevent duplication of services and enhances overall approach.
 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. 	3. Eighty percent (80%) of clients will comply/follow-up with the referral.			
unit=quarter hour Unit cost = \$13.00 per quarter hour 51,045 units of service includes Statewide and countywide trainings at \$260 equals 20 units at \$13 per unit per day (other H) and actual cost of new computer upgrade needs (othe				

* or Date of Depletion of Funds, whichever comes first

.

M

EXHIBIT B 3 SECTION____ PAGE 1 of 6

BUDGET NARRATIVE SUMMARY

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
Total	66,658.86	666,588.59	733,247.45	13.00

+

EXHIBIT B 3 SECTION____ PAGE 2 of 6

BUDGET NARRATIVE

Service:	MEDICAL CASE MANAG			4	0/00/0000*
Agency: Con	nprehensive AIDS Program	Budget Period:	3/1/2007	to	2/29/2008*

REVENUES	Administration	Program	Total
	Amount	Amount	Service Costs
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

Comprehensive AIDS Program of Palm Beach County, Inc.

Service: MEDICAL CASE MANAGEMENT-SUPPLEMENTAL

Agency: Comprehensive AIDS Program	Comprehensive AIDS Program Budget Period: 3/		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			14,000	14,000	
a. Travel/Transportation					
b. Conference/Registration/Travel		-	8,400	8,40	
17. Sub-Total Travel			22,40	0 22,40	

9

Comprehensive AIDS Program of Palm Beach County, Inc.

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
8. 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

1+

Service: MEDICAL CASE MANAGEMENT-SUPPLEMENTAL

Agency: Comprehensive AIDS Program	Comprehensive AIDS Program Budget Period:		to	2/29/2008*	
Expenditures		Administration Amount	Program Amount	Total Service Costs	
3. Food Service					
C. Rental				and can be a set of the	
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	

Service: MEDICAL CASE MANAGEMENT-SUPPLEMENTAL

Agency: Comprehensive AIDS Program Budget Period:	3/1/2007	to <u>2</u>	2/29/2008*
Expenditures	Administration Amount	Program Amount	Total Service Costs
G. Subscriptions	-	210	21
H. Training & Development Includes Countywide & Statewide training required for all staff. \$260 per day per staff=20units per day	-	7,280	7,28
I. Printing	-	4,200	4,20
J. Copy Cost	-	4,200	4,20
K. Advertising/Recruitment/PR	-	3,500	3,50
L. Audit Fees	-		-
M. Office Furniture and Equipment (needed for computer hardware and software upgrades)	_	2,000	2,0
N. Insurance/General Liability/Malpractice		16,800	16,8
N. Administrative expense allowed at 10%	66,659		66,6
23. Sub-Total Other	66,659	141,300	207,9
24. Total Expenditures	66,659	666,589	733,2
25a Total Cost per Unit of Service - (must match unit of service cost used in Workplan)	1.18	11.82	13
Total Units less statewide trainings and computer upgrades to be reimbursed			56,

~

Ġ

EXHIBIT B 3 SECTION____ PAGE __ of 2

SALARIES PER SERVICE

MEDICAL CASE MANAGEMENT-SUPPLEMENTAL

Service: Agency:

Comprehensiv	e AIDS I	Program
<u></u>	3/1/200	7

Budget Period:

		the second s	1
,	to	2/29/2008*	

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

** Requested amount = Total salary x percent funded

Total Salary = No. of days x Hr	s per day x F	lourly rate			Nequ	colcu amo					(40)
(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										00.702	20,792
Chief Program Director/CPO	Prog	103,168	3,968	262	8	49.60	103,962	20%		20,792	20,792
	Prog	52,550	2,021	262	8	25.26	52,954	70%		37,068	37,068
1 Program Managers	Prog	73,925	2,843	262	8	35.54	74,494	70%		52,146	52,146
2 Program Supervisors	Prog	55,400	2,131	262	8	26.63	55,826	70%		39,078	39,078
2 Program Specialists 10 Case Managers/Techs	Prog	270,000	10,385	262	8	129.81	272,077	70%		190,454	190,454
										1	
NOTE: FULL STAFF 63 FTE'S PROVID	DED SERVICES	FROM 3/1/07 UNTIL	CHANGE IN AV	VARD RECE			* ₄				
Total Personnel (Line Item Budget Line		555,043	21,348				559,313			339,538	339,538

FTE Admin

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

14.00 actual fte's by %

Comprehensive AIDS Program of Palm Beach County, Inc.

Š

Exhibit B3 Page 1 of 6

2/29/2008

to

TOTAL AGENCY BUDGET

Comprehensive AIDS Program of Palm Beach County, Inc.

Agency Budget for Fiscal Year

3/1/2007

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								, <u>.</u>
7. Program Svc Fees/ Sales to Public								
8. Investment Income								
9. In-Kind				-			· · ·	
10. Miscellaneous								
11. Total Revenues	1,509,829	749,536.45	541,631	188,080	1,380,278	150,000	663,333	5,182,687

All Financial Information Rounded to Nearest Dollar

Ξ

Exhibit B3

Page 2 of 6

TOTAL AGENCY BUDGET

Comprehensive AIDS Program of Palm Beach County, Inc.

Agency Budget for Fiscal Year

.

to

3/1/2007

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							
	1							
	841,320	339,538	371,412	79,885	495,854	98,575	225,000	2,451,584

5

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.

3/1/2007

Agency Budget for Fiscal Year

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. Fl 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

All Financial Information Rounded to Nearest Dollar

13

Exhibit B3

2/29/2008

TOTAL AGENCY BUDGET

Comprehensive AIDS Program of Palm Beach County, Inc.

Agency Budget for Fiscal Year

Total PBC/BCC Other * Other * Other * **Tax Dollars** State Local Federal Ryan White Ryan White Ryan White EXPENDITURES SUPPLM FORMULA MAI 18. Equipment ,213

3/1/2007

to

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

All Financial Information Rounded to Nearest Dollar

±

2/29/2008

to

TOTAL AGENCY BUDGET

Comprehensive AIDS Program of Palm Beach County, Inc.

3/1/2007

Agency Budget for Fisca	l Year
-------------------------	--------

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

All Financial Information Rounded to Nearest Dollar

 $\overline{\mathcal{S}}$

Comprehensive AIDS Program of Palm Beach County, Inc.

Page 6 of 6

Exhibit B3

TOTAL AGENCY BUDGET

Comprehensive AIDS Program of Palm Beach County, Inc.

Agency Budget for Fiscal Year

to 2/29/2008

3/1/2007

EXPENDITURES	Ryan White FORMULA	Ryan White SUPPLM	Ryan White MAI	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
I. Training & Development	6,115	7,280	1,669	2,000			3,500	20,564
. Printing	5,357	4,200	963	7,902			2,000	20,422
. 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

All Financial Information Rounded to Nearest Dollar

9

Amendment 02

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 <u>Comprehensive Community Care Network, Inc.</u> 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

ature

LARRY Witness Name

₿у Signature

Chief Executive Officer

Date

APPROVED AS TO FORM AND LEGAL SUFFICIENCY

County Attorney

AS TO TERMS DITION

Edward L. Rich, Director

EXHIBIT A 2 SECTION "B" PAGE 1 of 1

TITLE I WORKPLAN

APPLICANT: CCCnet	SERVICE: Food Bank / Home Delivered Meals- SUPPLEMENTAL	AREA TO BE SERVED:		PALM BEACH COUNTY
OBJECTIVE(S)	ACTIVITIES	<u>START</u> DATE	<u>END</u> DATE	NON-DUPLICATING STATEMENT
 Objective: Identify units of tangible services and # of unduplicated clients to be served. Define a Unit of Service Impact Statement: When the objective is accomplished, what impact will it have? 	Describe the sequential steps to be taken to accomplish the objective			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.
A unit of service is a food voucher or a meal. CCCnet stimates we can provide about 490 food cards and 110 heals to an unduplicated 63 clients.	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.	3/1/2007	2/29/08*	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.
t. 63 HIV+ infected men, women, and children, plus thei amilies, will be able to meet their nutritional equirements.	r de la companya de l			
cost=actual cost + 10% handling				

*or Date of Depletion of Funds, whichever comes first

EXHIBIT B 2/ SECTION____ PAGE 1 of 6

BUDGET NARRATIVE SUMMARY

PROPOSED SERVICE:	FOOD BANK/HOME DELIVERE	D MEALS-SUPPLEMENTAL		
AGENCY NAME:	Comprehensive Community C	are Network Inc.		
BUDGET PERIOD: from	3/1/2007	to	2/29/08*	
Category	Administration	Program	Total	** Average Cost Per Unit
A. Personnel	÷	-	<u> </u>	
B. Fringe Benefits	-	-	-	
C. Travel	-	-	-	
D. Equipment	-	-	-	
E. Supplies		305.43	305.43	
F. Contractuat				
G. Other	1,516.84	14,862.92	16,379.76	
Total	1,516.84	15,168.35	16,685.19	Varies by service

*or Date of Depletion of Funds, whichever comes first

Comprehensive AIDS Program of Palm Beach County, Inc.

Ť

EXHIBIT B SECTION____ PAGE 2 of 6

BUDGET NARRATIVE

Service: FOOD BANK/HOME DELIVERED MEALS Agency: CCCnet Budget Perio	od: 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	15,168.3	5 16,685.1

Ś

11. Total Revenue

EXHIBIT B 2 SECTION____ PAGE 3 of 6

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. Fl 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			<u></u>	
b. Conference/Registration/Travel				
17. Sub-Total Travel				

.9

EXHIBIT B J SECTION____ PAGE 4 of 6

BUDGET NARRATIVE

Service: FOOD BANK/HOME DELIVERED MEALS-SUPPLEMENTAL

Agency: CCCnet	Budget Period:	3/1/2007	to <u>2</u>	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					

rt-

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. Rentał 1. Building				
2. Equipment (Rental of truck plus gas for monthly dinners)			545.18	545.1
Sub-Total Rental			545.18	545.1
D. Repair & Maintenance 1. Building Maintenance				
2. Equipment Maintenance				
Sub-Total Repair & Maintenance				
E. Specific Assistance to Individuals F. Dues & Membership				

В

Service:	FOOD BANK/HOME DELIVERED MEALS-SUPPLEMENTAL
Jei vice.	

EXHIBIT B 2 SECTION____ PAGE 6 of 6

Agency: CCCnet	Budget Period:	3/1/2007	to	2/29/08* Total Service Costs	
Expenditures		Administration Amount	Program Amount		
G. Subscriptions					
H. Training & Development			<u>,</u>		
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		1,516.8	
23. Sub-Total Other		1,516.84	14,862.92	16,379.7	
24. Total Expenditures		1,516.84	15,1 6 8.3	16,685.1	
25. Total Cost per Unit of Service - (must match unit of service cost used in Wor	kplan)	2.53	25.24	3 27.8	
Total Units				60	

BUDGET NARRATIVE

All Financial Rounded to Nearest Dollar

0-

Service:		FOOD BANK	KHOME DE	LIVERED	MEALS-	SUPPLEMEN	TAL			PAGE 1 of 1	
Agency:		Comprehen	sive Comm	unity Care	Networ	k Inc.					
	eriod:		3/1/2007	/	to	2/29/08*					
s x Hrs per day x	Hourly rate)		** Reque	sted am	ount = Total sa	alary x percent f				
			(5)	(6)	(7)	(8)	(9)		the second se		
Admin/ Prog	Annual Salary	Pay Per Period	No. Of Days	Hrs. Per Day	Hourly Rate	Total Salary (5x6x7)	Percentage Charged	Admin	Program	Total	
				1	ļ						
					<u>}</u>	+					
	<u> </u>				<u>}</u>						
			ļ	<u> </u>	ļ					 	
			<u> </u>		+						C
											2
get Line A)	-	-				<u> </u>	<u> </u>	-	<u> </u>	-	
	Agency: Budget Pa s x Hrs per day x	Agency: Budget Period: s x Hrs per day x Hourly rate (3). Admin/ Annual Prog Salary	Service: FOOD BANK Agency: Comprehent Budget Period: s x Hrs per day x Hourly rate (3) (4) Admin/ Annual Pay Per Period	Service: FOOD BANK/HOME DE Agency: Comprehensive Comm Budget Period: 3/1/2007 s x Hrs per day x Hourly rate (3) (4) (5) Admin/ Annual Pay Per No. Of Prog Salary Period Days Image: Description of the second seco	Service: FOOD BANK/HOME DELIVERED I Agency: Comprehensive Community Care Budget Period: 3/1/2007 s x Hrs per day x Hourly rate ** Request (3) (4) (5) (6) Admin/ Annual Pay Per No. Of Hrs. Per Prog Salary Period Days Day Image: Deliver of the second s	Service: FOOD BANK/HOME DELIVERED MEALS- Comprehensive Community Care Networ Budget Period: 3/1/2007 to s x Hrs per day x Hourly rate ** Requested among the second s	Agency: Comprehensive Community Care Network Inc. Budget Period: 3/1/2007 to 2/29/08* s x Hrs per day x Hourly rate ** Requested amount = Total sate (3) (4) (5) (6) (7) (8) Admin/ Prog Annual Salary Pay Per Period No. Of Days Hourly Rate Salary (5x6x7) Image: Comprehensive Community Care Network Inc. Image: Comprehensive Community Care Network Inc. Image: Comprehensive Community Care Network Inc. (3) (4) (5) (6) (7) (8) Image: Comprehensive Community Care Network Inc. Image: Comprehensive Community Care Network Inc. Image: Community Care Network Inc. Image: Community Care Network Inc. Image: Community Care Network Inc. Image: Community Care Network Inc. Image: Community Care Network Inc. Image: Community Care Network Inc. Image: Community Care Network Inc. Image: Community Care Network Inc. Image: Community Care Network Inc. Image: Community Care Network Inc. Image: Community Care Network Inc.	Service: FOOD BANK/HOME DELIVERED MEALS-SUPPLEMENTAL Agency: Comprehensive Community Care Network Inc. Budget Period: 3/1/2007 to 2/29/08* s x Hrs per day x Hourly rate ** Requested amount = Total salary x percent f (3) (4) (5) (6) (7) (8) (9) Admin/ Annual Pay Per Pay Per No. Of Day Hrs. Per Hourly Total Salary Percentage Charged Admin/ Annual Pay Per Period Day Hrs. Per Hourly Total (5) Charged Charged Image: Program and the salary in the salary	Service: FOOD BANK/HOME DELIVERED MEALS-SUPPLEMENTAL Agency: Comprehensive Community Care Network Inc. Budget Period: 3/1/2007 to 2/29/08* s x Hrs per day x Hourty rate ** Requested amount = Total salary x percent funded (3) (4) (5) (6) (7) (8) (9) (10) Admin/ Annual Pay Per No. Of Days Hourly Total salary Percentage Admin Prog Salary Period No. Of Days Hourly Total salary Percentage Admin Image: Prog Annual Pay Per No. Of Days Hourly Salary Percentage Admin Image: Prog Salary Percentage Image: Perc	Service: FOOD BANK/HOME DELIVERED MEALS-SUPPLEMENTAL Agency: Comprehensive Community Care Network Inc. Budget Period: 3/1/2007 to 2/29/08* ** Requested amount = Total salary x percent funded (3) (4) (5) (6) (7) (8) (9) (10) (11) (3) (4) (5) (6) (7) (8) (9) (10) (11) Admin Program Admin Program Admin Program Admin Program (3x6x7) Charged Admin Program (3x6x7)	Service: FOOD BANK/HOME DELIVERED MEALS-SUPPLEMENTAL SECTION Agency: FOOD BANK/HOME DELIVERED MEALS-SUPPLEMENTAL PAGE 1 of 1 Budget Period: 3/1/2007 to 2/29/08* s x Hrs per day x Hourty rate ** Requested amount = Total salary x percent funded (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) Admin/ Prog Annual Salary Pay Per No. Of Days Hs. Per Hourty Total Stalary Percontage (5x5x7) Admin Program Total Image: Colspan="2">Image: Colspan="2">Image: Charged C

FTE Prog

EXHIBIT A 2/ SECTION "B" PAGE 1 of 1

WORKPLAN

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

SERVICE: Direct Emergency Assistance-PALM BEACH COUNTY AREA TO BE SERVED: **APPLICANT: CCCnet** SULLEMENTAL NON-DUPLICATING STATEMENT **START** END ACTIVITIES **OBJECTIVE(S)** DATE DATE Indicate any other program in your Describe the sequential steps to be taken 1. Objective: Identify units of tangible agency or other agencies in the to accomplish the objective services and # of unduplicated clients community which provides similar to be served. Define a Unit of Service services. Explain how you will avoid duplication of services, or why 2. Impact Statement: When the additional units of services are needed. objective is accomplished, what impact will it have? CCCnet administers this resource through 3/1/2007 2/29/08* h. A unit of service is 1 assistance encounter of direct 1. Upon contractual agreement, CCCnet will applications from Ryan White Case Management emergency assistance. A unit cost varies according to continue to provide emergency financial agencies for all Ryan White eligible clients the type of service delivered. CAP estimates they can assistance. throughout Palm Beach County, and conducts provide these services to an estimated 50 follow-up to assure services are received. unduplicated clients. 2. Upon meeting eligibility, clients will receive up to 2, 50 HIV+ men, women, and children will be better two (2) incidences of financial assistance during able to maintain daily living activities as a result of the grant year, according to standards as set by assistance in an emergency. the Care Council. cost= actual cost plus 10% handling fee.

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

 \sim

EXHIBIT B 2 SECTION_ PAGE 1 of 6

BUDGET NARRATIVE SUMMARY

PROPOSED	SERVICE:
----------	----------

DIRECT EMERGENCY ASSISTANCE-SUPPLEMENTAL

AGENCY NAME:

BUDGET PERIOD: from

Comprehensive Community Care Network, Inc. 2/29/08* to 3/1/2007

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	
Total	1,893.12	18,931.19	20,824.31	Varies by service

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

** Varies according to the type of service

EXHIBIT B J SECTION____ PAGE 2 of 6

BUDGET NARRATIVE

. **. . .** . .

Service: DIRECT EMERGENCY ASSIS Agency: CCCnet E	Budget Period:	3/1/2007	to	2/29/08*
REVENUES		Administration Amount	Program Amount	Total Service Costs
1. Funds from Government Sources Ryan White T	Fitle 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			- <u></u>	
8. Investment Income				
9. In Kind			- are constants in the s	
10. Miscellaneous Revenue		· · · ·		
11. Total Revenue		1,893.12	18,931.19	20,824.31

13

Comprehensive AIDS Program of Palm Beach County, Inc.

EXHIBIT B 2 SECTION____ PAGE 3 of 6

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)				-
r3. Employee Benefits			<u> </u>	
a. FICA .0765			<u></u>	
b. Ft 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				

EXHIBIT BJ SECTION____ PAGE 4 of 6

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				

EXHIBIT B 2 SECTION____ PAGE 5 of 6

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				4.
1. Building Maintenance				
2. Equipment Maintenance	·			
Sub-Total Repair & Maintenance				
E. Specific Assistance to Individuals			18,931.19	18,931.19
F. Dues & Membership			· · · · · · · · · · · · · · · · · · ·	

EXHIBIT B Z SECTION____ PAGE 6 of 6

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			<u> </u>	
I. Printing				
J. Copy Cost		· ·		
K. Advertising	<u> </u>			
L. Audit Fees				
M. Office Furniture and Equipment (Attach a sheet showing details)				
N.Administrative expense allowed at 10%		1 902 12	<u> </u>	1,893.12
		1,893.12		1,093.17
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				

All Financial Information Rounded to Nearest Dollar

1-1

EXHIBIT B 2/ SECTION___ PAGE 1 of 1

SALARIES PER SERVICE

3/1/2007

DIRECT EMERGENCY ASSISTANCE-SUPPLEMENTAL

Agency:										
Budget Period:										

Comprehensive Community Care Network, Inc.

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

** Requested amount = Total salary x percent funded

to 2/29/08*

(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
sitions/Salaries											· · · · · · · · · · · · · · · · · · ·
											• •
			<u> </u>		+						
					<u> </u>						
		· ·									
						[
·	_										
					<u> </u>	<u> </u>					
	-										
al Personnel (Line Item Budget Line A)						· ·					

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
1. Objective: Identify units of tangible services and # of unduplicated clients to be served. Define a Unit of Service	Describe the sequential steps to be taken to accomplish the objective			Indicate any other program in your agency or other agencies in the community which provides similar services. Explain how you will avoid
 Impact Statement: When the objective is accomplished, what impact will it have? 	an an to taken			duplication of services, or why additional units of services are needed.
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.	1. Upon contractual agreement, CCCnet will continue to provide home health care services for HIV+ clients.	3/1/2007	2/29/08*	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.
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.				
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.	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.			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.
		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
Cost≖actual cost plus 10%			1	<u> </u>

19

* or Date of Depletion of Funds, whichever comes first

EXHIBIT B I SECTION_____ PAGE 1 of 6

BUDGET NARRATIVE SUMMARY

ROPOSED SERVICE:	HOME HEALTH CARE-SUPP	PLEMENTAL		
GENCY NAME:	Comprehensive Community C	are Network, Inc.		
BUDGET PERIOD: from	3/1/2007	to	2/29/08*	
Category	Administration	Program	Total	Cost Per Unit
A. Personnei		- -		
3. Fringe Benefits		-	-	
C. Travel	-	-	-	
D. Equipment	-	-	-	
E. Supplies	-	-	-	
Contractuał		28,895.50	28,895.50	
G. Other	2,889.55		2,889.55	
Total	2,889.55	28,895.50	31,785.05	varies by type of service

* or Date of Depletion of Funds, whichever comes first

ŝo

EXHIBIT B I SECTION____ PAGE 2 of 6

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	

3

Comprehensive AIDS Program of Palm Beach County, Inc.

EXHIBIT BI SECTION_____ PAGE 3 of 6

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	- -			

e E E

Comprehensive AIDS Program of Palm Beach County, Inc.

EXHIBIT B) SECTION_____ PAGE 4 of 6

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 actual durable medical items) to \$70 per unit and		28,896	3 28,896	
22. Other				-	
a. Communications/Utilities					
1. Telephone					
2. Postage & Shipping					
3. Utilities (Power/Water/Gas					
Sub-Total Communications/Utilities					

EXHIBIT B i SECTION_____ PAGE 5 of 6

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			4 m mann		
1. Building					
2. Equipment					
Sub-Total Rental					
D. Repair & Maintenance					
1. Building Maintenance					
2. Equipment Maintenance					
Sub-Totał Repair & Maintenance		-			
E. Specific Assistance					
F. Dues & Membership					

EXHIBIT B SECTION_____ PAGE 6 of 6

BUDGET NARRATIVE

Service: HOME HEALTH CARE-SUPPLEMENTAL

Agency: CCCnet	Cnet Budget Period: 3/1/2007 to		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	31,78		
25. Total Cost per Unit of Service (must match unit of service cost used in W	/orkplan)					
Total Units						

All Financial Information Rounded to Nearest Dollar

S?

EXHIBIT B(SECTION______ 1 of 2

SALARIES PER SERVICE

	Service:		HOME HEAL								
	Agency:		Comprehen	sive Comm	unity Care	Networ	k, Inc.	·			
	Budget P	eriod:		3/1/200	7	to	2/29/08*				
*Total Salary = No. of days	x Hrs per day x	Hourly rat	e		** Reques	sted amo	ount = Total sala	ary x percent fu			
(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											
										<u> </u>	
				ļ		[<u> </u>
						ļ		·			÷
				<u> </u>	<u> </u>	<u> </u>					
· · · · · · · · · · · · · · · · · · ·						<u> </u>				+	
				<u> </u>			-				+
						<u> </u>				<u> </u>	1
							-				
						1					
· · · · · · · · · · · · · · · · · · ·		<u> </u>									
											<u> </u>
Total Personnel (Line Item Budge	et Line A)		-				<u> </u>			1	-
· .							FTE Admin				

FTE Prog

Exhibit is a

Page 1 of 6

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.	НОРЖА	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						1	· · · · · · · · · · · · · · · · · · ·	<u></u>
9. In-Kind								
10. Miscellaneous								
11. Total Revenues	415,287	69,294.55	2,651,000				25,000	3,160,581.55

All Financial Information Rounded to Nearest Dollar

Page 2 of 6

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
					-			
·	_							
· · · · · · · · · · · · · · · · · · ·								
					<u>. </u>		<u> </u>	
	_	<u> </u>						<u> </u>
<u> </u>								
			· ·				ļ	
							<u> </u>	
	_							
			<u> </u>			1	<u> </u>	
						Į	 	
		<u> </u>				ļ		+
·		<u> </u>	<u> </u>	<u>.</u>	 			<u> </u>

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

ÌB

Exhibit 52

Page 3 of 6

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. Fł Unemployment								
c. Workers' Comp							<u></u>	
d. Health Plan							<u> </u>	
e. Retirement					· · · · · · · · · · · · · · · · · · ·			
14. Sub-Total Employee Benefits			54,366				<u>. </u>	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

All Financial Information Rounded to Nearest Dollar

189

Exhibit 52

Page 4 of 6

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
8. 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				l				

30

All Financial Information Rounded to Nearest Dollar

Exhibit BJ

Page 5 of 6

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
B. Food Service	17,629	14,318						31,947
C. Rental								
1. Building			24,480				ļ	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						[<u> </u>	<u> </u>

All Financial Information Rounded to Nearest Dollar

R

EXHIBIL DJ

Page 6 of 6

TOTAL AGENCY BUDGET

Comprehensive Community Care Network, Inc.

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

1

EXPENDITURES	Ryan White FORMULA	Ryan White SUPPLM.	HOPWA	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
H. Training & Development						l		
I. Printing								
J. Copy Cost								
K. Advertising								
L. Audit Fees								
M. Office Furniture & Equipment	· · · · · · · · · · · · · · · · · · ·							
N. Insurance								
O. Fundraising								i
P. Vehicle Operation								
Q. Promotional/PR								
R. Fees/taxes/bank fees						1		<u>.</u>
S. Professional Fees	<u></u>					<u> </u>		
T. Indirect Costs	37,753	6,300	148,950			1	2,273	195,276
25. Sub-Total Other	99,115	40,094	2,417,125			1	2,273	2,558,607
26. Sub-Total Expenditures	\$415,287	\$69,295	\$2,651,000				\$25,000	\$3,160,582

All Financial Information Rounded to Nearest Dollar