

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2007	2008	2009	2010	2011
Capital Expenditures	0				
Operating Costs	0	200,000			
External Revenues	0				
Program Income (County)	0				
In-Kind Match (County)	0				
NET FISCAL IMPACT		200,000			
# ADDITIONAL FTE POSITIONS (Cumulative)		0			

Is Item Included in Current Budget? Yes X No
 Budget Account No.: Fund 1010 Dept 142 Unit 1475 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: *KEW*

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

atwillhite 8.25.08 *Jim J. Jucy* 8/26/08
 88 8/25/08 OFMB *8/26/08* Contract Dev. and Control

B. Legal Sufficiency:
[Signature] 8/27/08
 Assistant County Attorney

These Amendments comply with our review requirements.

C. Other Department Review:

 Department Director

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

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

THIS AMENDMENT TO THE RYAN WHITE PART A HIV HEALTH SUPPORT SERVICES CONTRACT (Document No.R2008-0953, dated June 3, 2008) 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, FL 33406.

WITNESSETH:

WHEREAS, the need exists to amend the contract to increase Medical Transportation Services and Food/Home Delivered Meals.

NOW THEREFORE, the above named parties hereby mutually agree that the Contract entered into on June 3, 2008 is hereby amended as follows:

I. New Work Plans "A1" attached hereto showing the new total units of service shall replace the original work plans Exhibit "A" in its entirety for Medical Transportation services and Food/Home Delivered Meals. Unduplicated clients served will increase from 231 clients to 287 clients for Medical Transportation. Units of service will increase from 1,155 food cards to 40 clients and 2 monthly dinners for 100 clients to 3,100 food cards to 100 clients and 6 monthly dinners for 100 clients for Food/Home Delivered Meals.

II. New Budgets Exhibit "B1" attached hereto showing new total budgets for funding for Medical Transportation and Food/Home Delivered Meals shall replace the original Exhibit "B" in its entirety.

III. Increase funding for Transportation services by \$20,000 for a new total of \$103,165 and increase Food/Home Delivered meals by \$55,000 for a new total of \$88,647.

IV. Total contract not to exceed amount will be \$467,173

OTHER PROVISIONS

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

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

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


ATTEST:
Sharon R. Bock
Clerk and Comptroller

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

By: _____
Deputy Clerk

By: _____
Addie L. Greene, Chairperson

Date

WITNESS:

Signature

Robbin J Rodriguez
Witness Name

By: 
Signature

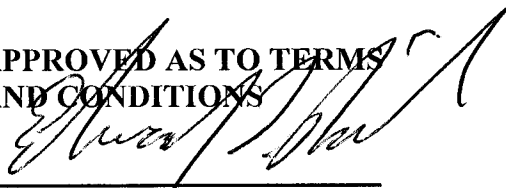
Chief Executive Officer
Yolette Bonney

8/15/08
Date

**APPROVED AS TO FORM AND
LEGAL SUFFICIENCY**

County Attorney

**APPROVED AS TO TERMS
AND CONDITIONS**



Edward L. Rich, Director

**PART A
WORKPLAN**

SERVICE: Medical Transportation

APPLICANT: CCCnet

FORMULA

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 one way trip. A unit varies according to the distance/length and source of transportation for a trip utilizing cab vouchers/bus passes/etc. CCCnet estimates they can provide these services to an estimated 287 unduplicated clients.</p> <p>2. 287 HIV+ men, women, and children will have access to needed medical service appointments.</p> <p>cost= actual cost plus 10% handling fee.</p>	<p>1. Upon contractual agreement, CCCnet will continue to provide transportation services for HIV+ clients, as needed.</p> <p>2. HIV+ clients will receive transportation services, as needed, and according to the standards set by the CARE Council.</p>	<p>3/1/2008</p>	<p>2/28/09*</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> <p>Case managers assess the clients' transportation needs and can provide cab vouchers on an "as needed" basis, and follow-up on services being properly delivered. Bus passes, vans, and medical transports are also procured and utilized as appropriate.</p>

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*or Date of Depletion of Funds, whichever comes first

BUDGET NARRATIVE SUMMARY

PROPOSED SERVICE: MEDICAL TRANSPORTATION

AGENCY NAME: Comprehensive Community Care Network, Inc.

BUDGET PERIOD: from 3/1/2008 to 2/28/09*

Category	Administration	Program	Total	** AVERAGE Cost Per Unit
A. Personnel	-	-	-	
B. Fringe Benefits	-	-	-	
C. Travel	-	-	-	
D. Equipment	-	-	-	
E. Supplies	-	-	-	
F. Contractual	-	93,787	93,787	
G. Other	9,378	-	9,378	
Total	9,378	93,787	103,165	Varies by service

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*or Date of Depletion of Funds, whichever comes first

BUDGET NARRATIVE

Service: MEDICAL TRANSPORTATION

Agency: CCCnet Budget Period: 3/1/2008 to 2/28/09*

REVENUES	Administration Amount	Program Amount	Total Service Costs
1. Funds from Government Sources Ryan White Title I	9,378	93,787	103,165
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	9,378	93,787	103,165

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BUDGET NARRATIVE

Service: MEDICAL TRANSPORTATION

Agency: CCCnet

Budget Period: 3/1/2008 to 2/28/09*

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: MEDICAL TRANSPORTATION

Agency: CCCnet

Budget Period: 3/1/2008 to 2/28/09*

Expenditures	Administration Amount	Program Amount	Total Service Costs
18. Equipment (Attach a page showing detail description)			
19. Supplies			
a. Office Supplies			
b. Program Supplies			
20. Sub-Total Supplies			
21. Contractual (various vouchers, bus passes, van's, medical transports)		93,787	93,787
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: MEDICAL TRANSPORTATION

Agency: CCCnet

Budget Period: 3/1/2008 to 2/28/09*

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			
F. Dues & Membership			

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BUDGET NARRATIVE

Service: MEDICAL TRANSPORTATION

Agency: CCCnet

Budget Period: 3/1/2008 to 2/28/09*

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%	9,378		9,378
23. Sub-Total Other	9,378		9,378
24. Total Expenditures	9,378	93,787	103,165
25. Total Cost per unit of Service (must match unit of service cost used in Workplan)	32.68	326.78	359.46
Total Units			287

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All Financial Information Rounded to Nearest Dollar

SALARIES PER SERVICE

Service: MEDICAL TRANSPORTATION
 Agency: Comprehensive Community Care Network, Inc.
 Budget Period: 3/1/2008 to 2/28/09*

*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

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**PART A
WORKPLAN**

APPLICANT: CCCnet

SERVICE: Food Bank / Home Delivered Meals-
FORMULA

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 food voucher or a meal. CCCnet estimates we can provide about 3,100 food cards to 100 clients and hold 6 monthly dinners for 100 clients.</p> <p>2. 100 HIV+ infected men, women, and children, plus their families, will be able to meet their nutritional requirements.</p> <p>cost=actual cost + 10% handling</p>	<p>1. Upon contractual agreement, CCCnet will continue to provide food services according to the standards set by the CARE Council.</p>	<p>3/1/2008</p>	<p>2/28/09*</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

AGENCY NAME: Comprehensive Community Care Network Inc.

BUDGET PERIOD: from 3/1/2008 to 2/28/09*

Category	Administration	Program	Total	** Average Cost Per Unit
A. Personnel	-	-	-	
B. Fringe Benefits	-	-	-	
C. Travel	-	-	-	
D. Equipment	-	-	-	
E. Supplies	-	928	928	
F. Contractual	-	-	-	
G. Other	8,059	79,660	87,719	
Total	8,059	80,588	88,647	Varies by service

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*or Date of Depletion of Funds, whichever comes first

BUDGET NARRATIVE

Service: FOOD BANK/HOME DELIVERED MEALS
Agency: CCCnet **Budget Period:** 3/1/2008 to 2/28/09*

REVENUES	Administration Amount	Program Amount	Total Service Costs
1. Funds from Government Sources Ryan White Title I	8,059	80,588	88,647
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	8,059	80,588	88,647

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BUDGET NARRATIVE

Service: FOOD BANK/HOME DELIVERED MEALS

Agency: CCCnet

Budget Period: 3/1/2008 to 2/28/09*

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)		928	928
20. Sub-Total Supplies		928	928
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

Agency: CCCnet

Budget Period: 3/1/2008 to 2/28/09*

Expenditures	Administration Amount	Program Amount	Total Service Costs
B. Food Service (Purchase of actual food, vouchers, meals, and group lunches and dinners)		77,500	77,500
C. Rental			
1. Building			
2. Equipment (Rental of truck plus gas for monthly dinners)		2,160	2,160
Sub-Total Rental		2,160	2,160
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

Service: FOOD BANK/HOME DELIVERED MEALS

Agency: CCCnet

Budget Period: 3/1/2008 to 2/28/09*

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%	8,059		8,059
23. Sub-Total Other	8,059	79,660	87,719
24. Total Expenditures	8,059	80,588	88,647
25. Total Cost per Unit of Service - (must match unit of service cost used in Workplan)	2.60	26.00	28.60
Total Units			3,100

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All Financial Rounded to Nearest Dollar

SALARIES PER SERVICE

Service: FOOD BANK/HOME DELIVERED MEALS
 Agency: Comprehensive Community Care Network Inc.
 Budget Period: 3/1/2008 to 2/28/09*

*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

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TOTAL AGENCY BUDGET**Comprehensive Community Care Network, Inc.****Agency Budget for Fiscal Year 3/1/08 to 2/28/09**

REVENUES	Ryan White FORMULA	Ryan White SUPPLM.	HOPWA	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
1. Funds from Gov.. Sources	467,173	91,850	2,533,000				25,000	3,117,023
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	467,173	91,850	2,533,000				25,000	3,117,023

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All Financial Information Rounded to Nearest Dollar

TOTAL AGENCY BUDGET
Comprehensive Community Care Network, Inc.
Agency Budget for Fiscal Year 3/1/08 to 2/28/09

EXPENDITURES	Ryan White FORMULA	Ryan White SUPPLM.	HOPWA	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
12. Salaries			172,933					172,933
13. Employee Benefits								
a. FICA								
b. FI Unemployment								
c. Workers' Comp								
d. Health Plan								
e. Retirement								
14. Sub-Total Employee Benefits			54,119					54,119
15. Sub-Total Salaries/Benefits			227,052					227,052
16. Travel								
a. Travel/transportation			5,340					5,340
b. Conferences/ Registration/Travel								
17. Sub-Total Travel			5,340					5,340

All Financial Information Rounded to Nearest Dollar

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TOTAL AGENCY BUDGET
Comprehensive Community Care Network, Inc.
Agency Budget for Fiscal Year 3/1/08 to 2/28/09

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	928		5,500					6,428
c. Computer Software								
20. Sub-Total Supplies	928		5,500					6,428
21. Contractual	301,831	23,631					21,739	347,201
22. Other								
a. Communications/Utilities								
1. Telephone								
2. Postage & Shipping								
3. Utilities (Power/Water/Gas)								
Sub-Total Communications/Utilities								

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All Financial Information Rounded to Nearest Dollar

TOTAL AGENCY BUDGET
Comprehensive Community Care Network, Inc.
Agency Budget for Fiscal Year 3/1/08 to 2/28/09

EXPENDITURES	Ryan White FORMULA	Ryan White SUPPLM.	HOPWA	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
B. Food Service	77,500	24,802						102,302
C. Rental								
1. Building								
2. Equipment	2,160							2,160
Sub-Total Rental	2,160							2,160
D. Repair & Maintenance								
1. Building Maintenance								
2. Equipment Maintenance								
Sub-Total Repair & Maintenance								
E. Specific Assistance to Individuals	42,284	35,067	2,129,400					2,206,751
F. Dues & Membership								
G. Subscriptions								

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All Financial Information Rounded to Nearest Dollar

TOTAL AGENCY BUDGET
Comprehensive Community Care Network, Inc.
Agency Budget for Fiscal Year 3/1/08 to 2/28/09

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	42,470	8,350	165,708				3,261	219,789
25. Sub-Total Other	164,414	68,219	2,295,108				3,261	2,531,002
26. Sub-Total Expenditures	\$467,173	\$91,850	\$2,533,000				\$25,000	\$3,117,023

All Financial Information Rounded to Nearest Dollar

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

THIS AMENDMENT TO THE RYAN WHITE PART A HIV HEALTH SUPPORT SERVICES CONTRACT (Document No.R2008-0728, dated May 6, 2008) 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 Compass, Inc. hereinafter referred to as the AGENCY, a not-for-profit corporation, entitled to do business in the State of Florida, whose address is 7600 South Dixie Highway, West Palm Beach, FL 33405.

WITNESSETH:

WHEREAS, the need exists to amend the contract to increase funding for Medical Case Management and Food/Home Delivered Meals

NOW THEREFORE, the above named parties hereby mutually agree that the Contract entered into on May 6, 2008 is hereby amended as follows:

I. New Work Plans "A1" attached hereto showing the new total units of service shall replace the original work plans Exhibit "A" in their entirety for Medical Case Management and Food/Home Delivered Meals. Units of service will increase from 9,000 units to 16,586 units for Medical Case Management. Units of service will increase from 584.2 units to 1,266 units for Food/Home Delivered Meals.

II. A new Budget Exhibit "B1" attached hereto showing the new total budget for funding for Medical Case Management and Food/Home Delivered Meals services shall replace the original Exhibit "B" in its entirety.

III. Increase funding for Medical Case Management services by \$110,000 for a new total of \$240,502 and increase funding for Food/Home Delivered Meals services by \$15,000 for a new total of \$27,855.

IV. Total contract not to exceed amount will be \$391,512.

OTHER PROVISIONS

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

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

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

ATTEST:
Sharon R. Bock
Clerk and Comptroller

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

By: _____
Deputy Clerk

By: _____
Addie L. Greene, Chairperson

Date

WITNESS:
Gayle Corso
Signature

By: Scott Fox
Signature

Scott Fox, Executive Director

Gayle Corso
Witness Name

8/14/08
Date

**APPROVED AS TO FORM AND
LEGAL SUFFICIENCY**

County Attorney

**APPROVED AS TO TERMS
AND CONDITIONS**

Edward L. Rich
Edward L. Rich, Director

Compass Work Plan 08-09-Formula

APPLICANT: COMPASS, Inc.	AREA TO BE SERVED: CASE MANAGEMENT-Form
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<p><u>OBJECTIVE(S)</u></p> <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><u>ACTIVITIES</u></p> <p>Describe the sequential steps to be taken to accomplish the objective.</p>	<p><u>START DATE</u></p>	<p><u>END DATE</u></p>	<p><u>NON-DUPLICATING STATEMENT</u></p> <p>Indicate any other program in your agency or other agencies in the community which provides similar services. Explain how you will avoid duplication of services, or why additional units of services are needed.</p>
<p>1. Serve 202 unduplicated clients by February 28, 2009.</p> <p>2. Provide 16,586 units of service by February 28, 2009. One unit =15 minutes at a cost of \$14.50 (1/4 hour), one hour = \$58</p> <p>3. Implement all training as specified in the DOH HIV/AIDS Case Management Manual.</p> <p>4. Adhere to case management standards as adopted by the PBC CARE Council.</p> <p>The impact of providing medical case management services allows clients to be able to access needed resources and information they need to access health care resources and understand the importance of medical adherence to maintain and/or improve their health and minimize opportunities to transmit HIV.</p> <p>There will be no "start-up" time for the administration of this grant.</p>	<p>1. Provide initial intakes and triage clients for services. Responsible person: Program Coordinator and Case Managers</p> <p>2. Provide intakes for new clients, develop 90 day service plan, link clients to care, evaluate need for ongoing case management in 90 day increments provide education needed to maintain medical adherence. Responsible persons: Case Managers</p> <p>3. Review all records on a semi- annual basis for quality assurance, using a quality assurance tool. Responsible person: Program Coordinator</p> <p>4. Market program through brochures, ads, flyers. Responsible person(s): Executive Director</p>	<p><u>ALL</u></p> <p>3/1/0 08</p>	<p><u>ALL</u></p> <p>2/28/09</p>	<p>The Comprehensive AIDS Program,</p> <p>Currently, all agencies refer clients to each other for resources. URN numbers and case management specific software linking all Ryan White providers will further ensure no duplication of services.</p>

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BUDGET NARRATIVE SUMMARY

Proposed Service: CASE MANAGEMENT

Agency Name: COMPASS, INC.

Budget Period: March 1, 2008 through February 28, 2009

Category	Administration	Program	Total Amount	Cost Per Unit
A. Personnel	\$13,538.46	\$131,100.00	\$144,638.46	\$8.72
B. Fringe Benefits	\$2,947.94	\$35,596.77	\$38,544.71	\$0.00 \$2.32
C. Travel	\$0.00	\$5,500.00	\$5,500.00	\$0.00 \$0.33
D. Equipment	\$0.00	\$0.00	\$0.00	\$0.00 \$0.00
E. Supplies	\$0.00	\$4,775.00	\$4,775.00	\$0.00 \$0.29
F. Contractual	\$5,813.40	\$0.00	\$5,813.40	\$0.00 \$0.35
G. Other	\$1,750.00	\$39,480.00	\$41,230.00	\$0.00 \$2.49
Total	\$24,050	\$216,452	\$240,502	\$14.50

Line-itm

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Attachment 1A

BUDGET NARRATIVE

Exhibit "B" 1
Page 2 of 6

Service: CASE MANAGEMENT

Agency: COMPASS, INC.

Budget Period: March 1, 2008-February 28, 2009

REVENUES	Administration Amount	Program Amount	Total Service Cost
1. Funds from Government Sources (Specify Source of Funds)	\$24,050	\$216,452	\$240,502
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	\$24,050	\$216,452	\$240,502

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Attachment 1A

BUDGET NARRATIVE

Exhibit "B" 8
 Section _____
 Page 3 of 6

Service: CASE MANAGEMENT
 Agency: COMPASS, INC.

Budget Period: March 1, 2008-February 28, 2009

EXPENDITURES							Administration Amount	Program Amount	Total Service Cost
12. Salaries (Must agree with Form C-1)									
							13,538.46	131,100.00	144,638.46
13. Employee Benefits									
		Cost	Percentage	Total					
a.	FICA	ADM: \$13,538.46	7.65%	\$1,035.69					
		PROG: \$131,100.00	7.65%	\$10,029.15			\$1,035.69	\$10,029.15	\$11,064.84
b.	FI Unemployment	ADM: \$13,538.46	0.42%	\$56.86					
		PROG: \$35,350.00	0.42%	\$148.47			\$56.86	\$148.47	\$205.33
c.	Workers' Comp.	ADM: \$13,538.46	1.65%	\$223.38					
		PROG: \$131,100.00	1.65%	\$2,163.15			\$223.38	\$2,163.15	\$2,386.53
d.	Health Plan	Health +	Dental/Life	LTD+	Percent=	Total			
PM	12	\$550.00	\$90.00	\$40.00	50%	\$4,080.00			
CM	12	\$550.00	\$90.00	\$40.00	70%	\$5,712.00			
CM	12	\$550.00	\$90.00	\$40.00	85%	\$6,936.00			
CM	12	\$550.00	\$90.00	\$40.00	50%	\$4,080.00			
CM	12	\$550.00	\$90.00	\$40.00	30%	\$2,448.00			
OM	12	\$550.00	\$90.00	\$40.00	20%	\$1,632.00			
FM	7	\$300.00	\$90.00	\$40.00	40%	\$1,204.00			
				PROG: \$23,256.00					
				ADM: \$1,632.00			\$1,632.00	\$23,256.00	\$24,888.00
e.	Retirement								
14. Sub-Total Employee Benefits							\$2,947.94	\$35,596.77	\$38,544.71
15. Sub-Total Salaries & Benefits							\$16,486.40	\$166,696.77	\$183,183.17
16. Travel									
a.	Travel/Transportation						\$0.00	\$2,000.00	\$2,000.00
b.	Conferences/Registration/Travel								
USCA and LGBT Health Conferences: Registration, travel, per diem							\$0.00	\$3,500.00	\$3,500.00
17. Sub-Total Travel							\$0.00	\$5,500.00	\$5,500.00

Attachment 1A

BUDGET NARRATIVE

Exhibit "B" 8
 Section _____
 Page 4 of 6

Service: CASE MANAGEMENT

Agency: COMPASS, INC.

Budget Period: March 1, 2008-February 28, 2009

EXPENDITURES					Administration Amount	Program Amount	Total Service Cost
18. Equipment (Attach a page showing detail description)					\$0.00	\$0.00	\$0.00
19. Supplies							
	Amount	Months	Percentage	Total			
a. Office Supplies	1000	12	30%	3600			
Pens, Paper, Copy Paper, Folders, Cleaning Supplies, Files Cabinets, Locks, Etc.					\$0.00	\$3,600.00	\$3,600.00
b. Program Supplies							
Videos, Poster Board, Printed Educational Materials					\$0.00	\$1,175.00	\$1,175.00
20. Sub-Total Supplies					\$0.00	\$4,775.00	\$4,775.00
21. Contractual (Attach sheet showing details if more space needed)					\$5,813.40		\$5,813.40
Administrative Consulting Services							
				4800			
Paychex							
				\$1,013.40			
22. Other							
A. Communications/Utilities							
	Monthly	Months	Percentage	Total			
1. Telephone	Evolution	\$1,000.00	12	30%	\$3,600.00		
CASE MANAGERS MAKE MAJORITY OF LONG DISTANCE CALLS					\$0.00	\$3,600.00	\$3,600.00
2. Postage & Shipping	Monthly	Months	Percentage	Total			
	\$1,000.00	12	30%	\$3,600.00	\$0.00	\$3,600.00	\$3,600.00
3. Utilities (Power/Water/Gas)	Monthly	Months	Percentage	Total			
	Electric	\$2,000.00	12	30%	\$7,200.00		
	Water	\$500.00	12	30%	\$1,800.00	\$0.00	\$9,000.00
Sub-Total Communications/Utilities					\$0.00	\$16,200.00	\$16,200.00

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Attachment 1A

BUDGET NARRATIVE

Exhibit "B" 1
 Section _____
 Page 5 of 6

Service: CASE MANAGEMENT

Agency: COMPASS, INC.

Budget Period: March 1, 2008-February 28, 2009

EXPENDITURES					Administration Amount	Program Amount	Total Service Cost
B. Food Service					\$0.00	\$0.00	\$0.00
C. Rental							
1. Building					\$0.00	\$0.00	\$0.00
2. Equipment							
	Monthly	Months	Percentage	Total			
Copier	\$1,000.00	12	30%	\$3,600.00			
Postage	\$750.00	12	30%	\$2,700.00	\$0.00	\$6,300.00	\$6,300.00
Sub-Total Rental					\$0.00	\$6,300.00	\$6,300.00
D. Repair & Maintenance							
	Monthly	Months	Percentage	Total			
Air Cond./Building/Land	\$800.00	12	30%	\$2,880.00			
Cleaning Service	\$700.00	12	30%	\$2,520.00			
1. Building Maintenance					\$0.00	\$5,400.00	\$5,400.00
2. Equipment Maintenance					\$0.00	\$0.00	\$0.00
Computer maintenance	\$300.00	12	30%	\$1,080.00		\$1,080.00	
Sub-Total Repair & Maintenance					\$0.00	\$6,480.00	\$6,480.00
E. Specific Assistance to Individuals					\$0.00	\$0.00	\$0.00
F. Dues & Membership					\$0.00	\$0.00	\$0.00

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Attachment IA

BUDGET NARRATIVE

Exhibit "B" 1
 Section _____
 Page 6 of 6

Service: CASE MANAGEMENT

Agency: COMPASS, INC.

Budget Period: March 1, 2008-February 28, 2009

EXPENDITURES	Administration Amount	Program Amount	Total Service Cost
G. Subscriptions	\$0.00	\$0.00	\$0.00
H. Training & Development	\$0.00	\$0.00	\$0.00
I. Printing Letterhead, Brochures, Business Cards, Envelopes	\$0.00	\$1,000.00	\$1,000.00
J. Copy Cost			
K. Advertising Employment Ads, Program Ads, Etc.	\$0.00	\$500.00	\$500.00
L. Audit Fees			
	Cost Percentage Total		
	\$17,500 10% \$1,750.00	\$1,750.00	\$1,750.00
M. Office Furniture and Equipment (Attach a sheet showing details)			
N. Miscellaneous (Attach a sheet showing details	Cost Percentage Total		
Professional, Bonding, Liability, Property Insurance	\$30,000.00 30% \$9,000.00	\$9,000.00	\$9,000.00
23. Sub-Total Other	\$1,750.00	\$39,480.00	\$41,230.00
24. Total Expenditures	\$24,050	\$216,452	\$240,502
25. Total Cost per Unit of Service (must match unit of service cost used in workplan)	\$1.45	\$13.05	\$14.50
All Financial Information Rounded to Nearest Dollar			
SCHC-RW8			

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Attachment 1A

SALARIES PER SERVICE

Exhibit "B"
Section ____

Service: **CASE MANAGEMENT FORMULA**
 Agency: **COMPASS, INC.**
 Budget Period: **March 1, 2008 through February 28, 2009**

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
<u>PERSONNEL</u>	Admin/ Prog	Annual Salary	Pay Per Period	No. of Days	Hrs Per Day	Hourly Rate	Total Salary (5 x 6 x 7)	Percentage Charged	Admin	Program	Total
Positions/Salaries											
PROGRAM MANAGER	PROG	\$55,000.00	\$2,291.67	260	8	\$26.44	\$55,000.00	50%	\$0.00	\$27,500.00	\$27,500.00
LEAD CASE MANAGER	PROG	\$40,000.00	\$1,666.67	260	8	\$19.23	\$40,000.00	70%	\$0.00	\$28,000.00	\$28,000.00
CASE MANAGER	PROG	\$36,000.00	\$1,500.00	260	8	\$17.31	\$36,000.00	85%	\$0.00	\$30,600.00	\$30,600.00
CASE MANAGER	PROG	\$36,000.00	\$1,500.00	260	8	\$17.31	\$36,000.00	50%	\$0.00	\$18,000.00	\$18,000.00
CASE MANAGER	PROG	\$36,000.00	\$1,500.00	260	8	\$17.31	\$36,000.00	30%	\$0.00	\$10,800.00	\$10,800.00
OPERATIONS MANAGER	ADM	\$40,000.00	\$1,666.67	260	8	\$19.23	\$40,000.00	20%	\$8,000.00	\$0.00	\$8,000.00
Finance Manager	Adm	\$40,000.00	\$1,666.67	180	8	\$19.23	\$27,692.31	20%	\$5,538.46	\$0.00	\$5,538.46
Case Mgt Tech	Prog	\$23,400.00	\$975.00	180	6	\$15.00	\$16,200.00	100%	\$0.00	\$16,200.00	\$16,200.00
Sub-Total Salaries									\$13,538.46	\$131,100.00	\$144,638.46

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C1-RW8

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

Use additional sheets if necessary.

APPLICANT: COMPASS, Inc. AREA TO BE SERVED: FOOD BANK

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>3. Serve 80 unduplicated clients by February 28, 2009, with food vouchers.</p> <p>4. Provide 1,266 units of service by February 28, 2009. One unit =1 voucher at a cost of \$20.00 at direct cost, with \$2.00 administrative fee.</p> <p>5. The impact of providing pantry services is to enhance the nutritional health of Ryan White eligible clients.</p> <p>6. There will be no start up time for the administration of this grant.</p>	<p>Complete pantry assessment, including client financial assessment, recent food stamp award or denial, recent proof of income and monthly bills and access to other sources of food. Responsible persons: Case Managers</p> <p>Review and update financial assessment every 3 months. Responsible person: Case managers</p> <p>Ensure that clients are provided services in a timely manner, according to the standards as set forth by the PBC CARE Council. Responsible persons: Program Coordinator</p> <p>Manage and account internally for all expenses paid by current accounting procedures as set forth by the agency. Responsible persons: Executive Director, Bookkeeper and Center Operations Manager.</p>	<p><u>ALL</u></p> <p>3/1/08</p>	<p><u>ALL</u></p> <p>2/28/09</p>	<p>The Comprehensive AIDS Program</p> <p>URN's will be used to ensure no duplication of services, individuals, etc. Use of case management specific software linking all providers will further ensure no duplication of services.</p>

BUDGET NARRATIVE SUMMARY

Proposed Service: FOOD BANK

Agency Name: COMPASS, INC.

Budget Period: March 1, 2008 through February 28, 2009

Category	Administration	Program	Total Amount	Cost Per Unit
A. Personnel	\$0.00	\$0.00	\$0.00	\$0.00
B. Fringe Benefits	\$0.00	\$0.00	\$0.00	\$0.00
C. Travel	\$0.00	\$0.00	\$0.00	\$0.00
D. Equipment	\$0.00	\$0.00	\$0.00	\$0.00
E. Supplies	\$0.00	\$0.00	\$0.00	\$0.00
F. Contractual	\$2,785.50	\$25,069.50	\$27,855.00	\$22.00
G. Other	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$2,785.50	\$25,069.50	\$27,855.00	\$22.00

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Line-itm

BUDGET NARRATIVE

Service: FOOD BANK

Agency: COMPASS, INC.

Budget Period: March 1, 2008 through February 28, 2009

REVENUES	Administration Amount	Program Amount	Total Service Cost
1. Funds from Government Sources (Specify Source of Funds)	\$2,785.50	\$25,069.50	\$27,855.00
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	\$2,785.50	\$25,069.50	\$27,855.00

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BUDGET NARRATIVE

Exhibit "B" 6
 Section _____
 Page 3 of 6

Service: FOOD BANK
 Agency: COMPASS, INC.

Budget Period: March 1, 2008 through February 28, 2009

EXPENDITURES						Administration Amount	Program Amount	Total Service Cost
12. Salaries (Must agree with Form C-1)						\$0.00	\$0.00	\$0.00
13. Employee Benefits	Cost	Percent	EMP	Total				
a. FICA	ADM: \$0.00	7.65%	5%	\$0.00				
	PROG: \$0.00	7.65%	0%	\$0.00	\$0.00	\$0.00	\$0.00	
b. FI Unemployment	ADM: \$0.00	0.42%	5%	\$0.00				
	PROG: \$0.00	0.42%	0%	\$0.00	\$0.00	\$0.00	\$0.00	
c. Workers' Compensa	ADM: \$0.00	1.60%	5%	\$0.00				
	PROG: \$0.00	1.60%	0%	\$0.00	\$0.00	\$0.00	\$0.00	
d. Health Plan	Health	Dental/Life	LTD	Percent	Total			
						\$0.00	\$0.00	\$0.00
e. Retirement						\$0.00	\$0.00	\$0.00
14. Sub-Total Employee Benefits						\$0.00	\$0.00	\$0.00
15. Sub-Total Salaries & Benefits						\$0.00	\$0.00	\$0.00
16. Travel								
a. Travel/Transportation						\$0.00	\$0.00	\$0.00
b. Conferences/Registration/Travel						\$0.00	\$0.00	\$0.00
17. Sub-Total Travel						\$0.00	\$0.00	\$0.00

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BUDGET NARRATIVE

Exhibit "B" ↓

Section _____

Page 4 of 6

Service: FOOD BANK
 Agency: COMPASS, INC.

Budget Period: March 1, 2008 through February 28, 2009

EXPENDITURES	Administration Amount	Program Amount	Total Service Cost
18. Equipment (Attach a page showing detail description)	\$0.00	\$0.00	\$0.00
19. Supplies			
a. Office Supplies	\$0.00	\$0.00	\$0.00
b. Program Supplies	\$0.00	\$0.00	\$0.00
20. Sub-Total Supplies	\$0.00	\$0.00	\$0.00
21. Contractual (\$20.00 Food Vouchers) 1,266.00 units	\$2,785.50	\$25,069.50	\$27,855.00
22. Other			
A. Communications/Utilities			
1. Telephone	\$0.00	\$0.00	\$0.00
2. Postage & Shipping	\$0.00	\$0.00	\$0.00
3. Utilities (Power/Water/Gas)	\$0.00	\$0.00	\$0.00
Sub-Total Communications/Utilities	\$0.00	\$0.00	\$0.00

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BUDGET NARRATIVE

Exhibit "B"
 Section _____
 Page 5 of 6

Service: FOOD BANK

Agency: COMPASS, INC.

Budget Period: March 1, 2008 through February 28, 2009

EXPENDITURES	Administration Amount	Program Amount	Total Service Cost
B. Food Service	\$0.00	\$0.00	\$0.00
C. Rental			
1. Building	\$0.00	\$0.00	\$0.00
2. Equipment			
Copier Lease:	\$0.00	\$0.00	\$0.00
Sub-Total Rental	\$0.00	\$0.00	\$0.00
D. Repair & Maintenance			
1. Building Maintenance	\$0.00	\$0.00	\$0.00
2. Equipment Maintenance	\$0.00	\$0.00	\$0.00
Sub-Total Repair & Maintenance	\$0.00	\$0.00	\$0.00
E. Specific Assistance to Individuals	\$0.00	\$0.00	\$0.00
F. Dues & Membership	\$0.00	\$0.00	\$0.00

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BUDGET NARRATIVE

Exhibit "B" \
 Section _____
 Page 6 of 6

Service: **FOOD BANK**
 Agency: **COMPASS, INC.**

Budget Period: **March 1, 2008 through February 28, 2009**

EXPENDITURES	Administration Amount	Program Amount	Total Service Cost
G. Subscriptions	\$0.00	\$0.00	\$0.00
H. Training & Development	\$0.00	\$0.00	\$0.00
I. Printing	\$0.00	\$0.00	\$0.00
J. Copy Cost	\$0.00	\$0.00	\$0.00
K. Advertising	\$0.00	\$0.00	\$0.00
L. Audit Fees	\$0.00	\$0.00	\$0.00
M. Office Furniture and Equipment (Attach a sheet showing details)	\$0.00	\$0.00	\$0.00
N. Miscellaneous (Attach a sheet showing details)	\$0.00	\$0.00	\$0.00
23. Sub-Total Other	\$0.00	\$0.00	\$0.00
24. Total Expenditures	\$2,785.50	\$25,069.50	\$27,855.00
25. Total Cost per Unit of Service (must match unit of service cost used in workplan)	\$2.00	\$20.00	\$22.00
All Financial Information Rounded to Nearest Dollar			
SCHC-RW8			

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SALARIES PER SERVICE

Exhibit "B"
 Section ____
 Page ____ of ____

Service: Food Bank
 Agency: COMPASS, Inc.
 Budget Period: March 1, 2008 through February 28, 2009

	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
PERSONNEL	Admin/ Prog	Annual Salary	Pay Per Period	No. of Days	Hrs Per Day	Hourly Rate	Total Salary (5 x 6 x 7)	Percentage Charged	Admin	Program	Total
Positions/Salaries											
Sub-Total Salaries									\$0.00	\$0.00	\$0.00

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C1-RW8
 If not requesting 100% funding for the position attach a sheet detailing each position showing total salary, funding sources and percentage per source
 Use additional sheets if necessary.

TOTAL AGENCY BUDGET
COMPASS, Inc.

Proposed Budget for Fiscal Year March 1, 2008 to February 28, 2009

	Ryan White CM, TR, MH Formula	Ryan White CM, TR, MH Supplimental	Case Manage DOH	Case Manage HCD	P.O.L. DOH	EVOLVE DOH	United Way Youth	HOPE CSC	Administration Development	Total
1. Funds from Title 1 Govt. Sources	\$391,512	\$119,136.00	\$149,110.00	\$47,250.00	\$81,000.00	\$150,000.00		\$103,673.00		\$1,041,681.07
2. Foundations										\$0.00
3. Other Grants							\$55,000.00			\$55,000.00
4. Fund Raising									\$244,000.00	\$244,000.00
5. Contributions/ Legacies/Bequests									\$150,000.00	\$150,000.00
6. Membership Dues									\$24,750.00	\$24,750.00
7. Program Svc Fees/ Sales to Public										\$0.00
8. Investment Income										\$0.00
9. In-Kind										\$0.00
10. Miscellaneous									\$28,500.00	\$28,500.00
11. Total Revenues	\$391,512	\$119,136.00	\$149,110.00	\$47,250.00	\$81,000.00	\$150,000.00	\$55,000.00	\$103,673.00	\$447,250.00	\$1,543,931.07

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TOTAL AGENCY BUDGET
COMPASS, Inc.

Proposed Budget for Fiscal Year March 1, 2008 to February 28, 2009

EXPENDITURES	Ryan White CM, TR, MH	Ryan White CM, TR, MH	Case Manage DOH	Case Manage HCD	POL DOH	EVOLVE DOH	United Way Youth	HOPE CSC	Administration Development	Total
12. Salaries	\$153,388.46	\$63,100.00	\$99,750.00	\$33,790.00	\$54,500.00	\$92,490.00	\$39,170.00	\$55,890.00	\$115,000.00	\$707,078.46
<i>Detail for employees billed to Ryan White</i>										
Program Coordinator	\$55,000.00	\$55,000.00								\$110,000.00
Lead Case Manager	\$40,000.00	\$40,000.00								\$80,000.00
Case Manager	\$36,000.00	\$36,000.00								\$72,000.00
Case Manager	\$36,000.00	\$36,000.00								\$72,000.00
Case Manager	\$36,000.00	\$36,000.00								\$80,000.00
Ops Manager	\$40,000.00	\$40,000.00								\$40,000.00
Finance Manager	\$40,000.00									\$23,400.00
Case manager tech	\$23,400.00									
13. Employee Benefits:										\$52,218.37
a. FICA	\$11,734.22	\$4,827.15	\$7,631.00	\$2,585.00	\$2,295.00	\$7,075.00	\$2,997.00	\$4,276.00	\$8,798.00	
b. FL Unemployment	\$242.08	\$265.02	\$150.00	\$16.00	\$1,140.00	\$100.00	\$35.00	\$51.00	\$277.00	\$2,276.10
c. Workers' Comp.	\$2,530.91	\$1,041.15	\$531.00	\$537.00	\$477.00	\$1,471.00	\$623.00	\$889.00	\$1,800.00	\$9,900.06
d. Health Plan	\$27,768.00	\$17,640.00	\$17,000.00	\$3,720.00	\$4,620.00	\$13,307.00	\$6,100.00	\$8,700.00	\$14,500.00	\$113,355.00
e. Retirement	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		\$0.00	\$0.00	\$0.00
14. Sub-Total Employee Benefits	\$42,275.21	\$23,773.32	\$25,312.00	\$6,858.00	\$8,532.00	\$21,953.00	\$9,755.00	\$13,916.00	\$25,375.00	\$177,749.53
15. Sub-Total Salaries/Benefits	\$195,663.67	\$86,873.32	\$125,062.00	\$40,648.00	\$63,032.00	\$114,443.00	\$48,925.00	\$69,806.00	\$140,375.00	\$884,827.99
16. Travel										
a. Travel/Transportation	\$2,000.00	\$1,000.00	\$1,500.00	\$0.00	\$1,323.00	\$1,650.00	\$257.00	\$326.00	\$2,000.00	\$10,056.00
b. Conferences/Registration/Travel	\$3,500.00	\$1,100.00	\$845.00	\$0.00	\$1,000.00	\$1,452.00	\$500.00	\$5,668.00	\$7,546.00	\$21,611.00
17. Sub-Total Travel	\$5,500.00	\$2,100.00	\$2,345.00	\$0.00	\$2,323.00	\$3,102.00	\$757.00	\$5,994.00	\$9,546.00	\$31,667.00

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TOTAL AGENCY BUDGET

COMPASS, Inc.

Proposed Budget for Fiscal Year March 1, 2008 to February 28, 2009

EXPENDITURES	Ryan White CM, TR, MH	Ryan White CM, TR, MH	Case Manage DOH	Case Manage HCD		EVOLVE DOH	United Way Youth	HOPE CSC	Administration Development	Total
18. <i>Equipment</i>	\$0.00	\$0.00	\$0.00	\$0.00	\$1,000.00	\$0.00		\$0.00	\$11,000.00	\$12,000.00
19. <i>Supplies</i>										
a. <i>Office Supplies</i>	\$3,780.00	\$1,200.00	\$500.00	\$500.00	\$3,000.00	\$2,000.00	\$500.00	\$2,000.00	\$0.00	\$13,480.00
b. <i>Program Supplies</i>	\$1,175.00	\$982.98	\$848.00	\$48.00	\$6,000.00	\$2,000.00	\$345.00	\$1,200.00	\$68,600.00	\$81,198.98
c. <i>Computer Software</i>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
20. <i>Sub-Total Supplies</i>	\$4,955.00	\$2,182.98	\$1,348.00	\$548.00	\$9,000.00	\$4,000.00	\$845.00	\$3,200.00	\$68,600.00	\$94,678.98
21. <i>Contractual</i>	\$141,529.40	\$13,768.20	\$150.00	\$150.00	\$1,170.00	\$552.00	\$1,135.00	\$2,078.00	\$0.00	\$160,532.60
22. <i>Other</i>										
A. <i>Communications/Utilities</i>										
1. <i>Telephone</i>	\$3,780.00	\$480.00	\$480.00	\$480.00	\$500.00	\$1,680.00	\$453.00	\$1,680.00	\$1,260.00	\$10,793.00
2. <i>Postage & Shipping</i>	\$3,708.00	\$480.00	\$1,000.00	\$360.00	\$400.00	\$1,310.00	\$330.00	\$1,320.00	\$10,000.00	\$18,908.00
3. <i>Utilities (Power/Water/Gas)</i>	\$9,360.00	\$1,200.00	\$540.00	\$540.00	\$600.00	\$2,400.00	\$540.00	\$2,160.00	\$60.00	\$17,400.00
<i>Sub-Total Communications/Utilities</i>	\$16,848.00	\$2,160.00	\$2,020.00	\$1,380.00	\$1,500.00	\$5,390.00	\$1,323.00	\$5,160.00	\$11,320.00	\$47,101.00

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EXPENDITURES	Ryan White CM, TR, MH	Ryan White CM, TR, MH	Case Manage DOH	Case Manage HCD		EVOLVE DOH	United Way Youth	HOPE CSC	Administration Development	Total
B. Food Service	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$930.00	\$32,100.00	\$33,030.00
C. Rental										
1. Building	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$18,900.00	\$18,900.00
2. Equipment	\$6,480.00	\$900.00	\$285.00	\$285.00	\$300.00	\$1,140.00	\$265.00	\$1,140.00	\$17,900.00	\$28,695.00
Sub-Total Rental	\$6,480.00	\$900.00	\$285.00	\$285.00	\$300.00	\$1,140.00	\$265.00	\$1,140.00	\$36,800.00	\$47,595.00
D. Repair & Maintenance										
1. Building Maintenance	\$5,400.00	\$720.00	\$600.00	\$639.00	\$42.00	\$2,563.00	\$450.00	\$1,768.00	\$64,000.00	\$76,182.00
2. Equipment Maintenance	\$1,080.00	\$336.00	\$0.00	\$0.00	\$500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,916.00
Sub-Total Repair & Maintenance	\$6,480.00	\$1,056.00	\$600.00	\$639.00	\$542.00	\$2,563.00	\$450.00	\$1,768.00	\$64,000.00	\$78,098.00
E. Specific Assistance to Individuals	\$0.00	\$5,170.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,170.50
F. Dues & Membership	\$0.00	\$0.00	\$0.00	\$0.00	\$500.00		\$0.00	\$100.00	\$1,500.00	\$2,100.00
G. Subscriptions	\$0.00	\$0.00	\$0.00	\$100.00	\$500.00	\$316.00	\$0.00	\$0.00	\$200.00	\$1,116.00

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EXPENDITURES	Ryan White CM, TR, MH	Ryan White CM, TR, MH	Case Manage DOH	Case Manage HCD		EVOLVE DOH	United Way Youth	HOPE CSC	Administration Development	Total
H. Training & Development	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$150.00	\$0.00	\$400.00	\$1,000.00	\$1,550.00
I. Printing	\$1,000.00	\$750.00	\$1,000.00	\$150.00	\$1,200.00	\$1,400.00	\$0.00	\$1,200.00	\$43,500.00	\$50,200.00
J. Copy Cost	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
K. Advertising	\$500.00	\$1,800.00	\$0.00	\$150.00	\$400.00	\$500.00	\$0.00	\$700.00	\$7,500.00	\$11,550.00
L. Audit Fees	\$2,956.00	\$875.00	\$450.00	\$500.00	\$0.00	\$1,800.00	\$500.00	\$1,800.00	\$2,950.00	\$11,831.00
M. Office Furniture and Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$1,500.00	\$0.00	\$0.00	\$0.00	\$5,000.00	\$6,500.00
N. Insurance	\$9,600.00	\$1,500.00	\$850.00	\$800.00	\$1,000.00	\$3,200.00	\$800.00	\$3,200.00	\$4,000.00	\$24,950.00
Misc.	\$0.00	\$0.00	\$15,000.00	\$1,900.00	\$3,000.00	\$11,444.00	\$0.00	\$6,197.00	\$7,859.00	\$45,400.00
25. Sub-Total Other	\$14,056.00	\$10,095.50	\$20,205.00	\$5,904.00	\$4,475.00	\$27,903.00	\$3,338.00	\$22,595.00	\$217,729.00	\$326,300.50
28. Total Expenditures	\$391,512	\$119,136.00	\$149,110.00	\$47,250.00	\$81,000.00	\$150,000.00	\$55,000.00	\$103,673.00	\$447,250.00	\$1,543,931.07

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