

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2009	2010	2011	2012	2013
Capital Expenditures	—	—	—	—	—
Operating Costs	<u>59,296</u>	—	—	—	—
External Revenues	<u>(59,296)</u>	—	—	—	—
Program Income (County)	—	—	—	—	—
In-Kind Match (County)	—	—	—	—	—
NET FISCAL IMPACT	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
# ADDITIONAL FTE POSITIONS (Cumulative)	—	—	—	—	—
Is Item Included in Current Budget?	Yes <input checked="" type="checkbox"/> No				
Budget Account No.:	Fund <u>1010</u>	Dept. <u>142</u>	Unit <u>1475</u>	Object <u>8201</u>	
	Program code		—		

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: *Paul*

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Dev. and Control Comments:

Shirley 10.6.08
 (U) OFMB *m. 10/10/08*
 10/10/08
10/6/08
 Contract Dev. and Control *10/16/08*


B. Legal Sufficiency:
J. R. [Signature] 10/10/08
 Assistant County Attorney

This amendment complies with our review requirements.


C. Other Department Review:

 Department Director

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

1. DATE ISSUED: 07/21/2008		2. PROGRAM CFDA: 93.914		DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH RESOURCES AND SERVICES ADMINISTRATION  NOTICE OF GRANT AWARD AUTHORIZATION (Legislation/Regulation) Public Health Service Act, Title XXVI, Section 2603b Public Health Service Act Section 2603(b), 42 U.S.C 300ff-13(b) FY 2007 Title XXVI of the PHS Act, 42 U.S.C. section 300-ff-11 et seq (as amended), Part A					
3. SUPERCEDES AWARD NOTICE dated: 03/07/2008 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.									
4a. AWARD NO.:	4b. GRANT NO.:	5. FORMER GRANT NO.:							
6 H89HA00034-15-02	H89HA00034	BRH890034							
6. PROJECT PERIOD: FROM: 04/04/1994 THROUGH: 02/28/2009									
7. BUDGET PERIOD: FROM: 03/01/2008 THROUGH: 02/28/2009									
8. TITLE OF PROJECT (OR PROGRAM): HIV EMERGENCY RELIEF PROJECT GRANTS									
9. GRANTEE NAME AND ADDRESS: PALM BEACH COUNTY BOARD OF COMMISSIONERS PO BOX 4036 WEST PALM BEACH, FL 33402			10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Edward L Rich PALM BEACH COUNTY BOARD OF COMMISSIONERS 810 Datura St West Palm Beach, FL 33401-5204						
11. APPROVED BUDGET: (Excludes Direct Assistance) <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation			12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE						
a. Salaries and Wages: \$ 0.00 b. Fringe Benefits: \$ 0.00 c. Total Personnel Costs: \$ 0.00 d. Consultant Costs: \$ 0.00 e. Equipment: \$ 0.00 f. Supplies: \$ 0.00 g. Travel: \$ 0.00 h. Construction/Alteration and Renovation: \$ 0.00 i. Other: \$ 0.00 j. Consortium/Contractual Costs: \$ 0.00 k. Trainee Related Expenses: \$ 0.00 l. Trainee Stipends: \$ 0.00 m. Trainee Tuition and Fees: \$ 0.00 n. Trainee Travel: \$ 0.00 o. TOTAL DIRECT COSTS: \$ 7,851,800.00 p. INDIRECT COSTS: (Rate: % of S&W/TADC) \$ 0.00 q. TOTAL APPROVED BUDGET: \$ 7,851,800.00 i. Less Non-Federal Resources: \$ 0.00 ii. Federal Share: \$ 7,851,800.00			a. Authorized Financial Assistance This Period \$ 7,851,800.00 b. Less Unobligated Balance from Prior Budget Periods i. Additional Authority \$ 0.00 ii. Offset \$ 0.00 c. Unawarded Balance of Current Year's Funds \$ 0.00 d. Less Cumulative Prior Award(s) This Budget Period \$ 7,786,995.00 e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION \$ 64,805.00						
			13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)						
			<table border="1"> <thead> <tr> <th>YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="text-align: center;">Not Applicable</td> </tr> </tbody> </table>			YEAR	TOTAL COSTS	Not Applicable	
YEAR	TOTAL COSTS								
Not Applicable									
			14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)						
			a. Amount of Direct Assistance \$ 0.00 b. Less Unawarded Balance of Current Year's Funds \$ 0.00 c. Less Cumulative Prior Awards(s) This Budget Period \$ 0.00 d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION \$ 0.00						
15. PROGRAM INCOME SUBJECT TO 45 CFR Part 74.24 OR 45 CFR 92.25 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES: A=Addition B=Deduction C=Cost Sharing or Matching D=Other [A] Estimated Program Income: \$ 0.00									
16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING: a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 74 or 45 CFR Part 92 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.									
REMARKS: (Other Terms and Conditions Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No) PLEASE SEE ATTACHMENT FOR IMPORTANT REMARKS.									
Electronically signed by Dorothy M. Kelley, Grants Management Officer on: 07/21/2008									
17. OBJ. CLASS: 41.15		18. CRS-EIN: 1596000785A1		19. FUTURE RECOMMENDED FUNDING:					
FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUBPROGRAM CODE				
07-3770790	93.914	H89HA0034T	\$ 53,952.00	\$ 0.00	N/A				
07-3770791	93.914	H89HA0034T	\$ 10,853.00	\$ 0.00	N/A				

Copy nkr

1. DATE ISSUED: 09/10/2008	2. PROGRAM CFDA: 93.914	DEPARTMENT OF HEALTH AND HUMAN SERVICES HEALTH RESOURCES AND SERVICES ADMINISTRATION  NOTICE OF GRANT AWARD AUTHORIZATION (Legislation/Regulation) Public Health Service Act, Title XXVI, Section 2603b Public Health Service Act Section 2603(b), 42 U.S.C 300ff-13(b) FY 2007 Title XXVI of the PHS Act, 42 U.S.C. section 300-ff-11 et seq (as amended), Part A							
3. SUPERCEDES AWARD NOTICE dated: 07/21/2008 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.									
4a. AWARD NO.: 6 H89HA00034-14-05	4b. GRANT NO.: H89HA00034	5. FORMER GRANT NO.: BRH890034							
6. PROJECT PERIOD: FROM: 04/04/1994 THROUGH: 02/29/2008									
7. BUDGET PERIOD: FROM: 03/01/2007 THROUGH: 02/29/2008									
8. TITLE OF PROJECT (OR PROGRAM): HIV EMERGENCY RELIEF PROJECT GRANTS									
9. GRANTEE NAME AND ADDRESS: PALM BEACH COUNTY BOARD OF COMMISSIONERS PO BOX 4036 WEST PALM BEACH, FL 33402			10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Edward L Rich PALM BEACH COUNTY BOARD OF COMMISSIONERS 810 Datura St West Palm Beach , FL 33401-5204						
11. APPROVED BUDGET: (Excludes Direct Assistance) <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation a. Salaries and Wages: \$ 0.00 b. Fringe Benefits: \$ 0.00 c. Total Personnel Costs: \$ 0.00 d. Consultant Costs: \$ 0.00 e. Equipment: \$ 0.00 f. Supplies: \$ 0.00 g. Travel: \$ 0.00 h. Construction/Alteration and Renovation: \$ 0.00 i. Other: \$ 0.00 j. Consortium/Contractual Costs: \$ 0.00 k. Trainee Related Expenses: \$ 0.00 l. Trainee Stipends: \$ 0.00 m. Trainee Tuition and Fees: \$ 0.00 n. Trainee Travel: \$ 0.00 o. TOTAL DIRECT COSTS: \$ 8,019,330.00 p. INDIRECT COSTS: (Rate: % of S&W/TADC) \$ 0.00 q. TOTAL APPROVED BUDGET: \$ 8,019,330.00 i. Less Non-Federal Resources: \$ 0.00 ii. Federal Share: \$ 8,019,330.00			12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE a. Authorized Financial Assistance This Period \$ 8,019,330.00 b. Less Unobligated Balance from Prior Budget Periods i. Additional Authority \$ 0.00 ii. Offset \$ 0.00 c. Unawarded Balance of Current Year's Funds \$ 0.00 d. Less Cumulative Prior Award(s) This Budget Period \$ 8,024,839.00 e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION \$ -5,509.00						
13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project) <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td colspan="2" style="text-align: center;">Not Applicable</td> </tr> </tbody> </table>						YEAR	TOTAL COSTS	Not Applicable	
YEAR	TOTAL COSTS								
Not Applicable									
14. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash) a. Amount of Direct Assistance \$ 0.00 b. Less Unawarded Balance of Current Year's Funds \$ 0.00 c. Less Cumulative Prior Awards(s) This Budget Period \$ 0.00 d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION \$ 0.00									
15. PROGRAM INCOME SUBJECT TO 45 CFR Part 74.24 OR 45 CFR 92.25 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES: A=Addition B=Deduction C=Cost Sharing or Matching D=Other [A] Estimated Program Income: \$ 0.00									
16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING: <small>a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 74 or 45 CFR Part 92 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.</small>									
REMARKS: (Other Terms and Conditions Attached [X] Yes [] No) THIS REVISED NGA IS BEING ISSUED TO DEOBLIGATE \$5,509 FROM DOCUMENT NUMBER H89HA00034S. THE GRANT FUNDS WILL BE REOBLIGATE INTO DOCUMENT NUMBER H89HA00034T.									
<i>Electronically signed by Dorothy M. Kelley, Grants Management Officer on: 09/10/2008</i>									
17. OBJ. CLASS: 41.15		18. CRS-EIN: 1596000785A1		19. FUTURE RECOMMENDED FUNDING:					
FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUBPROGRAM CODE				
07-3770790	93.914	H89HA0034S	\$ -5,509.00	\$ 0.00	N/A				

59,296

**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.R2008-0951, 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 AIDS Program, Inc. hereinafter referred to as the AGENCY, a not-for-profit corporation, entitled to do business in the State of Florida, whose address is 2330 South Congress Avenue, Palm Springs, FL 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 June 3, 2008 is hereby amended as follows:

I. New Work Plan "A1" attached hereto showing the new total units of service shall replace the original work plans Exhibit "A" in its entirety for Medical Case Management services. Unduplicated clients served will increase from 566 clients to 605 clients for Medical Case Management. Units of service will increase from 70,773 units to 75,165 units.

II. New Budgets Exhibit "B1" attached hereto showing new total budget for funding for Medical Case Management shall replace the original Exhibit "B" in its entirety.

III. Increase funding for Medical Case Management services by \$59,296 for a new total of \$1,014,727.

IV. Total contract not to exceed amount will be \$1,247,174

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:
N. Fahrenholz
Signature

Nicole Fahrenholz
Witness Name

By: [Signature]
Signature
DEPUTY EXECUTIVE DIRECTOR
Chief Executive Officer
Yolette Bonnet
9/2/08
Date

**APPROVED AS TO FORM AND
LEGAL SUFFICIENCY**

County Attorney

**APPROVED AS TO TERMS
AND CONDITIONS**
[Signature]
Edward L. Rich, Director

**TITLE I
WORKPLAN**

APPLICANT: Comprehensive AIDS Program

SERVICE: Medical Case Management -
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>1. A unit of service is a quarter hour of case management. CAP will provide a total of 75,165 units of case management to an estimated 605 clients.</p> <p>2. 605 HIV+ men, women and children will have better health outcomes and longer life as a result of information; education; and medical & social service support.</p> <p>3. 605 HIV+ men, women, and children will receive a referral and linkages to a medical provider and social services support as determined by a careplan.</p> <p>unit=quarter hour Unit cost = \$13.50 per quarter hour 75,165 units of service plus State, county, and CAREware trainings at \$270 per day per staff equals 20 units at \$13.50 per unit per day (other H) plus actual cost of new computer upgrade needs (other M)</p>	<p>Describe the sequential steps to be taken to accomplish the objective</p> <p>1. Upon contractual agreement, CAP will continue to provide case management activities to eligible Ryan White clients, according to the State of Florida HIV Case Management standards.</p> <p>2. Each client will receive an Intake Packet, needs assessment, financial assessment, a careplan & appropriate referrals within one (1) week of request. (If there is a wait list, will receive referrals and place on the list with follow up every 30 days)</p> <p>3. Eighty percent (80%) of clients will comply/follow-up with the referral.</p>	<p>3/1/2008</p>	<p>2/28/2009*</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>Clients have a choice in which case management program they would like to be enrolled. Traditionally, CAP serves those clients who are asymptomatic, symptomatic, and diagnosed with AIDS.</p> <p>CAP meets with other providers for referral services, and uses the FACTORS system to prevent duplication of services and enhances overall approach.</p>

3

* or Date of Depletion of Funds, whichever comes first

BUDGET NARRATIVE SUMMARY

PROPOSED SERVICE: MEDICAL CASE MANAGEMENT - FORMULA

AGENCY NAME: Comprehensive AIDS Program

BUDGET PERIOD: from 3/1/2008 to 2/28/2009*

Category	Administration	Program	Total	Cost per Unit
A. Personnel	-	636,266	636,266	8.46
B. Fringe Benefits	-	149,552	149,552	1.99
C. Travel	-	15,720	15,720	0.21
D. Equipment	-	-	-	
E. Supplies	-	16,200	16,200	0.22
F. Contractual	-	1,500	1,500	0.02
G. Other	92,248	103,241	195,489	2.60
Total	92,248	922,479	1,014,727	13.50

4

BUDGET NARRATIVE

Service: MEDICAL CASE MANAGEMENT - FORMULA
 Agency: Comprehensive AIDS Program Budget Period: 3/1/2008 to 2/28/2009*

REVENUES	Administration Amount	Program Amount	Total Service Costs
1. Funds from Government Sources Ryan White Title I	92,248	922,479	1,014,727
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	92,248	922,479	1,014,727

6

BUDGET NARRATIVE

Service: MEDICAL CASE MANAGEMENT - FORMULA

Agency: Comprehensive AIDS Program

Budget Period: 3/1/2008 to 2/28/2009*

Expenditures	Administration Amount	Program Amount	Total Service Costs
12. Salaries (Must agree with Form C-1)		636,266	636,266
13. Employee Benefits			
a. FICA .0765	-	48,674	48,674
b. FI Unemployment \$7,000 x .0335 x FTE	-	2,162	2,162
c. Workers' Compensation .02	-	12,725	12,725
d. Health Plan \$606 x 12 per mo per FTE	-	66,902	66,902
e. Retirement .03	-	19,088	19,088
14. Sub-Total Employee Benefits	-	149,552	149,552
15. Sub-Total Salaries & Benefits	-	785,818	785,818
16. Travel			
a. Travel/Transportation	-	10,200	10,200
b. Conference/Registration/Travel	-	5,520	5,520
17. Sub-Total Travel		15,720	15,720

BUDGET NARRATIVE

Service: MEDICAL CASE MANAGEMENT - FORMULA

Agency: Comprehensive AIDS Program

Budget Period: 3/1/2008 to 2/28/2009*

Expenditures	Administration Amount	Program Amount	Total Service Costs
18. Equipment (Attach a page showing detail description)	-		-
19. Supplies			
a. Office Supplies	-	10,200	10,200
b. Program Supplies (actual purchase)		6,000	6,000
20. Sub-Total Supplies	-	16,200	16,200
21. Contractual (Part-time Case Managers @ \$15per hour x 100 hrs)		1,500	1,500
22. Other			
a. Communications/Utilities			
1. Telephone	-	9,200	9,200
2. Postage & Shipping	-	1,380	1,380
3. Utilities (Power/Water/Gas	-	9,200	9,200
Sub-Total Communications/Utilities	-	19,780	19,780

7

BUDGET NARRATIVE

Service: MEDICAL CASE MANAGEMENT - FORMULA

Agency: Comprehensive AIDS Program

Budget Period: 3/1/2008 to 2/28/2009*

Expenditures	Administration Amount	Program Amount	Total Service Costs
B. Food Service			
C. Rental			
1. Building	-	41,400	\$41,400
2. Equipment			
Sub-Total Rental		\$41,400	\$41,400
D. Repair & Maintenance			
1. Building Maintenance	-	9,200	\$9,200
2. Equipment Maintenance	-	-	
Sub-Total Repair & Maintenance		\$9,200	\$9,200
E. Specific Assistance to Individuals			
F. Dues & Membership	-	138	\$138

8

BUDGET NARRATIVE

Service: MEDICAL CASE MANAGEMENT - FORMULA

Agency: Comprehensive AIDS Program

Budget Period: 3/1/2008

to

2/28/2009*

Expenditures	Administration Amount	Program Amount	Total Service Costs
G. Subscriptions	-	184	184
H. Training & Development Includes Countywide & Statewide training required for all staff. \$260 per day per staff=20units per day	-	4,784	4,784
I. Printing	-	3,220	3,220
J. Copy Cost	-	3,435	3,435
K. Advertising/Recruitment/PR	-	2,300	2,300
L. Audit Fees	-	-	-
M. Office Furniture and Equipment (needed for computer hardware and software upgrades)	-	5,000	5,000
N. Insurance/General Liability/Malpractice	-	13,800	13,800
N. Administrative expense allowed at 10%	92,248		92,248
23. Sub-Total Other	92,248	103,241	195,489
24. Total Expenditures	92,248	922,479	1,014,727
25a Total Cost per Unit of Service - (must match unit of service cost used in Workplan)	1.23	12.27	13.50
Total Units less statewide trainings and computer upgrades to be reimbursed			75,165

9

TOTAL AGENCY BUDGET

Comprehensive AIDS Program of Palm Beach County, Inc.

Agency Budget for Fiscal Year 3/1/2008 to 2/28/2009

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	1,247,174	536,925	541,631	193,722	1,422,278	100,000	463,333	4,505,063
2. Foundations							100,000	100,000
3. Other Grants								
4. Fund Raising							150,000	150,000
5. Contributions/ Legacies/Bequests							60,000	60,000
6. Membership Dues								
7. Program Svc Fees/ Sales to Public								
8. Investment Income							6,000	6,000
9. In-Kind								
10. Miscellaneous								
11. Total Revenues	1,247,174	536,925	541,631	193,722	1,422,278	100,000	779,333	4,821,063

All Financial Information Rounded to Nearest Dollar

TOTAL AGENCY BUDGET

Comprehensive AIDS Program of Palm Beach County, Inc.

Agency Budget for Fiscal Year 3/1/2008 to 2/28/2009

EXPENDITURES	Ryan White FORMULA	Ryan White SUPPLM	Ryan White MAI	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
12. Salaries	673,386	254,824	371,412	72,881	489,980	72,999	300,000	2,235,482
Chief Program Director	26,867	10,730	31,188					
1 Regional Program Managers	39,694	39,695	68,841					
3 Program Supervisors	73,909	25,200	48,421					
4 Program Support Specialists	67,553	14,000	36,287					
21 Case Managers/Techs	433,650	165,199	186,675					
HIV Prevention Manager	2,412							
Treatment Adherence Coordinator	29,301							
	673,386	254,824	371,412	72,881	489,980	72,999	300,000	2,235,482

12

all the above figures are calculated on the best estimated allocation as all grants have not been received and updated as of the date of preparation

TOTAL AGENCY BUDGET

Comprehensive AIDS Program of Palm Beach County, Inc.

Agency Budget for Fiscal Year 3/1/2008 to 2/28/2009

EXPENDITURES	Ryan White FORMULA	Ryan White SUPPLM	Ryan White MAI	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
12. Salaries	673,386	254,824	371,412	72,881	489,980	72,999	300,000	2,235,482
13. Employee Benefits								
a. FICA	51,514	19,494	28,413	5,575	37,483	5,584	22,950	171,014
b. FI Unemployment	2,417	1,833	3,714	729	4,900	730	3,000	17,323
c. Workers' Comp	13,467	5,096	7,428	1,458	9,800	1,460	6,000	44,708
d. Health Plan	74,074	56,722	20,996	15,788	125,569	7,947	72,720	373,816
e. Retirement	20,202	7,645	11,142	2,186	14,699	2,190	9,000	67,065
14. Sub-Total Employee Benefits	161,674	90,790	71,694	25,736	192,451	17,911	113,670	673,927
15. Sub-Total Salaries/Benefits	835,060	345,614	443,106	98,617	682,431	90,910	413,670	2,909,409
16. Travel								
a. Travel/transportation	12,207	7,800	3,210	4,272	24,957		11,806	64,252
b. Conferences/ Registration/Travel	5,520	4,680	1,926	3,784	9,049		6,400	31,359
17. Sub-Total Travel	17,727	12,480	5,136	8,056	34,006		18,206	95,611

All Financial Information Rounded to Nearest Dollar

13

TOTAL AGENCY BUDGET

Comprehensive AIDS Program of Palm Beach County, Inc.Agency Budget for Fiscal Year 3/1/2008 to 2/28/2009

EXPENDITURES	Ryan White FORMULA	Ryan White SUPPLM	Ryan White MAI	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
18. Equipment								
19. Supplies								
a. Office Supplies	10,200	7,634	3,210	1,000			10,000	32,044
b. Program Supplies	8,346	2,500	3,000	32,750	70,943		8,100	125,639
c. Computer Software								
20. Sub-Total Supplies	18,546	10,134	6,210	33,750	70,943		18,100	157,683
21. Contractual	115,388	21,267	1,000	14,560	8,400			160,615
22. Other								
a. Communications/Utilities								
1. Telephone	9,200	7,800	2,889				3,000	22,889
2. Postage & Shipping	1,380	1,170	482	1,200			1,000	5,232
3. Utilities (Power/Water/Gas)	9,200	7,800	2,889				6,000	25,889
Sub-Total Communications/Utilities	19,780	16,770	6,260	1,200			10,000	54,010

All Financial Information Rounded to Nearest Dollar

14

TOTAL AGENCY BUDGET**Comprehensive AIDS Program of Palm Beach County, Inc.**

Agency Budget for Fiscal Year

3/1/2008

to

2/28/2009

EXPENDITURES	Ryan White FORMULA	Ryan White SUPPLM	Ryan White MAI	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
B. Food Service								
C. Rental								
1. Building	41,400	35,100	14,445	7,740	76,920		36,360	211,965
2. Equipment					2,000			2,000
Sub-Total Rental	41,400	35,100	14,445	7,740	78,920		36,360	213,965
D. Repair & Maintenance								
1. Building Maintenance	9,200	7,800	2,889				6,000	25,889
2. Equipment Maintenance								
Sub-Total Repair & Maintenance	9,200	7,800	2,889				6,000	25,889
E. Specific Assistance to Individuals	44,121	10,424			416,023		125,000	595,568
F. Dues & Membership	138	117	48				100	403
G. Subscriptions	184	242	48				100	574

15

All Financial Information Rounded to Nearest Dollar

TOTAL AGENCY BUDGET

Comprehensive AIDS Program of Palm Beach County, Inc.

Agency Budget for Fiscal Year

3/1/2008

to

2/28/2009

EXPENDITURES	Ryan White FORMULA	Ryan White SUPPLM	Ryan White MAI	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
H. Training & Development	4,784	4,056	1,669	953			3,500	14,962
I. Printing	3,220	2,730	963	5,097			2,000	14,010
J. Copy Cost	3,435	2,730	963				2,000	9,128
K. Advertising	2,300	1,950	803		10,000		1,800	16,853
L. Audit Fees								
M. Office Furniture & Equipment	5,000	5,000	5,000	3,000			4,000	22,000
N. Insurance	13,800	11,700	3,852				12,000	41,352
O. Fundraising							76,926	76,926
P. Vehicle Operation								
Q. Promotional/PR								
R. Fees/taxes/bank fees								
S. Professional Fees								
T. Indirect Costs	113,091	48,811	49,239	20,749	121,555	9,090	49,571	412,106
25. Sub-Total Other	260,453	147,430	86,179	38,739	626,498	9,090	329,357	1,497,746
26. Sub-Total Expenditures	\$1,247,174	\$536,925	\$541,631	\$193,722	\$1,422,278	\$100,000	\$779,333	\$4,821,063

All Financial Information Rounded to Nearest Dollar