

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY

Meeting Date: January 13, 2009 Consent Regular
 Workshop Public Hearing

Department
Submitted By: Community Services
Submitted For: Ryan White Part A

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: Six (6) amendments to the Ryan White Part A HIV Health Support Services Contracts (Formula) for the period March 1, 2008, through February 28, 2009 totaling \$79,234;

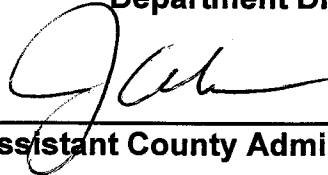
- A. Amendment No. 2 to contract (R2008-0953, dated June 3, 2008) with Comprehensive Community Care Network to decrease funding by \$15,000 for a total not to exceed amount of \$452,173;
- B. Amendment No. 1 to contract (R2008-1002, dated, June 3, 2008) with Health Care District of Palm Beach County to increase funding by \$49,748 for a total not to exceed amount of \$691,636;
- C. Amendment No. 1 to contract (R2008-0732, dated May 6, 2008) with Minority Development & Empowerment, Inc. to increase funding by \$7,486 for a total not to exceed amount of \$107,486;
- D. Amendment No. 2 to contract (R2008-0731, dated May 6, 2008) with Legal Aid Society, Inc. to increase funding by \$15,000 for a total not to exceed amount of \$209,008;
- E. Amendment No. 1 to contract (R2008-0734, dated May 6, 2008) with Treasure Coast Health Council, Inc. to increase funding by \$7,000 for a total not to exceed amount of \$467,322;
- F. Amendment No. 2 to contract (R2008-0728, dated May 6, 2008) with Compass, Inc. to increase funding by \$15,000 for a total not to exceed amount of \$406,512.

Summary: Ryan White HIV Health Support service dollars are reviewed throughout the contract year and allocated to best meet the needs of affected clients. Funding of \$64,234 is being moved from the Administrative reserve and the remaining \$15,000 is a reallocation. These dollars are being moved to ensure that agencies will have funds to meet budgetary needs for the grant period. No County funds are required. (Ryan White) Countywide (TKF).

Background and Justification: Under the new Ryan White Treatment Modernization Act of 2006, The Palm Beach County HIV CARE Council establishes priority service areas and assigns funding percentages. These changes have been approved by the Care Council Priorities and Allocations Committee.

Attachments: Amendments

Recommended by:  12-18-2008
Department Director Date

Approved by:  1/2/09
Assistant County Administrator Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2009	2010	2011	2012	2013
Capital Expenditures	0	_____	_____	_____	_____
Operating Costs	79,234	_____	_____	_____	_____
External Revenues	(79,234)	_____	_____	_____	_____
Program Income (County)	0	_____	_____	_____	_____
In-Kind Match (County)	0	_____	_____	_____	_____
NET FISCAL IMPACT	0	_____	_____	_____	_____
# ADDITIONAL FTE	_____	_____	_____	_____	_____
POSITIONS (Cumulative)	_____	_____	_____	_____	_____

Is Item Included in Current Budget? Yes No
 Budget Account No.: Fund 1010 Dept 142 Unit 1475 Object 8101/8201
 Program Code various

B. Recommended Sources of Funds/Summary of Fiscal Impact:

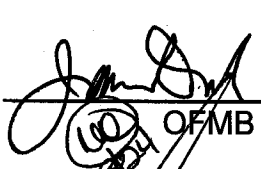
Funding provided through the U.S. Department of Health and Human Services.
 No county match is required.

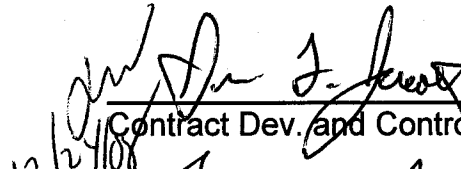
C. Departmental Fiscal Review:



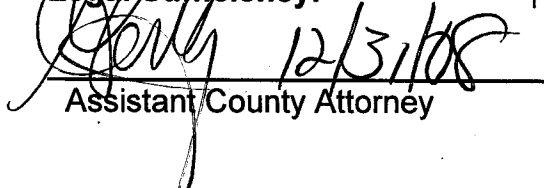
III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

 12-24-08
 OFMB 12/22/08 12/19/08

 12/24/08
 Contract Dev. and Control

B. Legal Sufficiency:

 12/3/08
 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 - 1002, dated June 3, 2008) made and entered into at West Palm Beach Florida, on this ___ day of ___, 2009 by and between PALM BEACH COUNTY, a political subdivision of the State of Florida hereinafter referred to as "COUNTY" and Health Care District of Palm Beach County hereinafter referred to as the AGENCY, a not-for-profit corporation, entitled to do business in the State of Florida, whose address is 324 Datura Street Suite 400, West Palm Beach, FL 33401.

WITNESSETH:

WHEREAS, the need exists to amend the contract to increase funding for Local Supplemental Drug Program.

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

- I. A new Work Plan "A1" attached hereto showing the new total units of service shall replace the original work plan Exhibit "A" in its entirety for Local Supplemental Drug Program services. Units of service will increase from 20,697 units to 20,827 units.
- II. New Budgets Exhibit "B1" attached hereto showing the new total budget for funding for Local Supplemental Drug Program shall replace the original Exhibit "B" in its entirety.
- III. Increase funding for Local Supplemental Drug Program by \$49,748 for a new total of \$682,278.
- IV. Total contract not to exceed amount will be \$ 691,636.

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.

[SIGNATURES ON FOLLOWING PAGE]

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: _____
John F. Koons, Chair

Date

WITNESS:

Patricia Davis
Signature

Patricia Davis
Witness Name

Health Care District of
Palm Beach County

By: *D. Chenette*
Signature
Dwight Chenette
Chief Executive Officer

12/16/08
Date

**APPROVED AS TO FORM AND
LEGAL SUFFICIENCY**

County Attorney

**APPROVED AS TO TERMS
AND CONDITIONS**

Edward L. Rich
Edward L. Rich, Director

Approved as to Form and Legal Sufficiency
By: *Nicholas W. Romanello*
Nicholas W. Romanello, Esq.
Legal Counsel
Health Care District of Palm Beach County

WORK PLAN

DRUG REIMBURSEMENT – Local and ADAP

APPLICANT: Health Care District of Palm Beach County

AREA TO BE SERVED Palm Beach County

OBJECTIVE(S)	ACTIVITIES	<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>To provide FDA approved prescription drugs included on the "Palm Beach County Title I Prescription Drug Formulary", and approved by the Palm Beach County HIV CARE Council, to Ryan White eligible clients; and to provide ADAP drugs (Approved by the State of Florida AIDS Drug Assistance Program and included on the</p>	<p>1. Review patient eligibility for Ryan White Program pursuant to Palm Beach County HIV CARE Council adopted standards and eligibility criteria.</p>	<p>3/1/2008</p>	<p>2/28/2009</p>	<p>There is no program in Palm Beach County that specifically addresses the HIV infection problems in the communities where hard-to-reach individuals and under-served populations are prevalent. Due to unique religious and cultural beliefs, language</p>

m

Ex. A1

<p>ADAP formulary) to Ryan White eligible patients who are not eligible for the Florida AIDS Drug Assistance Program.</p>	<p>2. Disseminate Ryan White Drug Assistance Formulary to all participating pharmacies and physicians (known to HCDPBC) treating HIV/AIDS infected patients.</p>	<p>3/1/2008</p>	<p>2/28/2009</p>	<p>barriers, immigration status, and a basic mistrust of the traditional health care system, a special approach is required to reach this segment of the community.</p>
<p><u>Impact:</u> Improve patients' health status. i.e. Viral loads or CD4 counts and increase the life span of the client.</p>	<p>3. Fill prescriptions for eligible Ryan White clients.</p>	<p>3/1/2008</p>	<p>2/28/2009</p>	
<p>Unit of Service = One month filled prescription. Unit cost = Actual cost of the drug plus a five dollar and fifty four (\$5.54) handling fee, per prescription. 20, 827 units will be provided to Ryan White eligible clients.</p>	<p>4. Prepare monthly reports for DUR. Review and prepare a trend analysis of pharmaceutical usage. Review billing records.</p>	<p>3/1/2008</p>	<p>2/28/2009</p>	
<p>A unit of service includes one filled drug prescription, including information regarding dosages and adherence.</p>	<p>5. Prepare demographics, utilization, and other Community Service required reports</p>	<p>3/1/2008</p>	<p>2/28/2009</p>	
	<p>6. Audit for Grant compliance</p>			

H

BUDGET NARRATIVE SUMMARY

Proposed Service: Local Supplement Drug Program

Agency Name: Health Care District of Palm Beach County

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

Category	Administration	Program	Total Amount	Cost Per Unit
A. Personnel	\$8,689	\$17,225	\$25,914	
B. Fringe Benefits	\$2,086	\$4,167	\$6,253	
C. Travel	\$0	\$0	\$0	
D. Equipment	\$0	\$0	\$0	
E. Supplies	\$5,801	\$618,509	\$624,311	
F. Contractual	\$25,800	\$0	\$25,800	
G. Other	\$0	\$0	\$0	
Total	\$42,376	\$639,902	\$682,278	

5

BUDGET NARRATIVE

Exhibit "B1"
Section _____
Page 2 of 6

Service: Local Supplement Drug Program

Agency: Health Care District of Palm Beach County

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

Revenues	Administration Amount	Program Amount	Total Services Cost
1. Funds from Government Sources (Specify Source of Funds) Ryan White Title I	\$42,376	\$639,902	\$682,278
2. Foundations	\$0	\$0	\$0
3. Other Grants	\$0	\$0	\$0
4. Fund Raising	\$0	\$0	\$0
5. Contributions/Legacies/Bequests	\$0	\$0	\$0
6. Membership Dues	\$0	\$0	\$0
7. Program Service Fees and Sales to the Public	\$0	\$0	\$0
8. Investment Income	\$0	\$0	\$0
9. In Kind	\$0	\$0	\$0
10. Miscellaneous Revenue	\$0	\$0	\$0
11 Total Revenue	\$42,376	\$639,902	\$682,278

9

BUDGET NARRATIVE

Exhibit "BI"

Section _____

Page 3 of 6

Service: Local Supplement Drug Program

Agency: Health Care District of Palm Beach County

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

Expenditures	Administration Amount	Program Amount	Total Services Cost
12. Salaries (Must agree with Form C-1)	\$8,689	\$17,225	\$25,914
13. <u>Employee Benefits</u>			\$1,983
a. FICA 7.65% of salaries	\$665	\$1,318	
b. FI Unemployment 0.13% of salaries	\$11	\$22	\$33
c. Workers' Compensation 1.17% of salaries	\$102	\$202	\$304
d. Health Plan	\$5	\$41	\$46
e. Retirement 15% of salaries	\$1,303	\$2,584	\$3,887
14. Sub-Total Employee Benefits	\$2,086	\$4,167	\$6,253
15. Sub-Total Salaries & Benefits	\$10,775	\$21,392	\$32,167
16. <u>Travel</u>			
a. Travel/Transportation	\$0	\$0	\$0
b. Conferences/Registration/Travel	\$0	\$0	\$0
17. Sub-Total Travel	\$0	\$0	\$0

7

BUDGET NARRATIVE

Exhibit "B1"

Section _____

Page 4 of 6

Service: Local Supplement Drug Program

Agency: Health Care District of Palm Beach County

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

Expenditures	Administration Amount	Program Amount	Total Services Cost
18. Equipment (Attach a page showing detail description)	\$0	\$0	\$0
19. Supplies			
a. Office Supplies - Rx supplies, bags, bottles, etc. Total units 7,736 @ \$0.75/unit.	\$5,801	\$0	\$5,801
b. Program Supplies - PPSC \$27.50/unit x 13579, clinic \$35.19/unit x 1558, \$382.05/unit x 498	\$0	\$618,509	\$618,509
20. Sub-Total Supplies	\$5,801	\$618,509	\$624,311
21. Contractual - PPSC charges: prescription database tracking at \$1.90/unit x 13,579 units.	\$25,800	\$0	\$25,800
22. Other			
A. <u>Communications/Utilities</u>			
1. Telephone Local line, fax, LD	\$0	\$0	\$0
2. Postage & Shipping	\$0	\$0	\$0
3. Utilities (Power/Water/Gas)	\$0	\$0	\$0
Sub-Total Communications/Utilities	\$0	\$0	\$0

00

BUDGET NARRATIVE

Exhibit "B1"

Section _____

Page 5 of 6

Service: Local Supplement Drug Program

Agency: Health Care District of Palm Beach County

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

Expenditures	Administration Amount	Program Amount	Total Services Cost
<i>B. Food Service</i>	\$0	\$0	\$0
<i>C. Rental</i>			
1. Building	\$0	\$0	\$0
2. Equipment	\$0	\$0	\$0
Sub-Total Rental	\$0	\$0	\$0
<i>D. Repair & Maintenance</i>			
1. Building Maintenance	\$0	\$0	\$0
2. Equipment Maintenance	\$0	\$0	\$0
Sub-Total Repair & Maintenance	\$0	\$0	\$0
<i>E. Specific Assistance to Individuals</i>	\$0	\$0	\$0
<i>F. Dues & Membership</i>	\$0	\$0	\$0

9

BUDGET NARRATIVE

Service: Local Supplement Drug Program

Agency: Health Care District of Palm Beach County

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

Expenditures	Administration Amount	Program Amount	Total Services Cost
G. Subscriptions	\$0	\$0	\$0
H. Training & Development	\$0	\$0	\$0
I. Printing Envelopes, business cards for staff	\$0	\$0	\$0
J. Copy Cost	\$0	\$0	\$0
K. Advertising	\$0	\$0	\$0
L. Audit Fees	\$0	\$0	\$0
M. Office Furniture and Equipment (Attach a sheet showing details)	\$0	\$0	\$0
N. Miscellaneous	\$0	\$0	\$0
O. Professional Services	\$0	\$0	\$0
23. Sub-Total Other	\$0	\$0	\$0
24. Total Expenditures	\$42,376	\$639,902	\$682,278
25 Total Cost per Unit of Service (must match unit of service cost used in Workplan)	\$5.54	\$43.74	

All Financial Information Rounded to Nearest Dollar
SCHC-RW8.WK1

10

SALARIES PER SERVICE

Exhibit "B" +

Section _____

Page 1 of 1

Service: Drug Reimbursement - Local

Agency: Health Care District of Palm Beach County

Budget Period: March 01, 2008 to February 28, 2009

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
PERSONNEL	Admin/ Prog	Annual Salary	Pay Per Period	No. of Days	Hrs Per Days	Hourly Rate	Total Salary (5 X 6 X 7)	Percentage Charge	Admin	Program	Total
Positions:											
Senior Acct	ADM	\$53,000	\$2,038	260	8	\$25.48	\$53,000	6.25%	\$3,313		\$3,313
Asst. Controlier	ADM	\$84,000	\$3,231	260	8	\$40.38	\$84,000	6.40%	\$5,376		\$5,376
Pharmacy Director	PROG	\$130,000	\$5,000	260	8	\$62.50	\$130,000	13.25%		\$17,225	\$17,225
Sub-Total Salaries									\$8,689	\$17,225	\$25,914

C1-RW8 WK1
 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.

11

Ryan White CARE Act Title I Funding

EXHIBIT "B1"

Agency Name: Health Care District of Palm Beach County

Budget Period: 03/01/2008 to 02/28/2009

Service Category									
Category	Local Drug Program	Nutritional Support							Total-All Programs
A. Personnel	\$25,914	\$667							\$26,581
B. Fringe Benefits	\$6,253	\$169							\$6,422
C. Travel	\$0	\$0							\$0
D. Equipment	\$0	\$0							\$0
E. Supplies	\$624,311	\$8,522							\$632,833
F. Contractual	\$25,800	\$0							\$25,800
G. Other	\$0	\$0							\$0
Total	\$682,278	\$9,358	\$0						\$691,636

12

TOTAL SALARIES BY SERVICE

Exhibit "BY"

Agency: Health Care District of Palm Beach County

Budget Period: 03/01/2008 to 02/28/2009

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
PERSONNEL	Annual Salary	Local Drug Program	Nutritional Support	Service Category							Total
Positions/Salaries											
Senior Accountant	53,000	3,313	239								3,552
Assistant Controller	84,000	5,376	376								5,752
Pharmacy Director	130,000	17,225	52								17,277
		-	-								
Sub-Total Salaries		25,914	667	-	-	-	-	-	-	-	26,581

13

TOSAL-RW.WK1
Use additional sheets if necessary.

EX. B1

**TOTAL RYAN WHITE BUDGET
BY SERVICE AND CATEGORIES**

Agency: Health Care District of Palm Beach County

Agency Budget for Fiscal Year 03/01/2008 to 02/28/2009

REVENUES	Local Drug Program	Nutritional Support								TOTAL
1. Funds from Govt. Sources	682,278	9,358								691,636
2. Foundations	-	-								0
3. Other Grants	-	-								0
4. Fund Raising	-	-								0
5. Contributions/Legacies/Bequests	-	-								0
6. Membership Dues	-	-								0
7. Program Srvc/Fees/Sales to Public	-	-								0
8. Investment Income	-	-								0
9. In-Kind	-	-								0
10. Miscellaneous - Indirect Income	-	-								0
11. Total Revenue	\$ 682,278	\$ 9,358	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 691,636

101

EX. B1

TOTAL RYAN WHITE BUDGET

Agency: Health Care District of Palm Beach County
 Agency Budget for Fiscal Year 03/01/2008 to 02/28/2009

EXPENDITURES	Local Drug Program	Nutritional Support	-	-	-	-	-	-	-	TOTAL
12. Salaries	25,914	667								26,581
Employee Benefits										
a. FICA	1,983	51								2,034
b. Florida Unemployment	33	1								34
c. Workers' Compensation	304	8								312
d. Health Plan	46	9								55
e. Retirement	3,887	100								3,987
14. Sub-Total Employee Benefits	6,253	169	-	-	-	-	-	-	-	6,422
15. Sub-Total Salaries/Benefits	32,167	836	-	-	-	-	-	-	-	33,003
Travel										
a. Travel/Transportation	-	-								-
b. Conferences/Registration/Travel	-	-								-
17. Sub-Total Travel	-	-	-	-	-	-	-	-	-	-

15

EX. B1

TOTAL RYAN WHITE BUDGET

Agency: Health Care District of Palm Beach County
Agency Budget for Fiscal Year 03/01/2008 to 02/28/2009

EXPENDITURES	Local Drug Program	Nutritional Support	-	-	-	-	-	-	TOTAL
18. Equipment	-	-							-
19. Supplies									
a. Office Supplies	5,801	120							5,921
b. Program Supplies	618,509	8,402							626,911
c. Computer Software									-
20. Sub-Total Supplies	624,311	8,522	-	-	-	-	-	-	632,833
21. Contractual	25,800	-							25,800
22. Other									-
23. Communications/Utilities									
1. Telephone	-	-							-
2. Postage & Shipping	-	-							-
3. Utilities (Power/Water/Gas)	-	-							-
Sub-Total Communications/Utilies	-	-	-	-	-	-	-	-	-

16

EX. B1

TOTAL RYAN WHITE BUDGET

Agency: Health Care District of Palm Beach County
Agency Budget for Fiscal Year 03/01/2008 to 02/28/2009

EXPENDITURES	Local Drug Program	Nutritional Support	-	-	-	-	-	-	TOTAL
B. Food Services	-	-	-	-	-	-	-	-	-
1. Building	-	-	-	-	-	-	-	-	-
2. Equipment	-	-	-	-	-	-	-	-	-
Sub-Total Rental	-	-	-	-	-	-	-	-	-
1. Building Maintenance	-	-	-	-	-	-	-	-	-
2. Equipment Maintenance	-	-	-	-	-	-	-	-	-
Sub-Total & Maintenance Repair	-	-	-	-	-	-	-	-	-
E. Specific Assistance to Individuals	-	-	-	-	-	-	-	-	-
F. Dues & Membership	-	-	-	-	-	-	-	-	-
G. Subscriptions	-	-	-	-	-	-	-	-	-

17

Ex. B1

TOTAL RYAN WHITE BUDGET

Agency: Health Care District of Palm Beach County
 Agency Budget for Fiscal Year 03/01/2008 to 02/28/2009

EXPENDITURES	Local Drug Program	Nutritional Support	-	-	-	-	-	-	TOTAL
H. Training & Development	-	-							-
I. Printing	-	-							-
J. Copy Cost	-	-							-
K. Advertising	-	-							-
L. Audit Fees	-	-							-
M. Office Furniture and Equipment	-	-							-
N. Miscellaneous	-	-							-
O. Professional Services	-	-							-
25. Sub-Total Other	-	-	-	-	-	-	-	-	-
28. Total Expenditures	\$ 682,278	\$ 9,358	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 691,636

All Financial Information Rounded to Nearest Dollar

18

EX. B1

FORM C: TOTAL AGENCY BUDGET

Agency Name: Health Care District of Palm Beach County
Program Name: AGENCY BUDGET

Fiscal Year October 1, 2007 to September 30, 2008

REVENUES	Ryan White Title I	Ryan White Title II	HOPWA	PBC/BCC Tax Dollars	Other Federal	Other Local			Total
1. Funds from Govt. Sources	691,888			143,437,112					144,129,000
2. Foundations	0								0
3. Other Grants	0								0
4. Fund Raising	0								0
5. Contributions/ Legacies/Bequests	0								0
6. Membership Dues	0								0
7. Program Srvc. Fees/Sales to Public	0			2,120,000					2,120,000
8. Investment Income	0			6,340,000					6,340,000
9. In-Kind	0								0
10. Miscellaneous - Indirect Income	0			9,580,934					9,580,934
11. Total Revenue	691,888	0	0	161,478,046	0	0	0	0	162,169,934

19

EX. B1

FORM C: TOTAL AGENCY BUDGET

Agency Name: Health Care District of Palm Beach County

Program Name: AGENCY BUDGET

Fiscal Year October 1, 2007 to September 30, 2008

EXPENDITURES	Ryan White Title I	Ryan White Title II	HOPWA	PBC/BCC Tax Dollars	Other Federal	Other Local			TOTAL
12. Total Salaries	26,581	0	0	26,327,785	0	0			26,354,366
List all employee salaries individually									
Project Liason	3,552								
Pharmacy Director	5,752								
Pharmacy Distribution Director	17,277								
									0
									0
									0
									0
									0
									0
									0
									0
									0
									0
									0
									0

20

EX. B1

FORM C: TOTAL AGENCY BUDGET

Agency Name: Health Care District of Palm Beach County
 Program Name: AGENCY BUDGET

Fiscal Year October 1, 2007 to September 30, 2008

EXPENDITURES	Ryan White Title I	Ryan White Title II	HOPWA	PBC/BCC Tax Dollars	Other Federal	Other Local	TOTAL
13. Employee Benefits:							
a. FICA	2,034			1,942,381			1,944,415
b. Florida Unemployment	34			49,966			50,000
c. Workers' Compensation	312			257,041			257,353
d. Health Plan	55			3,832,700			3,832,755
e. Retirement	3,987			3,437,782			3,441,769
14. Sub-Total Employee Benefits	6,422	0	0	9,519,870	0	0	9,526,292
15. Sub-Total Salaries/ Benefits	33,003	0	0	35,847,655	0	0	35,880,658
16. Travel							
a. Travel/Transportation	0			391,897			391,897
b. Conferences/Registration/Travel	0			456,714			456,714
17. Sub-Total Travel	0	0	0	848,611	0	0	848,611
18. Building/Occupancy							
a. Rent	0			1,333,171			1,333,171

21

EX. B1

FORM C: TOTAL AGENCY BUDGET

Agency Name: Health Care District of Palm Beach County
Program Name: AGENCY BUDGET

Fiscal Year October 1, 2007 to September 30, 2008

EXPENDITURES	Ryan White Title I	Ryan White Title II	HOPWA	PBC/BCC Tax Dollars	Other Federal	Other Local			TOTAL
b. Depreciation									0
19. Communications/ Utilities									
a. Telephone	0			760,771					760,771
b. Postage & Shipping	0			203,129					203,129
c. Utilities & Utility Asst. (Power/Water/Gas)	0			92,922					92,922
20. Sub-Total									
Communications/Utilities	0	0	0	1,056,822	0	0			1,056,822
21. Printing & Supplies									
a. Office Supplies	5,921			425,368					431,289
b. Program Supplies	626,911								626,911
c. Printing	0			105,770					105,770
22. Sub-Total Printing/ Supplies	632,833	0	0	531,138	0	0			1,163,971
23. Food Service	0			32,750					32,750
24. Other									
a. Professional Fees/Contractual	25,800			6,111,135					6,136,935
b. Insurance	0			372,035					372,035
c. Building Maintenance	0			35,117					35,117

22

EX. B1

FORM C: TOTAL AGENCY BUDGET

Agency Name: Health Care District of Palm Beach County
 Program Name: AGENCY BUDGET

Fiscal Year October 1, 2007 to September 30, 2008

EXPENDITURES	Ryan White Title I	Ryan White Title II	HOPWA	PBC/BCC Tax Dollars	Other Federal	Other Local	TOTAL
d. Equipment Rental/Maintenance	0			138,150			138,150
e. Specific Assistance to Individuals	0						0
f. Dues & Subscriptions	0			108,360			108,360
g. Training & Development	0			134,000			134,000
h. Awards & Grants							0
i. Sponsored Events				9,798,000			9,798,000
j. Payments to Off. Organizations							0
k. Litigation Cost							0
l. Copy Cost	0						0
m. Advertising	0			251,360			251,360
n. Audit Fees	0			130,000			130,000
o. Office Furniture and Equip.	0			203,200			203,200
p. Miscellaneous	0			111,097,046			111,097,046
25. Sub-Total Other	25,800	0	0	127,793,843	0	0	127,819,643
26. Indirect Costs							0
27. Capital Expenses (Equipment)				726,000			726,000
28. Total Expenditures	691,636	0	0	167,443,990	0	0	168,135,626

All Financial Information Rounded to Nearest Dollar

23

**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 -0731, dated May 6, 2008) made and entered into at West Palm Beach Florida, on this ___ day of ___, 2009 by and between PALM BEACH COUNTY, a political subdivision of the State of Florida hereinafter referred to as "COUNTY" and Legal Aid Society of Palm Beach County, Inc. hereinafter referred to as the AGENCY, a not-for-profit corporation, entitled to do business in the State of Florida, whose address is 423 Fern Street Suite 200, West Palm Beach, FL 33401.

WITNESSETH:

WHEREAS, the need exists to amend the contract to increase funding for Legal Services.

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

- I. A new Work Plan "A2" attached hereto showing the new total units of services shall replace the original work plan Exhibit "A1" in its entirety for Legal Services. Units of service will increase from 2,282 units to 2,458.92 units.
- II. New Budgets Exhibit "B2" attached hereto showing the new total budget for funding for Legal Services shall replace the original Exhibit "B1" in its entirety.
- III. Increase funding for Legal Services by \$15,000 for a new total of \$ 209,008.
- IV. Total contract not to exceed amount will be \$ 209,008.

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

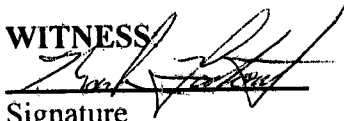
By: _____
Deputy Clerk

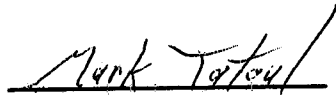
By: _____
John F. Koons, Chairman

Date

WITNESS

Signature



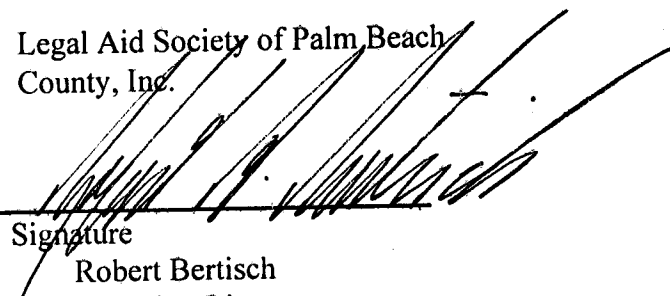

Witness Name

Legal Aid Society of Palm Beach
County, Inc.

By: _____

Signature

Robert Bertisch
Executive Director



12.5.08
Date

**APPROVED AS TO FORM AND
LEGAL SUFFICIENCY**

County Attorney

**APPROVED AS TO TERMS
AND CONDITIONS**


Edward L. Rich, Director

WORKPLAN

APPLICANT: Legal Aid Society of Palm Beach County, Inc.

AREA TO BE SERVED: Legal

Services

<u>Objectives</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 number of unduplicated clients to be served. Define 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 provide similar services. Explain how you will avoid duplication of services, why additional units of services are needed.</p>

3

<p>1. To provide legal services/permanency planning services to 351 new and existing HIV+ individuals in Central Palm Beach County, South Palm Beach County, North Palm Beach County, and Western Palm Beach County for 2458.92 billable units of service at \$85.00 per unit.</p>	<p>a. Continue to provide intake and outreach to HIV+ individuals and serve current clients in need of legal services in accordance with legal standards and rules established by the Florida Bar, including Rules of Professional Responsibility, in Central Palm Beach County.</p> <p><u>Staff:</u> John Foley, Stephanie Carden, M. Shane O'Meara & David Begley (attorneys); Sandra Vines & Curt Sanchez,(paralegal); Robert Bertisch, Mark Tatoul (administration)</p>	3/1/08	2/28/09	<p>Legal Aid's HIV/AIDS Legal Project's Legal Services unit consists of 1.65 FTE attorneys, 1.15 FTE paralegal, and 0.06 FTE administrative staff. The Project will continue to provide legal services to its current HIV infected clients and will accept new referrals from AIDS service organizations and providers within the HIV continuum, and handle such legal issues such as insurance matters, including insurance continuation, access to health care, accessing Social Security, Medicaid and Medicare (including Medicare "D") and private disability benefits, public benefits, employment issues relating to access to health care, health care utilization issues, including advance directives, and such other legal matters necessary for clients to achieve positive medical outcomes. The Legal Aid Society is the only legal services provider in Palm Beach County that provides all these services to the HIV+ residents of the County free of charge, pursuant to Ryan White Care Act guidelines.</p>
--	---	--------	---------	---

WORKPLAN

APPLICANT: Legal Aid Society of Palm Beach County, Inc.

AREA TO BE SERVED: Legal Services

2. Impact Statement

The ultimate goal of providing legal/permanency planning services to our clients is ensure and maintain access to medical care and empower them to improve their quality of life and living conditions and promote economic self-sufficiency. In doing so, there will be a direct reduction, or even elimination, in reliance on the limited public assistance and Ryan White funded programs, such as STRMU, ADAP, emergency assistance, Ryan White Pharmacy and Medical dollars, transportation and other Ryan White funded programs. This will free up limited resources to ensure medical care and access to a wider base of the HIV/AIDS community who may not be in care.

Clients will be assisted with accessing Social Security benefits, Medicaid and Medicare(including Medicare "D") and private disability benefits, thereby improving their quality of life, living conditions and providing a means to access medical care. Assistance with issues involving health care and insurance, particularly insurance continuation, promotes continuity of medical care and linkages to medical care providers. Assisting clients to access benefits, such as insurance through employers, will help promote medical coverage.

Similarly, representation in employment matters, including anti-discrimination and reasonable accommodation provisions of the Americans with Disabilities Act, allows HIV+ persons to either re-enter the workforce or remain employed. Specifically, for HIV infected individuals whose medical condition has improved, assistance is provided with the many legal issues involved with returning to work, including loss of public assistance, uninterrupted continuation of health care benefits, and continuation of health insurance (COBRA) after leaving the workforce.

Preparation of advance directives allows individuals to exercise personal autonomy over decisions involving their health, finances and end-of-life issues, which directly impact health outcomes..

All our services aim to access and maintain access to medical care through working to promote self-sufficiency and reduce or eliminate reliance on limited available resources . The goal is to positively impact outcomes affecting the HIV-related clinical status of an individual with HIV/AIDS.

5

BUDGET NARRATIVE SUMMARY

-- Formula Funding (\$209,008.00) --

Proposed Service: Legal Services

Agency Name: Legal Aid Society of Palm Beach County, Inc.

Budget Period 01-Mar-08 to 28-Feb-09

Category	Administration	Program	Total Amount	Cost Per Unit
A. Personnel	\$ 5,774	130,917	\$ 136,691	55.59
B. Fringe Benefits	1,143	36,722	37,865	15.40
C. Travel	75	3,305	3,380	1.37
D. Equipment	0	0	0	0.00
E. Supplies	46	2,036	2,082	0.85
F. Contractual	21	920	941	0.38
G. Other	1,448	26,601	28,049	11.41
Total	\$ 8,507	\$ 200,501	\$ 209,008	85.00

la

BUDGET NARRATIVE

Exhibit "B"
Section _____
Page 2 of 6

- Formula Funding (\$209,008.00) -

Service: Legal Services

Agency: Legal Aid Society of Palm Beach County, Inc.

Budget Period: 01-Mar-2008 to 28-Feb-2009

REVENUES	Administration Amount	Program Amount	Total Service Costs
1. Funds from Government Sources (Specify Source of Funds) Ryan White CARE Act Title I	7,665.00	201,343.00	209,008.00
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	\$ 7,665.00	\$ 201,343.00	\$ 209,008.00

7

BUDGET NARRATIVE

Exhibit "B"
 Section _____
 Page 3 of 6

Service: Legal Services

Agency: Legal Aid Society of Palm Beach County, Inc.

Budget Period: 01-Mar-2008 to 28-Feb-2009

EXPENDITURES	Administration Amount	Program Amount	Total Service Costs
12. Salaries (Must agree with Form C-1) 1.65 Attorneys, 1.15 Paralegals, 0.03 Executive Director, 0.03 Fiscal Manager	5,774.00	130,917.00	136,691.00
13. Employee Benefits			
a. FICA 7.65% of eligible salaries	442.00	10,015.00	10,457.00
b. Fl Unemployment 1.17% of first \$7,000 of annual salaries	5.00	229.00	234.00
c. Workers' Compensation 0.50% of salaries	29.00	654.00	683.00
d. Health Plan Health/Dental /Life/Long Term Disability/Short Term Disability	494.00	22,101.00	22,595.00
e. Retirement 3% matching on eligible employee contributions	173.00	3,723.00	3,896.00
14. Sub-Total Employee Benefits	1,143.00	36,722.00	37,865.00
15. Sub-Total Salaries & Benefits	6,917.00	167,639.00	174,556.00
16. Travel			
a. Travel/Transportation Outreach Mileage, Parking & Tolls	75.00	2,805.00	2,880.00
b. Conferences/Registration/Travel AIDS-Related Conferences & Trainings	0.00	500.00	500.00
17. Sub-Total Travel	75.00	3,305.00	3,380.00

8

BUDGET NARRATIVE

Exhibit "B"
 Section _____
 Page 4 of 6

Service: Legal Services

Agency: Legal Aid Society of Palm Beach County, Inc.

Budget Period: 01-Mar-2008 to 28-Feb-2009

EXPENDITURES	Administration Amount	Program Amount	Total Service Costs
18. Equipment (Attach a page showing detail description)	0.00	0.00	0.00
19. Supplies			
a. Office Supplies 3.62% Allocation of annual projected budget of \$57,500	46.00	2,036.00	2,082.00
b. Program Supplies	0.00	0.00	0.00
20. Sub-Total Supplies	46.00	2,036.00	2,082.00
21. Contractual (Attach sheet showing details if more space needed) Computer Services 3.62% Allocation of annual projected budget of \$26,000	21.00	920.00	941.00
22. Other			
A. Communications/Utilities			
1. Telephone 3.62% Allocation of annual projected budget of \$53,000	42.00	1,877.00	1,919.00
2. Postage & Shipping 3.62% Allocation of annual projected budget of \$26,000	21.00	920.00	941.00
3. Utilities (Power/Water/Gas)	0.00	0.00	0.00
Sub-Total Communications/Utilities	63.00	2,797.00	2,860.00

9

BUDGET NARRATIVE

Exhibit "B3

Section _____

Page 5 of 6

Service: Legal Services

Agency: Legal Aid Society of Palm Beach County, Inc.

Budget Period: 01-Mar-2008 to 28-Feb-2009

EXPENDITURES	Administration Amount	Program Amount	Total Service Costs
B. Food Service	0.00	0.00	0.00
C. Rental			
1. Building 2.86 FTE's times budget per office of \$4,346	261.00	12,168.00	12,429.00
2. Equipment 3.62% Allocation of annual projected budget of \$36,000	29.00	1,274.00	1,303.00
Sub-Total Rental	290.00	13,442.00	13,732.00
D. Repair & Maintenance			
1. Building Maintenance	0.00	0.00	0.00
2. Equipment Maintenance 3.62% Allocation of annual projected budget of \$23,000	18.00	815.00	833.00
Sub-Total Repair & Maintenance	18.00	815.00	833.00
E. Specific Assistance to Individuals Litigation Expenses Associated with assisting clients	0.00	3,982.00	3,982.00
F. Dues & Membership 3.62% Allocation of annual projected budget of \$25,000	20.00	885.00	905.00

10

BUDGET NARRATIVE

Exhibit "B"
Section _____
Page 6 of 6

Service: Legal Services

Agency: Legal Aid Society of Palm Beach County, Inc.

Budget Period: 01-Mar-2008 to 28-Feb-2009

EXPENDITURES	Administration Amount	Program Amount	Total Service Costs
G. Subscriptions Legal Library updates (3.62% allocation of annual projected budget of \$50,000)	40.00	1,770.00	1,810.00
H. Training & Development 3.62% Allocation of annual projected budget of \$25,000	20.00	885.00	905.00
I. Printing 3.62% Allocation of annual projected budget of \$18,000	14.00	638.00	652.00
J. Copy Cost	0.00	0.00	0.00
K. Advertising	0.00	0.00	0.00
L. Audit Fees Annual financial Audit Fees Based on Auditor's Estimate (3.62% allocation of annual projected budget of \$26,000)	863.00	78.00	941.00
M. Office Furniture and Equipment (Attach a sheet showing details)	0.00	0.00	0.00
N. Miscellaneous (Attach a sheet showing details)			
Attorney Liability Insur. for 1.65 attorneys	0.00	724.00	724.00
General Liability Insurance (3.62% allocation of annual projected budget of \$4,950)	4.00	175.00	179.00
Bank Charges (none)	0.00	0.00	0.00
Equipment Depreciation (3.62% Allocation of Annual projected budget of \$50,000)	0.00	0.00	0.00
Advertising, Meetings, etc (3.62% allocation of annual projected budget of \$14,500)	116.00	410.00	526.00
23. Sub-Total Other	1,448.00	26,601.00	28,049.00
24. Total Expenditures	\$ 8,507.00	\$ 200,501.00	\$ 209,008.00
25. Total Cost Per Unit of Service (must match unit of service cost used in Workplan)			\$85.00

All Financial Information Rounded to Nearest Dollar

SALARIES PER SERVICE

-- Formula Funding (\$209,008.00) --

Exhibit "B"

Section _____

Page ___ of ___

Service: Legal Services

Agency: Legal Aid Society of Palm Beach County, Inc.

Budget Period: 01-Mar-08 to 28-Feb-09

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
PERSONNEL	Admin/ Prog	Annual Salary	Pay Per Period	No. of Days	Hrs Per Day	Hourly Rate	Total Salary (5 x 6 x 7)	Percentage Charged	Admin	Program	Total
Positions/Salaries											
Attorney - David Begley (1)	Prog	\$57,000.00	\$2,192.31	152	8	\$27.40	\$33,323.08	100.00%		\$33,323.08	\$33,323.08
Attorney - David Begley (2)	Prog	\$58,710.00	\$2,258.08	108	8	\$28.23	\$24,387.23	100.00%		\$24,387.23	\$24,387.23
Attorney - Stephanie Carden (1)	Prog	\$32,500.00	\$1,250.00	152	8	\$15.63	\$19,000.00	53.00%		\$10,070.00	\$10,070.00
Attorney - Stephanie Carden (2)	Prog	\$33,475.00	\$1,287.50	108	8	\$16.09	\$13,905.00	53.00%		\$7,369.65	\$7,369.65
Paralegal - Sandra Vines (1)	Prog	\$39,140.00	\$1,505.38	152	8	\$18.82	\$22,881.85	100.00%		\$22,881.85	\$22,881.85
Paralegal - Sandra Vines (2)	Prog	\$40,314.20	\$1,550.55	108	8	\$19.38	\$16,745.90	100.00%		\$16,745.90	\$16,745.90
Attorney - John Foley (1)	Prog	\$85,000.00	\$3,269.23	152	8	\$40.87	\$49,692.31	7.00%		\$3,478.46	\$3,478.46
Attorney - John Foley (2)	Prog	\$87,550.00	\$3,367.31	108	8	\$42.09	\$36,366.92	7.00%		\$2,545.68	\$2,545.68
Attorney - Shane O'Meara (1)	Prog	\$65,000.00	\$2,500.00	152	8	\$31.25	\$38,000.00	5.00%		\$1,900.00	\$1,900.00
Attorney - Shane O'Meara (2)	Prog	\$66,950.00	\$2,575.00	108	8	\$32.19	\$27,810.00	5.00%		\$1,390.50	\$1,390.50
Executive Director - Robert Bertisch (1)	Prog	\$130,000.00	\$5,000.00	152	8	\$62.50	\$76,000.00	3.00%	\$2,280.00		\$2,280.00
Executive Director - Robert Bertisch (2)	Prog	\$133,900.00	\$5,150.00	108	8	\$64.38	\$55,620.00	3.00%	\$1,668.60		\$1,668.60
Fiscal Manager - Mark Tatoul (1)	Prog	\$60,101.00	\$2,311.58	152	8	\$28.89	\$35,135.97	3.00%	\$1,054.08		\$1,054.08
Fiscal Manager - Mark Tatoul (2)	Prog	\$61,904.03	\$2,380.92	108	8	\$29.76	\$25,713.98	3.00%	\$771.42		\$771.42
Paralegal - Curt Sanchez (1)	Prog	\$45,500.00	\$1,750.00	152	7	\$25.00	\$26,600.00	15.00%		\$3,990.00	\$3,990.00
Paralegal - Curt Sanchez (2)	Prog	\$45,500.00	\$1,750.00	108	7	\$25.00	\$18,900.00	15.00%		\$2,835.00	\$2,835.00
	Prog										\$0.00
	Prog										\$0.00
	Prog										\$0.00
	Prog										\$0.00
	Prog										\$0.00
	Prog										\$0.00
	Prog										\$0.00
	Prog										\$0.00
	Prog										\$0.00
	Prog										\$0.00
	Admin										\$0.00
	Admin										\$0.00
	Admin										\$0.00
	Admin										\$0.00
NOTES: Payroll Dates											
(1) 03/03/2008-09/30/2008											
(2) 10/01/2008-02/27/2009											
Sub-Total Salaries									\$5,774.10	\$130,917.35	\$136,691.45

12

CI-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 BUDGET BY SERVICE AND CATEGORIES
Ryan White CARE Act Title I Funding

Agency Name: Legal Aid Society of Palm Beach County, Inc.

Budget Period: 01-Mar-08 to 28-Feb-09

Category	Service Category							Total
	Legal Svcs. Formula	Legal Svcs. Supplemental						
A. Personnel	\$ 136,691	\$ 861	\$	\$	\$	\$	\$	\$ 137,552
B. Fringe Benefits	37,865	131						37,996
C. Travel	3,380	0						3,380
D. Equipment	0	0						0
E. Supplies	2,082	0						2,082
F. Contractual	941	0						941
G. Other	28,049	0						28,049
Total	\$ 209,008	\$ 992	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 210,000

13

TOTAL SALARIES BY SERVICE

Exhibit "B1

-- Formula Funding (\$209,008.00) --

Agency: Legal Aid Society of Palm Beach County, Inc.

Budget Period: 01-Mar-08 to 28-Feb-09

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(12)
PERSONNEL	Annual Salary	Service Category						Total
		Legal Svcs.						
Positions/Salaries								
Attorney - David Begley	57,710.00	57,710.00						57,710.00
Attorney - Stephanie Carden	32,905.00	17,440.00						17,440.00
Paralegal - Sandra Vines	39,628.00	39,628.00						39,628.00
Attorney - John Foley	86,059.00	6,024.00						6,024.00
Attorney - M. Shane O'Meara	65,810.00	3,290.00						3,290.00
Executive Director - Robert Bertisch	131,620.00	3,949.00						3,949.00
Fiscal Manager - Mark Tatoul	60,850.00	1,825.00						1,825.00
Paralegal - Curt Sanchez	45,500.00	6,825.00						6,825.00
Sub-Total Salaries		136,691.00						136,691.00

14

TOSAL-RW
Use additional sheets if necessary.

**TOTAL RYAN WHITE BUDGET
BY SERVICE AND CATEGORIES**

Agency: Legal Aid Society of Palm Beach County, Inc.

Agency Budget for Fiscal Year 03/01/2008 to 02/28/2009

REVENUES	Legal Svcs Formula	Legal Svcs Supplemental								TOTAL
Funds from Govt. Sources	209,008	992								210,000
2. Foundations	-	-								0
3. Other Grants	-	-								0
4. Fund Raising	-	-								0
5. Contributions/Legacies/Bequest	-	-								0
6. Membership Dues	-	-								0
7. Program Srvc/Fees/Sales to P	-	-								0
8. Investment Income	-	-								0
9. In-Kind	-	-								0
10. Miscellaneous - Indirect Income	-	-								0
11. Total Revenue	\$ 209,008	\$ 992	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 210,000

15

TOTAL RYAN WHITE BUDGET

Agency: Legal Aid Society of Palm Beach County, Inc.

Agency Budget for Fiscal Year 03/01/2008 to 02/28/2009

EXPENDITURES	Legal Svcs. - Formula	Legal Svcs. - Supplemental	-	-	-	-	-	-	TOTAL
12. Salaries	136,691	861							137,552
Employee Benefits									
a. FICA	10,457	66							10,523
b. Florida Unemployment	234	1							235
c. Workers' Compensation	683	4							687
d. Health Plan	22,595	34							22,629
e. Retirement	3,896	26							3,922
14. Sub-Total Employee Benefits	37,865	131	-	-	-	-	-	-	37,996
15. Sub-Total Salaries/Benefits	174,556	992	-	-	-	-	-	-	175,548
Travel									
a. Travel/Transportation	2,880	-							2,880
b. Conferences/ Registration/Travel	500	-							500
17. Sub-Total Travel	3,380	-	-	-	-	-	-	-	3,380

10

TOTAL RYAN WHITE BUDGET

Agency: Legal Aid Society of Palm Beach County, Inc.

Agency Budget for Fiscal Year 03/01/2008 to 02/28/2009

EXPENDITURES	Legal Svcs. - Formula	Legal Svcs. - Supplemental	-	-	-	-	-	-	TOTAL
18. Equipment	-	-							-
Office Supplies									
a. Office Supplies	2,082	-							2,082
b. Program Supplies	-	-							-
Program Supplies									
20. Sub-Total Supplies	2,082	-	-	-	-	-	-	-	2,082
21. Contractual	941	-							941
22. Other									-
Telephone									
1. Telephone	1,919	-							1,919
2. Postage & Shipping	941	-							941
3. Utilities (Power/Water/Gas)	-	-							-
Sub-Total Communications/Utilities	2,860	-	-	-	-	-	-	-	2,860

17

TOTAL RYAN WHITE BUDGET

Agency: Legal Aid Society of Palm Beach County, Inc.
 Agency Budget for Fiscal Year 03/01/2008 to 02/28/2009

EXPENDITURES	Legal Svcs. - Formula	Legal Svcs. - Supplemental	-	-	-	-	-	-	-	TOTAL
B. Food Services	-	-								-
1. Building	12,429	-								12,429
2. Equipment	1,303	-								1,303
Sub-Total Rental	13,732	-	-	-	-	-	-	-	-	13,732
1. Building Maintenance	-	-								-
2. Equipment Maintenance	833	-								833
Sub-Total Repair & Maintenance	833	-								833
E. Specific Assistance to Individuals	3,982	-								3,982
F. Dues & Membership	905	-								905
G. Subscriptions	1,810	-								1,810

10

TOTAL RYAN WHITE BUDGET

Agency: Legal Aid Society of Palm Beach County, Inc.

Agency Budget for Fiscal Year 03/01/2008 to 02/28/2009

EXPENDITURES	Legal Svcs. - Formula	Legal Svcs. - Supplemental	-	-	-	-	-	-	TOTAL
H. Training & Development	905	-							905
I. Printing	652	-							652
J. Copy Cost	-	-							-
K. Advertising	-	-							-
L. Audit Fees	941	-							941
M. Office Furniture and Equipment	-	-							-
N. Insurance and Computer support	1,429	-							1,429
O. Professional Services	-	-							-
25. Sub-Total Other	28,049	-	-	-	-	-	-	-	28,049
28. Total Expenditures	\$ 209,008	\$ 992	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 210,000

All Financial Information Rounded to Nearest Dollar

61

TOTAL AGENCY BUDGET

Agency: Legal Aid Society of Palm Beach County, Inc.

Agency Budget for Fiscal Year March 01, 2008 to February 28, 2009

* A sheet must be attached showing the Source of Funds (Title of Funds, Grant Number & Funding Source) Dollar Amount, Match Requirements, & Source of Match

REVENUES	Title I Formula Ryan White	Title I Suppl. Ryan White	HOPWA	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
1. Funds from Govt. Sources	209,008	992		1,099,808	686,214	205,250	15,274	2,216,546
2. Foundations						429,346	250,000	679,346
3. Other Grants				2,109,776	35,000	50,830	247,647	2,443,253
4. Fund Raising							197,600	197,600
5. Contributions/ Legacies/Bequests							507,616	507,616
6. Membership Dues								0
7. Program Svc Fees/ Sales to Public							64,500	64,500
8. Investment Income							11,200	11,200
9. In-Kind								0
10. Miscellaneous							60,523	60,523
11. Total Revenues	\$209,008	\$992	\$0	\$3,209,584	\$721,214	\$685,426	\$1,354,360	\$6,180,584

20

All Financial Information Rounded to Nearest Dollar

TOTAL AGENCY BUDGET

Agency: Legal Aid Society of Palm Beach County, Inc.

Agency Budget for Fiscal Year March 01, 2008 to February 28, 2009

* A sheet must be attached showing the Source of Funds (Title of Funds, Grant Number & Funding Source) Dollar Amount, Match Requirements, & Source of Match

EXPENDITURES	Title I Formula Ryan White	Title I Suppl. Ryan White	HOPWA	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
12. Salaries	136,691	861		2,067,733	464,633	441,577	872,529	3,984,024
13. <u>Employee Benefits:</u>								
a. FICA	10,457	66		149,813	33,664	31,993	63,217	289,210
b. FL Unemployment	234	1		11,045	2,482	2,359	4,660	20,781
c. Workers' Comp.	683	4		10,320	2,319	2,204	4,354	19,884
d. Health Plan	22,595	34		344,128	77,328	73,491	145,213	662,789
e. Retirement	3,896	26		46,954	10,551	10,027	19,813	91,267
14. Sub-Total Employee Benefits	37,865	131	0	562,260	126,344	120,074	237,257	1,083,931
15. Sub-Total Salaries/Benefits	174,556	992	0	2,629,993	590,977	561,651	1,109,786	5,067,955
16. <u>Travel</u>								
a. Travel/Transportation	2,880	0		36,113	8,115	7,712	15,238	70,058
b. Conferences/ Registration/Travel	500	0		2,688	604	574	1,134	5,500
17. Sub-Total Travel	3,380	0	0	38,801	8,719	8,286	16,372	75,558

12

All Financial Information Rounded to Nearest Dollar

TOTAL AGENCY BUDGET

Agency: Legal Aid Society of Palm Beach County, Inc.

Agency Budget for Fiscal Year March 01, 2008 to February 28, 2009

* A sheet must be attached showing the Source of Funds (Title of Funds, Grant Number & Funding Source) Dollar Amount, Match Requirements, & Source of Match

EXPENDITURES	Title I Formula Ryan White	Title I Suppt Ryan White	HOPWA	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
18. Equipment	0	0		0	0	0	0	0
19. Supplies								
a. Office Supplies	2,082	0		24,457	5,496	5,223	10,319	47,577
b. Program Supplies	0	0		0	0	0	0	0
c. Computer Software	0	0		0	0	0	0	0
20. Sub-Total Supplies	2,082	0	0	24,457	5,496	5,223	10,319	47,577
21. Contractual	941	0	0	67,953	15,270	14,512	28,674	127,350
22. Other								
A. Communications/Utilities								
1. Telephone	1,919	0		27,248	6,123	5,819	11,497	52,606
2. Postage & Shipping	941	0		13,633	3,063	2,911	5,754	26,302
3. Utilities (Power/Water/Gas)	0	0		806	181	172	341	1,500
Sub-Total Comrnunications/Utilities	2,860	0	0	41,687	9,367	8,902	17,592	80,408

da

All Financial Information Rounded to Nearest Dollar.

TOTAL AGENCY BUDGET

Agency: Legal Aid Society of Palm Beach County, Inc.

Agency Budget for Fiscal Year March 01, 2008 to February 28, 2009

* A sheet must be attached showing the Source of Funds (Title of Funds, Grant Number & Funding Source) Dollar Amount, Match Requirements, & Source of Match

EXPENDITURES	Title I Formula Ryan White	Title I Suppl. Ryan White	HOPWA	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
B. Food Service	0	0		0	0	0	0	0
C. Rental								
1. Building	12,429	0		207,555	46,639	44,325	87,583	398,531
2. Equipment	1,303	0		17,792	3,998	3,800	7,507	34,400
Sub-Total Rental	13,732	0	0	225,347	50,637	48,125	95,090	432,931
D. Repair & Maintenance								
1. Building Maintenance	0	0		0	0	0	0	0
2. Equipment Maintenance	833	0		10,433	2,344	2,228	4,403	20,241
Sub-Total Repair & Maintenance	833	0	0	10,433	2,344	2,228	4,403	20,241
E. Specific Assistance to Individuals	3,982	0		40,800	9,168	8,713	17,216	79,879
F. Dues & Membership	905	0		12,024	2,702	2,568	5,074	23,273
G. Subscriptions - Library	1,810	0		23,506	5,282	5,020	9,919	45,537

23

All Financial Information Rounded to Nearest Dollar

TOTAL AGENCY BUDGET

Agency: Legal Aid Society of Palm Beach County, Inc.

Agency Budget for Fiscal Year March 01, 2008 to February 28, 2009

* A sheet must be attached showing the Source of Funds (Title of Funds, Grant Number & Funding Source) Dollar Amount, Match Requirements, & Source of Match

EXPENDITURES	Title I Formula Ryan White	Title I Suppl. Ryan White	HOPWA	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
H. Training & Development	905	0		12,024	2,702	2,568	5,074	23,273
I. Printing	652	0		11,607	2,608	2,479	4,897	22,243
J. Copy Cost	0	0		0	0	0	0	0
K. Advertising	0	0		0	0	0	0	0
L. Audit Fees	941	0		12,169	2,734	2,599	5,135	23,578
M. Office Furniture and Equipment	0	0		0	0	0	0	0
N. Miscellaneous								
Insurance	1,429	0		11,197	2,516	2,391	4,725	22,258
Other	0	0		47,586	10,692	10,161	20,084	88,523
25. Sub-Total Other	28,049	0	0	448,380	100,752	95,754	189,209	862,144
28. Total Expenditures	\$209,008	\$992	\$0	\$3,209,584	\$721,214	\$685,426	\$1,354,360	\$6,180,584

24

TAGCY-RW

All Financial Information Rounded to Nearest Dollar

Total Agency Budget

Agency: Legal Aid Society of Palm Beach County, Inc.

Agency Budget for March 1, 2008 to February 28, 2009

Sources of Funds

Other - Federal

Government Sources

Area Agency on Aging - Title III-B & Disaster Rel	\$159,914	
Fair Housing Advocacy Project	\$90,000	
Fair Housing Initiative Project (HUD)	\$100,000	
Violence Against Women Act (VAWA)	\$14,820	
Violence Against Women Act (VAWA-LAV)	\$226,730	
Victims of Crimes Act (VOCA)	\$54,750	
Tax Advocate Service - Low Income Tax Clinic	<u>\$40,000</u>	
		\$686,214

Other Grants

Equal Justice Works		\$35,000
---------------------	--	----------

Other - State

Government Sources

Dept. of Elder Affairs - PGP	\$130,250	
Fla. Access to Civil Legal Assistance (FACLA)	<u>\$75,000</u>	
		\$205,250

Foundations

The Florida Bar Foundation - IOTA		\$429,346
-----------------------------------	--	-----------

Other Grants

CCMO - Relative Care Giver		\$50,830
----------------------------	--	----------

Other - Local

Government Sources

Martin County -- Public Guardianship Program		\$16,000
--	--	----------

Foundations

Quantum Foundation (net)		\$250,000
--------------------------	--	-----------

Other Grants

United Way of Palm Beach County	\$189,647	
United Way of PBC - NPLAP	\$21,000	
Palm Beach Community Chest	<u>\$37,000</u>	
		\$247,647

NOTE:

Victims of Crime Act (VOCA) has a 25% match requirement, which is covered with General Operating Funds.

as

52

**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 ____, 2009 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 23 South H Street, Lake Worth, FL 33460.

WITNESSETH:

WHEREAS, the need exists to amend the contract to increase funding for Medical Case Management and Direct Emergency Assistance.

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

I. A new Work Plan "A2" attached hereto showing the new total units of service shall replace the original work plan Exhibit "A1" in its entirety for Medical Case Management Services. Units of service will increase from 16,586 units to 17,276 units. A new Work Plan "A1" attached hereto showing the new total units of service shall replace the original work plan "A" in its entirety for Direct Emergency Assistance. Units of service will increase from 23.5 units to 46.22 units.

II. New Budgets Exhibit "B2" attached hereto showing the new total budget for funding for Medical Case Management shall replace the original Exhibit "B1" in its entirety. New Budgets Exhibit "B1" attached hereto showing the new total budget for funding for Direct Emergency Assistance shall replace the original Exhibit "B" in its entirety.

II. Increase funding for Medical Case Management by \$10,000 for a new total of \$ 250,502 and increase funding for Direct Emergency Assistance by \$5,000 for a new total of \$10,169.

IV. Total contract not to exceed amount will be \$ 406,512.

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: _____
John F. Koons, Chair

Date

WITNESS:

Patricia Davis
Signature

Compass, Inc.

By: Scott Fox
Signature
Scott Fox
Executive Director

Patricia Davis
Witness Name

12/5/08
Date

APPROVED AS TO FORM AND
LEGAL SUFFICIENCY

APPROVED AS TO TERMS
AND CONDITIONS

County Attorney

Edward L. Rich, Director

Ex. A2

Compass Work Plan 08-09-Formula

APPLICANT: COMPASS, Inc.

AREA TO BE SERVED: CASE MANAGEMENT-Form

<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 212 unduplicated clients by February 28, 2009.</p> <p>2. Provide 17276 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>3/1/08</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>

M

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	\$138,300.00	\$151,838.46	\$9.15
B. Fringe Benefits	\$2,947.94	\$37,082.37	\$40,030.31	\$0.00 \$2.41
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	\$6,814.00	\$0.00	\$6,814.00	\$0.00 \$0.41
G. Other	\$1,750.00	\$39,794.40	\$41,544.40	\$0.00 \$2.50
Total	\$25,050	\$225,452	\$250,502	\$14.50

4

Line-itm

Attachment 1A

BUDGET NARRATIVE

Exhibit "B2"
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)	\$25,050	\$225,452	\$250,502
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	\$25,050	\$225,452	\$250,502

5

BUDGET NARRATIVE

Exhibit "B-2"
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	138,300.00	151,838.46
13. Employee Benefits									
		Cost	Percentage		Total				
a. FICA	ADM:	\$13,538.46	7.65%		\$1,035.69				
	PROG:	\$138,300.00	7.65%		\$10,579.95	\$1,035.69	\$10,579.95	\$11,615.64	
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:	\$138,300.00	1.65%		\$2,281.95	\$223.38	\$2,281.95	\$2,505.33	
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	40%	\$3,264.00			
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: \$24,072.00				
					ADM: \$1,632.00	\$1,632.00	\$24,072.00	\$25,704.00	
e. Retirement						\$2,947.94	\$37,082.37	\$40,030.31	
14. Sub-Total Employee Benefits							\$16,486.40	\$175,382.37	\$191,868.77
15. Sub-Total Salaries & Benefits									
16. Travel									
a. Travel/Transportation						\$0.00	\$2,000.00	\$2,000.00	
b. Conferences/Registration/Travel						\$0.00	\$3,500.00	\$3,500.00	
USCA and LGBT Health Conferences: Registration, travel, per diem									
							\$0.00	\$5,500.00	\$5,500.00
17. Sub-Total Travel									

6

Attachment IA

BUDGET NARRATIVE

Exhibit "B2"
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)					\$6,814.00		\$6,814.00
Administrative Consulting Services							
	4800						
Paychex							\$2,014.00
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	\$9,000.00
Sub-Total Communications/Utilities					\$0.00	\$16,200.00	\$16,200.00

7

Attachment 1A

BUDGET NARRATIVE

Exhibit "B" //
 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				
Cleanning 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

00

BUDGET NARRATIVE

Exhibit "B2"
 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	\$1,314.40	\$1,314.40
J. Copy Cost			
K. Advertising Employment Ads, Program Ads, Etc.	\$0.00	\$500.00	\$500.00
L. Audit Fees	\$1,750.00	\$0.00	\$1,750.00
M. Office Furniture and Equipment (Attach a sheet showing details)			
N. Miscellaneous (Attach a sheet showing details Professional, Bonding, Liability, Property Insurance)	\$30,000.00	\$9,000.00	\$9,000.00
23. Sub-Total Other	\$1,750.00	\$39,794.40	\$41,544.40
24. Total Expenditures	\$25,050	\$225,452	\$250,502
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			

9

Attachment 1A

SALARIES PER SERVICE

Exhibit "B-2"
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)
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											
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	60%	\$0.00	\$21,600.00	\$21,600.00
CASE MANAGER	PROG	\$36,000.00	\$1,500.00	260	8	\$17.31	\$36,000.00	40%	\$0.00	\$14,400.00	\$14,400.00
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	\$138,300.00	\$151,838.46

10

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.

EX. A1

Compass Work Plan 08-09-Formula

APPLICANT: COMPASS, Inc.		AREA TO BE SERVED: DIRECT EMERGENCY ASSISTANCE		
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>	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.
<p>4. Serve 40 unduplicated clients by February 28, 2009</p> <p>5. Provide 46.22 units of service by February 28, 2009. One unit = \$200 of direct cost, with \$20.00 administrative fee.</p> <p>The impact of providing direct emergency financial assistance services will prevent client homelessness or institutionalization.</p>	<p>Complete financial assessment documenting need and eligibility, including original bill. Responsible person: Program Coordinator and case managers</p> <p>Complete 3 required forms of documentation, including, Emergency referral application, Utility guarantee, internal RFP for bookkeeping purposes and guarantee of payment. Responsible person: Program Coordinator, case managers, Chief Operations Officer and Administrative assistant</p> <p>Upon meeting requirements, clients will receive up to only two services of financial assistance during grant year, according to the standards as set forth by the PBC CARE Council. Responsible person: Program Coordinator and case managers</p> <p>Update policies and procedures as necessary to comply with eligibility standards. Responsible person: Program Coordinator</p>	<p>ALL</p> <p>3/01/08</p>	<p>ALL</p> <p>2/28/09</p>	<p>The Comprehensive AIDS Program</p> <p>URN numbers will be used to ensure no duplication of services. Use of case management specific software linking all providers will further ensure no duplication of services.</p>

11

BUDGET NARRATIVE SUMMARY

Proposed Service: Direct Emergency Assistance

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	\$1,016.90	\$9,152.10	\$10,169.00	\$220
G. Other	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$1,016.90	\$9,152.10	\$10,169.00	\$220

12

Line-itm

BUDGET NARRATIVE

Service: DIRECT EMERGENCY ASSISTANCE

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)	\$1,016.90	\$9,152.10	\$10,169.00
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	\$1,016.90	\$9,152.10	\$10,169.00

13

BUDGET NARRATIVE

Exhibit "B1"
 Section _____
 Page 3 of 6

Service: DIRECT EMERGENCY ASSISTANCE
 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%	4%	\$0.00			
		PROG: \$0.00	7.65%		\$0.00	\$0.00	\$0.00	\$0.00
b.	FI Unemployment	ADM: \$0.00	0.42%	4%	\$0.00			
		PROG: \$0.00	0.42%	0%	\$0.00	\$0.00	\$0.00	\$0.00
c.	Workers' Compense	ADM: \$0.00	1.60%	4%	\$0.00			
		PROG: \$0.00	1.60%		\$0.00	\$0.00	\$0.00	\$0.00
d.	Health Plan	Health	Dental/Life	LTD	Percent	Total		
						\$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

14

BUDGET NARRATIVE

Exhibit "B"
 Section _____

Service: DIRECT EMERGENCY ASSISTANCE

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 (\$200.00 Vouchers)	\$1,016.90	\$9,152.10	\$10,169.00
22. Other			
A. Communications/Utilities			
1. Telephone			
CASE MANAGERS MAKE MAJORITY OF LONG DISTANCE CALLS	\$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

15

BUDGET NARRATIVE

Exhibit "B"

Section _____

Page 5 of 6

EX. B1

Attachment 1E

Service: DIRECT EMERGENCY ASSISTANCE

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

16

Ex.B1

BUDGET NARRATIVE

Exhibit "B"
Section _____
Page 6 of 6

Service: DIRECT EMERGENCY ASSISTANCE
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	\$1,016.90	\$9,152.10	\$10,169.00
25. Total Cost per Unit of Service (must match unit of service cost used in workplan)	\$20.00	\$200.00	\$220.00
All Financial Information Rounded to Nearest Dollar SCHC-RW8	Units: 46.22		

17

SALARIES PER SERVICE

Exhibit "B"
Section ___
Page ___ of ___

Service: DIRECT EMERGENCY ASSISTANCE
Agency: COMPASS, Inc.
Budget Period: March 1, 2008 through February 28, 2009

	(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											
Sub-Total Salaries									\$0.00	\$0.00	\$0.00

18

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.

EX. B1

Attachment 2

TOTAL BUDGET BY SERVICE AND CATEGORIES
Ryan White CARE Act Title I Funding

EXHIBIT "B"

Agency Name: COMPASS, INC.

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

Category	Service Category					Total
	CASE MANAGEMENT	TRANSPORT	MENTAL HEALTH	FOOD BANK	DIRECT ASSIST.	
A. Personnel	\$151,838.46	\$0.00	\$8,750.00	\$0.00	\$0.00	\$160,588.46
B. Fringe Benefits	\$40,030.31	\$0.00	\$3,730.50	\$0.00	\$0.00	\$43,760.81
C. Travel	\$5,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,500.00
D. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
E. Supplies	\$4,775.00	\$0.00	\$180.00	\$0.00	\$0.00	\$4,955.00
F. Contractual	\$6,814.00	\$5,835.00	\$96,857.00	\$27,855.00	\$10,169.00	\$147,530.00
G. Other	\$41,544.40	\$0.00	\$2,634.00	\$0.00	\$0.00	\$44,178.40
Total	\$250,502.17	\$5,835.00	\$112,152	\$27,855.00	\$10,169.00	\$406,513

19

EXBI

Attachment 3

Exhibit "B"

TOTAL SALARIES BY SERVICE

Agency: COMPASS, INC.

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

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)		
PERSONNEL	Annual Salary	SERVICE			CATEGORY			Total	
		CM	TR	MH	FOOD	DIR ASSIST	Admin		Program
PROGRAM MANAGER	\$55,000.00	\$27,500.00	\$0.00	\$2,750.00	\$0.00	\$0.00	\$0.00	\$30,250.00	\$30,250.00
OPERATIONS MANAGER	\$40,000.00	\$8,000.00	\$0.00	\$6,000.00	\$0.00	\$0.00	\$14,000.00	\$0.00	\$14,000.00
LEAD CASE MANAGER	\$40,000.00	\$28,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$28,000.00	\$28,000.00
CASE MANAGER 2	\$36,000.00	30,600.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$30,600.00	\$30,600.00
CASE MANAGER 3	\$36,000.00	\$21,600.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$21,600.00	\$21,600.00
CASE MANAGER 4	\$36,000.00	\$14,400.00	\$0.00	0.00	\$0.00	\$0.00	\$0.00	\$7,200.00	\$7,200.00
Case MANAGER Tech	23400	\$23,400.00	0	0	\$0.00	\$0.00	\$0.00	\$23,400.00	\$23,400.00
Finance MANAGER	\$40,000.00	\$5,538.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,538.00	\$0.00	\$5,538.00
Sub-Total Salaries		\$159,038.00	\$0.00	\$8,750.00	\$0.00	\$0.00	\$19,538.00	\$141,050.00	\$160,588.00

20

TOSAL-RW

Use additional sheets if necessary

TOTAL AGENCY BUDGET
 COMPASS, Inc.
 Proposed Budget for Fiscal Year March 1, 2008 to February 28, 2009

EX. B1

	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	Admignistration Development	Total
1. Funds from Title 1 Govt. Sources	\$406,513	\$119,136.00	\$149,110.00	\$47,250.00	\$81,000.00	\$150,000.00		\$103,673.00		\$1,056,681.67
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	\$406,513	\$119,136.00	\$149,110.00	\$47,250.00	\$81,000.00	\$150,000.00	\$55,000.00	\$103,673.00	\$447,250.00	\$1,558,931.67

21

TOTAL AGENCY BUDGET
COMPASS, Inc.

EX. B1

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	\$160,588.46	\$63,100.00	\$99,750.00	\$33,790.00	\$54,500.00	\$92,490.00	\$39,170.00	\$55,890.00	\$115,000.00	\$714,278.46
<i>Detail for employees billed to Ryan White</i>										
Program Coordinator	\$30,250.00	\$16,500.00								\$46,750.00
Lead Case Manager	\$28,000.00	\$12,000.00								\$40,000.00
Case Manager	\$30,600.00	\$5,400.00								\$36,000.00
Case Manager	\$21,600.00	\$18,000.00								\$39,600.00
Case Manager	\$7,200.00	\$7,200.00								\$14,400.00
Ops Manager	\$14,000.00	\$4,000.00								\$18,000.00
Finance Manager	\$5,538.00									\$5,538.00
Case manager tech	\$23,400.00									\$23,400.00
13. Employee Benefits:										
a. FICA	\$12,285.02	\$4,827.15	\$7,631.00	\$2,585.00	\$2,295.00	\$7,075.00	\$2,997.00	\$4,276.00	\$8,798.00	\$52,769.17
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.	\$2,649.71	\$1,041.15	\$531.00	\$537.00	\$477.00	\$1,471.00	\$623.00	\$889.00	\$1,800.00	\$10,018.86
d. Health Plan	\$28,584.00	\$17,640.00	\$17,000.00	\$3,720.00	\$4,620.00	\$13,307.00	\$6,100.00	\$8,700.00	\$14,500.00	\$114,171.00
e. Retirement	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00		\$0.00	\$0.00	\$0.00
14. Sub-Total Employee Benefits	\$43,760.81	\$23,773.32	\$25,312.00	\$6,858.00	\$8,532.00	\$21,953.00	\$9,755.00	\$13,916.00	\$25,375.00	\$179,235.13
15. Sub-Total Salaries/Benefits	\$204,349.27	\$86,873.32	\$125,062.00	\$40,648.00	\$63,032.00	\$114,443.00	\$48,925.00	\$69,806.00	\$140,375.00	\$893,513.59
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

22

TOTAL AGENCY BUDGET
 COMPASS, Inc.
 Proposed Budget for Fiscal Year March 1, 2008 to February 28, 2009

Ex. B1

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>	\$147,530.00	\$13,768.20	\$150.00	\$150.00	\$1,170.00	\$552.00	\$1,135.00	\$2,078.00	\$0.00	\$166,533.20
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

23

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

24

TOTAL AGENCY BUDGET
 COMPASS, Inc.
 Proposed Budget for Fiscal Year March 1, 2008 to February 28, 2009

EX. B1

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	\$1,314.40	\$750.00	\$1,000.00	\$150.00	\$1,200.00	\$1,400.00	\$0.00	\$1,200.00	\$43,500.00	\$50,514.40
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	\$14,370.40	\$10,095.50	\$20,205.00	\$5,904.00	\$4,475.00	\$27,903.00	\$3,338.00	\$22,595.00	\$217,729.00	\$326,614.90
28. Total Expenditures	\$406,513	\$119,136.00	\$149,110.00	\$47,250.00	\$81,000.00	\$150,000.00	\$55,000.00	\$103,673.00	\$447,250.00	\$1,558,931.67

525

**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 - 0734, dated May 6, 2008) made and entered into at West Palm Beach Florida, on this ___ day of ___, 2009 by and between PALM BEACH COUNTY, a political subdivision of the State of Florida hereinafter referred to as "COUNTY" and Treasure Coast Health Council hereinafter referred to as the AGENCY, a not-for-profit corporation, entitled to do business in the State of Florida, whose address is 600 Sand Tree Drive Suite 101, Palm Beach Gardens, FL 33401.

WITNESSETH:

WHEREAS, the need exists to amend the contract to increase funding for Specialty Outpatient Medical Care.

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

- I. A new Work Plan "A1" attached hereto showing the new total units of service shall replace the original work plan Exhibit "A" in its entirety for Specialty Outpatient Medical Care Services. Units of service will increase from 375 unduplicated clients to 380 unduplicated clients.
- II. New Budgets Exhibit "B1" attached hereto showing the new total budget for funding for Specialty Outpatient Medical Care shall replace the original Exhibit "B" in its entirety.
- III. Increase funding for Specialty Outpatient Medical Care by \$7,000 for a new total of \$359,698.
- IV. Total contract not to exceed amount will be \$ 467,322.

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: _____
John F. Koons, Chair

Date

WITNESS:

Kimberly Bradley
Signature

Kimberly Bradley
Witness Name

Treasure Coast Health Council, Inc.

By: Barbara Jacobowitz
Signature
Barbara Jacobowitz
Executive Director

12/5/08
Date

**APPROVED AS TO FORM AND
LEGAL SUFFICIENCY**

County Attorney

**APPROVED AS TO TERMS
AND CONDITIONS**

Edward L. Rich, Director

WORK PLAN

Service: Outpatient Specialty Medical

APPLICANT: Treasure Coast Health Council

AREA TO BE SERVED: All of Palm Beach County

OBJECTIVE(S)	ACTIVITIES	START DATE	END DATE	NON-DUPLICATING STATEMENT
<p>1. Objective: Identify units of tangible services and # of unduplicated clients to be served. Define a unit of service.</p> <p>2. Impact Statement: When the objective is accomplished what impact will it have?</p>	<p>Describe the sequential steps to be taken to accomplish the objective.</p>			<p>Indicate any other program in your agency or other agencies in the community, which provides similar services. Explain how you will avoid duplication of services, or why additional units of services are needed.</p>
<p>Ryan White Title I Outpatient Specialty Medical</p> <p>1. Objectives:</p> <p>A.) A unit of service is defined as a visit of specialty medical care treatment. TCHC will provide Specialty Medical Outpatient services to an unduplicated 380 clients. A unit varies according to the type of service performed.</p> <p>B.) 380 HIV+ men, women, and children will have access to outpatient specialty medical services as referred by the primary physician</p> <p>Unit=varies by service Visit=varies by service Cost=actual cost of procedure</p>	<p>1. Upon contractual agreement, TCHC will negotiate services with medical outpatient specialists up to 150% above the Medicaid rate.</p> <p>2. Case Managers and Referral Clerks will send referral form for eligible clients with 48 hours of receipt from the primary medical physician</p>	3-1-2008	2-28-2009	<p>Ryan White primary medical care providers in Palm Beach County report their services by client URN thus duplication of services is easily identifiable.</p>
		3-1-2008	2-28-2009	

5

BUDGET NARRATIVE SUMMARY

Proposed Service: Specialty Medical Formula
Agency Name: Treasure Coast Health Council, Inc.
Budget Period: March 1, 2008 to February 28, 2009

Category	Administration	Program	Total	Amount	Cost Per Unit
A. Personnel	30,192	44,040		74,232	
B. Fringe Benefits	6,078	13,708		19,786	
C. Travel	0	1,000		1,000	
D. Equipment	0	0		0	
E. Supplies	0	750		750	
F. Contractual	0	255,730		255,730	
G. Other	0	11,200		11,200	
Total	\$ 36,270	\$ 326,428	\$	362,698	

H

BUDGET NARRATIVE SUMMARY

Proposed Service: Specialty Medical Formula
Agency Name: Treasure Coast Health Council, Inc.
Budget Period: March 1, 2008 to February 28, 2009

REVENUES		Administration Amount	Program Amount	Total Service Costs
1	Funds from government Sources (Specify Source of Funds)	35,270	317,428	352,698
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	\$35,270	\$317,428	\$352,698

5

BUDGET NARRATIVE SUMMARY

Proposed Service: Specialty Medical Formula
Agency Name: Treasure Coast Health Council, Inc.
Budget Period: March 1, 2008 to February 28, 2009

EXPENDITURES		Administration Amount	Program Amount	Total Service Costs
12	Salaries (Must agree with form C-1)	30,192	44,040	74,232
13	Employee Benefits			
a.	FICA	2,310	3,369	5,679
b.	Fl Unemployment	131	450	581
c.	Workers' Compensation	80	175	255
d.	Health Plan	2,047	7,512	9,559
e.	Retirement	1,510	2,202	3,712
14	Sub-Total Employee Benefits	6,078	13,708	19,786
15	Sub-Total Salaries & Benefits	36,270	57,748	94,018
16	Travel			
a.	Travel/local	0	500	500
b.	Travel/conference	0	500	500
17	Total Travel	0	1,000	1,000

6

BUDGET NARRATIVE SUMMARY

Proposed Service: Specialty Medical Formula
Agency Name: Treasure Coast Health Council, Inc.
Budget Period: March 1, 2008 to February 28, 2009

EXPENDITURES		Administration Amount	Program Amount	Total Service Costs
18	Equipment	0	0	0
19	Supplies			
a.	Office Supplies (reflects actual costs to this program)	0	750	750
b.	Program Supplies (reflects actual costs to this program)	0	0	0
20	Sub-Total Supplies	0	750	750
21	Contractural	0	255,730	255,730
22	Other			
A.	Communications/Utilities			
	1. Telephone (Budgeted expense reflects actual costs w/ % of space)	0	500	500
	2. MIS-Data Lines (Budgeted expense reflects actual costs w/ % of space)	0	500	500
	3. Postage & Shipping (reflects actual costs to this program)	0	500	500
	4. Utilities (power/water) (Based on % of occupied space)	0	500	500
	Total Comm/Utilities	0	2,000	2,000

BUDGET NARRATIVE SUMMARY

Proposed Service: Specialty Medical Formula
Agency Name: Treasure Coast Health Council, Inc.
Budget Period: March 1, 2008 to February 28, 2009

EXPENDITURES		Administration Amount	Program Amount	Total Service Costs
B.	Food Service	0	0	0
C.	Rental			
	1. Building (Based on % of occupied space)	0	6,000	6,000
	2. Equipment (reflects actual costs)	0	1,000	1,000
	Sub-Total Rental	0	7,000	7,000
D.	Repair & Maintenance			
	1. Building Maintenance (Based on % of occupied space)	0	500	500
	2. Equipment Maintenance (reflects actual costs)	0	200	200
	Sub-total Repair & Maintenance	0	700	700
E.	Specific Assistance to individuals	0	0	0
F.	Dues & Membership	0	0	0

00

BUDGET NARRATIVE SUMMARY

Proposed Service: Specialty Medical Formula
Agency Name: Treasure Coast Health Council, Inc.
Budget Period: March 1, 2008 to February 28, 2009

EXPENDITURES		Administration Amount	Program Amount	Total Service Costs
G.	Subscriptions	0	0	0
H.	Training & Development	0	500	500
I.	Printing	0	500	500
J.	Copy Cost	0	0	0
K.	Advertising (reflects actual costs)	0	0	0
L.	Audit Fees	0	0	0
M.	Office Furniture and Equipment (Attach a sheet showing details)	0	0	0
N.	Insurance/Bonding	0	500	500
O.	Member's Fund	0	0	0
23	Total Other	0	11,200	11,200
24	Total Expenditures	\$36,270	\$326,428	\$362,698
25	Total Cost per Unit of Service	N/A	N/A	N/A

9

SALARIES PER SERVICE

Service: Specialty Medical Formula

Agency: Treasure Coast Health Council, Inc.

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

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
PERSONNEL	Admin/ Prog	Annual Salary	Pay Per Period	No. of Days	Hrs Per Day	Hourly Rate	Total Salary (5 x 6 x 7)	Percentage Charged	Admin	Program	Total
Positions/Salaries											
Medical Eligibility Specialist (Mar 08-May 08)	Prog	44,995	1,875	65	8	21.55	11,206	75.00%		8,405	8405
Program Specialist (Mar 08-Jun 09)	Prog	38,546	1,606	88	8	18.46	12,996	45.00%		5,858	5,858
Program Specialist (Jul 08-Feb 09)	Prog	40,088	1,670	172	8	19.20	26,418	45.00%		11,888	11,888
Program Assistant (Mar 08-Nov 08)	Prog	34,320	1,430	218	8	16.44	28,666	50.00%		14,333	14,333
Program Assistant (Dec 08-Mar 09)	Prog	42,000	1,750	65	8	20.11	10,460	34.00%		3,556	3,556
Director of Health (Mar '08-Apr 08)	Admin	73,267	3,053	21	8	35.09	5,895	20.00%	1179		1,179
Director of Health (Apr '08-Oct '08)	Admin	74,732	3,114	154	8	35.79	44,095	20.00%	8819		8,819
Director of Health (Oct 08-Feb 09)	Admin	65,000	2,708	107	8	31.13	26,647	20.00%	5329		5,329
Executive Director(Mar '08-Jun '08)	Admin	83,000	3,458	86	8	39.75	27,349	5.00%	1,367		1,367
Executive Director(July '08-Feb '09)	Admin	86,320	3,597	174	8	41.34	57,547	5.00%	2,877		2,877
Dir. Admin. Svcs (Mar '08-May '08)	Admin	59,956	2,498	65	8	28.71	14,932	11.50%	1,717		1,717
Dir. Admin. Svcs (June '08-Aug '08)	Admin	62,954	2,623	65	8	30.15	15,678	11.50%	1,810		1,810
Dir. Admin. Svcs (Sept '08-Feb '09)	Admin	65,472	2,728	130	8	31.36	32,611	11.50%	3,765		3,765
Health Info. Systems Dir. (March '08-Feb '09)	Admin	66,837	2,785	260	8	32.01	66,581	5.00%	3,329		3,329
Sub-Total Salaries									\$30,192	\$44,040	\$74,232

10

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.

EX. B1

Agency: _Treasure Coast Health Council

Agency Budget for Fiscal Year

3/01/08 to 2/28/09

REVENUES	Title I Ryan White	Title II Ryan White	HOPWA	Other * Federal	Other * State	Other * Local	
1. Funds from Govt. Sources	\$ 961,758	\$ 3,003,109	\$ 682,296	\$ -	\$ 150,000	\$ 9,860	\$ 4,807,023
2. Foundations							
3. Other Grants							
4. Fund Raising							
5. Contributions/ Legacies/Bequests							\$ -
6. Membership Dues							
7. Program Svc Fees/ Sales to Public						\$ 24,000	\$ 24,000
8. Investment Income							
9. In-Kind							
10. Miscellaneous							
11. Total Revenues	\$ 961,758	\$ 3,003,109	\$ 682,296	\$ -	\$ 150,000	33,860	\$ 4,831,023

11

All Financial Information Rounded to Nearest Dollar

EX. B1

Agency: _Treasure Coast Health Council

Agency Budget for Fiscal Year

3/01/08 to 2/28/09

* A sheet must be attached showing the Source of Funds (Title of Funds, Grant Number & Funding Source) Dollar Amount, Match Requirements, & Source of Match

EXPENDITURES	Title I Ryan White	Title II Ryan White	HOPWA	Other * Federal	Other * State	Other * Local	
12. Salaries	\$ 291,868	\$ 165,134	\$ 34,051	\$ -	\$ 100,474	\$ 3,000	\$ 594,527
13. Employee Benefits:							
a. FICA	\$ 22,331	\$ 12,632	\$ 2,604	\$ -	\$ 9,890	\$ 230	\$ 47,687
b. FL Unemployment	\$ 2,249	\$ 687	\$ 173	\$ -	\$ 555	\$ 50	\$ 3,714
c. Workers' Comp.	\$ 1,375	\$ 1,032	\$ 338	\$ -	\$ 1,149	\$ 20	\$ 3,914
d. Health Plan	\$ 37,137	\$ 22,000	\$ 3,000	\$ -	\$ 10,560	\$ 1,000	\$ 73,697
e. Retirement	\$ 14,594	\$ 8,256	\$ 1,702	\$ -	\$ 5,026	\$ 150	\$ 29,728
14. Sub-Total Employee Benefits	\$ 77,686	\$ 44,607	\$ 7,817	\$ -	\$ 27,180	\$ 1,450	\$ 158,740
15. Sub-Total Salaries/Benefits	\$ 369,554	\$ 209,741	\$ 41,868	\$ -	\$ 127,654	\$ 4,450	\$ 753,267
16. Travel							
a. Travel/Transportation	\$ 3,375	\$ 2,500	\$ -	\$ -	\$ 200	\$ 3,500	\$ 9,575
b. Conferences/ Registration/Travel	\$ 10,500	\$ 5,000	\$ -	\$ -	\$ 400	\$ 4,700	\$ 20,600
17. Sub-Total Travel	\$ 13,875	\$ 7,500	\$ -	\$ -	\$ 600	\$ 8,200	\$ 30,175

181

All Financial Information Rounded to Nearest Dollar

EX. B1

Agency: Treasure Coast Health Council

Agency Budget for Fiscal Year 3/01/08 to 2/28/09

* A sheet must be attached showing the Source of Funds (Title of Funds, Grant Number & Funding Source) Dollar Amount, Match Requirements, & Source of Match

EXPENDITURES	Title I Ryan White	Title II Ryan White	HOPWA	Other * Federal	Other * State	Other * Local	
18. Equipment	\$ 1,400	\$ 1,500	\$ -			\$ -	\$ 2,900
19. Supplies							
a. Office Supplies	\$ 11,300	\$ 3,600	\$ -	\$ -	\$ 800	\$ 2,000	\$ 17,700
b. Program Supplies	\$ -						
c. Computer Software						\$ -	\$ -
20. Sub-Total Supplies	\$ 11,300	\$ 3,600	\$ -	\$ -	\$ 800	\$ 2,000	\$ 17,700
21. Contractual	\$ 471,429	\$ 1,466	\$ 1,500			\$ -	\$ 474,395
22. Other							
A. Communications/Utilities							
1. Telephone	\$ 6,025	\$ 5,350	\$ 600	\$ -	\$ 2,069	\$ -	\$ 14,044
2. Postage & Shipping	\$ 2,205	\$ 4,650	\$ 400	\$ -	\$ 1,200	\$ 3,500	\$ 11,955
3. Utilities (Power/Water/Gas)	\$ 5,770	\$ 2,430	\$ 500		\$ 1,512		\$ 10,212
4. Data Lines	\$ 4,350					\$ 3,000	\$ 7,350
Sub-Total Communications/Utilities	\$ 18,350	\$ 12,430	\$ 1,500	\$ -	\$ 4,781	\$ 6,500	\$ 43,561

13

All Financial Information Rounded to Nearest Dollar

EX. B1

Agency: Treasure Coast Health Council

Agency Budget for Fiscal Year

3/01/08 to 2/28/09

* A sheet must be attached showing the Source of Funds (Title of Funds, Grant Number & Funding Source) Dollar Amount, Match Requirements, & Source of Match

EXPENDITURES	Title I Ryan White	Title II Ryan White	HOPWA	Other * Federal	Other * State	Other * Local	
B. Food Service	\$ 2,000		\$ -		\$ 67	\$ 2,000	\$ 4,067
C. Rental							
1. Building	\$ 32,000	\$ 18,661	\$ 2,500		\$ 11,664		\$ 64,825
2. Equipment	\$ 7,350	\$ 5,700	\$ 500	\$ -	\$ 900		\$ 14,450
Sub-Total Rental	\$ 39,350	\$ 24,361	\$ 3,000		\$ 12,564		\$ 79,275
D. Repair & Maintenance							
1. Building Maintenance	\$ 3,400	\$ 1,650	\$ 500		\$ 1,034	2000	\$ 8,584
2. Equipment Maintenance	\$ 2,000					2000	\$ 4,000
Sub-Total Repair & Maintenance	\$ 5,400	\$ 1,650	\$ 500		\$ 1,034		\$ 8,584
E. Specific Assistance to individuals		\$ 2,721,479	\$ 631,628				\$ 3,353,107
F. Dues & Membership	\$ 1,000					3000	\$ 4,000
G. Subscriptions						\$ -	\$ -

14

All Financial Information Rounded to Nearest Dollar

EX. B1

Agency: Treasure Coast Health Council

Agency Budget for Fiscal Year 3/01/08 to 2/28/09

* A sheet must be attached showing the Source of Funds (Title of Funds, Grant Number & Funding Source) Dollar Amount, Match Requirements, & Source of Match

EXPENDITURES	Title I Ryan White	Title II Ryan White	HOPWA	Other * Federal	Other * State	Other * Local	
H. Training & Development	\$ 2,900	\$ 2,000				\$ -	\$ 4,900
I. Printing	\$ 1,500	\$ 5,150	\$ 500	\$ -	\$ 500	\$ 6,500	\$ 14,150
J. Copy Cost	\$ -						\$ -
K. Advertising	\$ -	\$ 1,928	\$ -			\$ -	\$ 1,928
L. Audit Fees	\$ 2,500	\$ 10,000	\$ 3,000	\$ -	\$ 1,000	\$ 150	\$ 16,650
M. Office Furniture and Equipment	\$ -			\$ -			\$ -
N. Insurance/Bonding	\$ 3,700	\$ 1,804	\$ 300		\$ 1,000		\$ 6,804
O. Members Fund	\$ 17,500						\$ 17,500
P. Taxes/Lic/Fees	\$ -	0				\$ 2,000	\$ 2,000
Q. Data Processing						\$ 2,060	\$ 2,060
25. Sub-Total Other	\$ 94,200	\$ 59,323	\$ 640,428	\$ -	\$ 2,500	\$ 10,710	\$ 807,161
28. Total Expenditures	\$ 961,758	\$ 3,003,109	\$ 682,296	\$ -	\$ 150,000	\$ 33,860	\$ 4,831,023

15

TAGCY-RW

All Financial Information Rounded to Nearest Dollar

**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 - 0732, dated May 6 , 2008) made and entered into at West Palm Beach Florida, on this ___ day of ___, 2009 by and between PALM BEACH COUNTY, a political subdivision of the State of Florida hereinafter referred to as "COUNTY" and Minority Development & Empowerment, Inc. hereinafter referred to as the AGENCY, a not-for-profit corporation, entitled to do business in the State of Florida, whose address is 3175 South Congress Avenue, Palm Springs, FL 33461.

WITNESSETH:

WHEREAS, the need exists to amend the contract to increase funding for Outreach services.

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

- I. A new Work Plan "A1" attached hereto showing the new total units of service shall replace the original work plan Exhibit "A" in its entirety for Outreach Services. Units of service will increase from 8,000 units to 8,599 units.
- II. New Budgets Exhibit "B1" attached hereto showing the new total budget for funding for Outreach shall replace the original Exhibit "B" in its entirety.
- III. Increase funding for Outreach services by \$7,486 for a new total of \$ 107,486.
- IV. Total contract not to exceed amount will be \$ 107,486.

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.

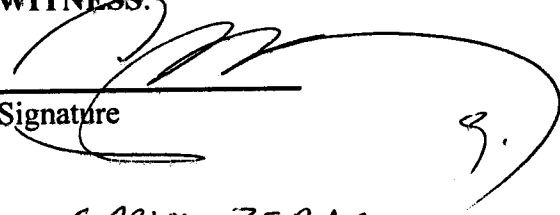
ATTEST:
Sharon R. Bock
Clerk and Comptroller

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

By: _____
Deputy Clerk

By: _____
John F. Koons, Chair

WITNESS.



Signature

CARLOS ZEREDA
Witness Name

Date

~~Minority Development &
Empowerment, Inc.~~

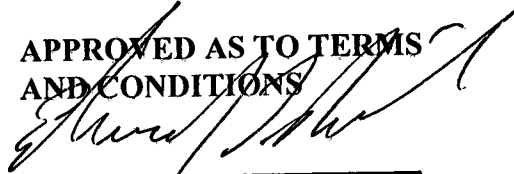
By: _____
Signature
Francois Leconte
President

12/08/08
Date

APPROVED AS TO FORM AND
LEGAL SUFFICIENCY

County Attorney

APPROVED AS TO TERMS
AND CONDITIONS



Edward L. Rich, Director

Ex. A1

Outreach
Workplan

Applicant: Minority Development & Empowerment

Areas to Be Served: Delray Beach, Boynton Beach, Lake Worth,
West Palm Beach, Lake Park, Belle Glade

Objectives	Activities	Start Date	End Date	Non-Duplicating Statement
To provide 8,599 units of outreach service to a minimum of 52 individuals with HIV/AIDS.	1. Client is screened for eligibility.	03/01/08	02/28/09	The Outreach Program will strive to engage HIV positive individuals who are currently not in treatment to seek case management services and medical care.
To achieve measurable improvement in the following areas:	2. Client is assessed for current participation in primary medical care.	03/01/08	02/28/09	
<ul style="list-style-type: none"> ▪ Access to a continuum of care 	3. Client confidentiality is discussed.	03/01/08	02/28/09	
<ul style="list-style-type: none"> ▪ Utilization of needed HIV related health and social services 	4. Client grievance process is discussed at point of contact.	03/01/08	02/28/09	
<ul style="list-style-type: none"> ▪ Prevention of new HIV infection through sexual transmission 	5. Client rights and responsibilities are discussed at point of contact.	03/01/08	02/28/09	
<ul style="list-style-type: none"> ▪ Commitment to comply with medication and treatment regimens 	6. Clients from underserved communities are targeted for outreach services.	03/01/08	02/28/09	
Unit Cost = \$12.50	7. Client receives access to primary medical care.	03/01/08	02/28/09	
Units of Service – 8,599	8. Client referral is followed up.	03/01/08	02/28/09	
	9. Client charts document services provided.	03/01/08	02/28/09	
	10. Staff providing services meet professional requirements	03/01/08	03/31/08	
	11. Staff have a minimum of 20 hours of HIV/AIDS training annually.	03/01/08	12/31/08	
	12. Audit client charts to confirm the services provided are documented.	06/01/08	02/28/09	
	13. Agency conducts an evaluation of the quality of outreach services and the status of client-level outcomes.	09/01/08	02/28/09	

3

BUDGET NARRATIVE SUMMARY

Proposed Service: Ryan White OutreachAgency Name: Minority Development & Empowerment, Inc.Budget Period 3/1/08 - 2/28/09

Category	Administration	Program	Total Amount	Cost Per Unit
A. Personnel	7,964	63,761	71,725	
B. Fringe Benefits	936	11,976	12,912	
C. Travel	0	6,300	6,300	
D. Equipment	0	0	-	
E. Supplies	0	2,000	2,000	
F. Contractual	0	0	-	
G. Other		14,550	14,550	
Total	8,900	98,587	107,487	

BUDGET NARRATIVE

Service: Ryan Outreach

Agency: Minority Development & Empowerment, Inc.

Budget Period: 3/1/08-2/28/09

Revenues	Administration Amount	Program Amount	Total Services Cost
1. Funds from Government Sources (Specify Source of Funds)	8,900	98,587	107,487
2. Foundations			0
3. Other Grants			0
4. Fund Raising			0
5. Contributions/Legacies/Bequests			0
6. Membership Dues			0
7. Program Service Fees and Sales to the Public			0
8. Investment Income			0
9. In Kind			0
10. Miscellaneous Revenue			0
11. Total Revenue	8,900	98,587	107,487

5

BUDGET NARRATIVE

Service: Ryan Outreach

Agency: Minority Development & Empowerment, Inc.

Budget Period: 3/1/08-2/28/09

Expenditures	Administration Amount	Program Amount	Total Services Cost
12. Salaries (Must agree with Form C-1)	7,964	63,761	71,725
13. <u>Employee Benefits</u>			
a. FICA	609	4,878	5,487
b. FI Unemployment	96	338	434
c. Workers' Compensation	104	830	933
d. Health Plan	128	5,930	6,058
e. Retirement			0
14. Sub-Total Employee Benefits	936	11,976	12,912
15. Sub-Total Salaries & Benefits	8,900	75,737	84,636
16. <u>Travel</u>			
a. Travel/Transportation		6,300	6,300
b. Conferences/Registration/Travel			0
17. Sub-Total Travel	0	6,300	6,300

6

BUDGET NARRATIVE

Exhibit "B1"

Section _____

Page 4 of 6

Service: Ryan Outreach

Agency: Minority Development & Empowerment, Inc.

Budget Period: 3/1/08-2/28/09

Expenditures	Administration Amount	Program Amount	Total Services Cost
18. Equipment (Attach a page showing detail description)			0
19. <u>Supplies</u>			
a. Office Supplies		2,000	2,000
b. Program Supplies			0
20. Sub-Total Supplies	0	2,000	2,000
21. Contractual (Attach sheet showing details if more space needed)			0
22. <u>Other</u>			
A. <u>Communications/Utilities</u>			
1. Telephone Local line, fax, LD		2,050	2,050
2. Postage & Shipping			0
3. Utilities (Power/Water/Gas)			0
Sub-Total Communications/Utilities	0	2,050	2,050

1

BUDGET NARRATIVE

Exhibit "B1"

Section _____

Page 5 of 6

Service: Ryan Outreach

Agency: Minority Development & Empowerment, Inc.

Budget Period: 3/1/08-2/28/09

Expenditures	Administration Amount	Program Amount	Total Services Cost
B. Food Service			0
C. Rental			
1. Building		5,500	5,500
2. Equipment			0
Sub-Total Rental	0	5,500	5,500
D. Repair & Maintenance			
1. Building Maintenance			0
2. Equipment Maintenance			0
Sub-Total Repair & Maintenance	0	0	0
E. Specific Assistance to Individuals			0
F. Dues & Membership			0

00

BUDGET NARRATIVE

Exhibit "B1"

Section _____

Page 6 of 6

Service: Ryan Outreach

Agency: Minority Development & Empowerment, Inc.

Budget Period: 3/1/08-2/28/09

Expenditures	Administration Amount	Program Amount	Total Services Cost
G. Subscriptions			0
H. Training & Development			0
I. Printing Envelopes, business cards for staff			0
J. Copy Cost			0
K. Advertising			0
L. Audit Fees			0
M. Office Furniture and Equipment (Attach a sheet showing details)			0
N. Miscellaneous Advertising/Marketing		7,000	7,000
O. Professional Services			0
23. Sub-Total Other	0	14,550	14,550
24. Total Expenditures			0
25 Total Cost per Unit of Service (must match unit of service cost used in Workplan)			

All Financial Information Rounded to Nearest Dollar

SCHC-RW8.WK1

9

SALARIES PER SERVICE

Exhibit "B"

Section _____

Page 1 of 1

Service:

Agency: Minority Development & Empowerment, Inc.

Budget Period: March 01, 2008 to February 28, 2009

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
PERSONNEL	Admin/ Prog	Annual Salary	Pay Per Period	No. of Days	Hrs Per Days	Hourly Rate	Total Salary (5 X 6 X 7)	Percentage Charge	Admin	Program	Total
Positions:											
Outreach Worker		25,000	1,042	260	8	12.02	25,000	100.00%		25,000.00	25,000
Outreach Worker		25,000	1,042	260	8	12.02	25,000	100.00%		25,000.00	25,000
Project Supervisor		40,000	1,667	260	8	19.23	40,000	20.00%		5,336	5,336
Program Director		60,000	2,500	260	8	28.85	60,000	15.00%		7,000	7,000
Fiscal Director		68,000	2,833	260	8	32.69	68,000	10.00%	5,526		5,526
Admin Assist/Bookkeeper		30,000	1,250	260	8	14.42	30,000	10.00%	2,438		2,438
Outreach Worker		2,000	1,000	20	8	11.54	1,846	100.00%		1,425	1,425
Sub-Total Salaries									7,964	63,761	71,725

C1-RW8.WK1

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.

10

Schedule of Health Insurance Cost

Ex. B1

Service:

Agency:

Budget Period: March 01, 2008 to February 28, 2009

PERSONNEL	Admin/ Prog	Yearly Health Insu. Cost	Percentage Charge	Admin	Program	Total cost for year X Percentage
Positions:						
Outreach Worker	Prog	3,600	100%		1,250	1,250
Outreach Worker	Prog	3,600	100%		3,600	3,600
Project Supervisor	Prog	3,600	20%		720	720
Program Director	Prog	3,600	10%		360	360
Fiscal Director	Admin	3,600	10%	64		64
Admin Assit/Bookkeeper	Admin	3,600	10%	64		64
Total Health Insurance		21,600		128	5,930	6,058

11

FORM C: TOTAL AGENCY BUDGET

Agency Name: Minority Development & Empowerment, Inc
 Program Name: AGENCY BUDGET

Fiscal Year 2008-2009

REVENUES	Ryan White Title I	Ryan White Title II	HOPWA	PBC/BCC Tax Dollars	Other Federal	Other Local					Total
1. Funds from Govt. Sources	107,487			1,964,410	1,234,877						3,306,774
2. Foundations	0				35,000						35,000
3. Other Grants (United Way)	0				12,000						12,000
4. Fund Raising	0					125,000					125,000
5. Contributions/ Legacies/Bequests	0										0
6. Membership Dues	0										0
7. Program Srvc. Fees/Sales to Public	0										0
8. Investment Income	0										0
9. In-Kind	0										0
10. Miscellaneous - Indirect Income	0										0
11. Total Revenue	107,487	0	0	1,964,410	1,281,877	125,000	0	0	0	0	3,478,774

12

EX. B1

FORM C: TOTAL AGENCY BUDGET

Agency Name: Minority Development & Empowerment, Inc
 Program Name: AGENCY BUDGET

Fiscal Year 2008-2009

EXPENDITURES	Ryan White Title I	Ryan White Title II	HOPWA	PBC/BCC Tax Dollars	Other Federal	Other Local					TOTAL
12. Total Salaries	71,725	0	0	1,326,336	562,688	60,288					2,021,037
List all employee salaries individually											
Outreach	25,000										25,000
Outreach	25,000										25,000
Outreach	1,425										1,425
Project Supervisor	5,336										5,336
Program Director	7,000										7,000
Fiscal Director	5,526										5,526
Admin Asst/Bookkeeper	2,438										2,438
											0
											0
											0
											0
											0

13

Agency Name: Minority Development & Empowerment, Inc

Agency Name: Minority Development & Empowerment, Inc
 Program Name: AGENCY BUDGET

Fiscal Year 2008-2009

EXPENDITURES	Ryan White Title I	Ryan White Title II	HOPWA	PBC/BCC Tax Dollars	Other Federal	Other Local					TOTAL
13. Employee Benefits:											
a. FICA	5,487			101,465	43,046	4,612					154,609
b. Florida Unemployment	434			12,299	2,761	351					15,845
c. Workers' Compensation	933			17,256	7,321	784					26,294
d. Health Plan	6,058			97,581	76,239	3,600					183,478
e. Retirement				23,918	18,603	7,880					50,401
14. Sub-Total Employee Benefits	12,912	0	0	252,518	147,969	17,227					430,627
15. Sub-Total Salaries/ Benefits	84,637	0	0	1,578,854	710,657	77,515					2,451,664
16. Travel											
a. Travel/Transportation	6,300			72,925	59,666						138,891
b. Conferences/Registration/Travel	0										0
17. Sub-Total Travel	6,300	0	0	72,925	59,666	0					138,891
18. Building/Occupancy	5,500										
a. Rent	5,500			89,616	63,828						158,944

14

FORM C: TOTAL AGENCY BUDGET

Agency Name: Minority Development & Empowerment, Inc
 Program Name: AGENCY BUDGET

Fiscal Year 2008-2009

EXPENDITURES	Ryan White Title I	Ryan White Title II	HOPWA	PBC/BCC Tax Dollars	Other Federal	Other Local					TOTAL
b. Depreciation											0
19. Communications/ Utilities											
a. Telephone	2,050			12,234	7,397	1,200					22,881
b. Postage & Shipping				1,980	1,260	110					3,350
c. Utilities & Utility Asst. (Power/Water/Gas)				11,283	7,180	1,351					19,814
20. Sub-Total											0
Communications/Utilities	2,050	0	0	25,497	15,837	2,661					46,045
21. Printing & Supplies											
a. Office Supplies	2,000			8,250	5,250	200					15,700
b. Program Supplies				285,600	121,800	12,600					420,000
c. Printing				13,750	8,750	1,850					24,350
22. Sub-Total Printing/ Supplies											
Supplies	2,000	0	0	307,600	135,800	14,650					460,050
23. Food Service	0										0
24. Other											
a. Professional Fees/Contractual	0			41,480	17,690	1,290					60,460
b. Insurance				25,218	10,755	1,113					37,086
c. Building Maintenance	0			3,850	3,150	150					7,150

15

EX. B1

FORM C: TOTAL AGENCY BUDGET

Agency Name: Minority Development & Empowerment, Inc
 Program Name: AGENCY BUDGET

Fiscal Year 2008-2009

EXPENDITURES	Ryan White Title I	Ryan White Title II	HOPWA	PBC/BCC Tax Dollars	Other Federal	Other Local					TOTAL
d. Equipment Rental/ Maintenance				11,458	9,374						20,832
e. Specific Assistance to Individuals	0										0
f. Dues & Subscriptions	0										0
g. Training & Development	0										0
h. Awards & Grants											0
i. Sponsored Events											0
j. Payments to Off. Organizations											0
K. Litigation Cost											0
l. Miscellaneous	7,000			44,866	36,708	9,078					97,652
25. Sub-Total Other	7,000	0	0	126,872	77,677	11,631					223,180
26. Indirect Costs											0
27. Capital Expenses (Equipment)											0
28. Total Expenditures	107,487	0	0	2,201,365	1,063,465	106,457					3,478,774

All Financial Information Rounded to Nearest Dollar

16

**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 ___, 2009 by and between PALM BEACH COUNTY, a political subdivision of the State of Florida hereinafter referred to as "COUNTY" and Comprehensive Community Care Network hereinafter referred to as the AGENCY, a not-for-profit corporation, entitled to do business in the State of Florida, whose address is 2330 S. Congress Avenue, Palm Springs, FL 33406.

WITNESSETH:

WHEREAS, the need exists to amend the contract to decrease funding Direct Emergency services.

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

- I. A new Work Plan "A2" attached hereto showing the new total units of service shall replace the original work plan Exhibit "A1" in its entirety for Direct Emergency services. Units of service will decrease from 65 unduplicated clients to 44 unduplicated clients.
- II. New Budgets Exhibit "B2" attached hereto showing the new total budget for funding for Direct Emergency services shall replace the original Exhibit "B2" in its entirety.
- II. Decrease funding for Direct Emergency services by \$15,000 for a new total of \$ 31,512.
- IV. Total contract not to exceed amount will be \$ 452,173.

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.

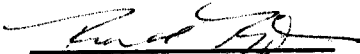
ATTEST:
Sharon R. Bock
Clerk and Comptroller

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

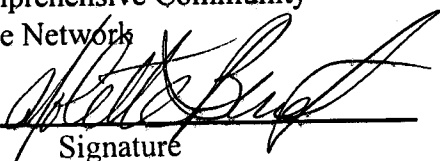
By: _____
Deputy Clerk

By: _____
John F. Koons, Chair

Date

WITNESS:


Signature

Comprehensive Community
Care Network
By: 

Signature
Yolette Bonnet
Chief Executive Officer

Robbin J. Rodriguez

Witness Name

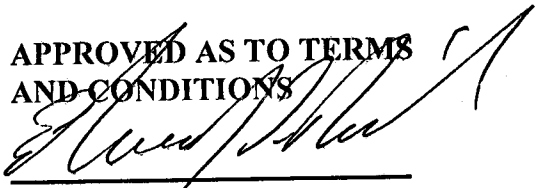
12/9/08

Date

**APPROVED AS TO FORM AND
LEGAL SUFFICIENCY**

County Attorney

**APPROVED AS TO TERMS
AND CONDITIONS**



Edward L. Rich, Director

TITLE I
WORKPLAN

REVISED 11/24/2008

SERVICE: Direct Emergency Assistance

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 1 assistance encounter of direct emergency assistance. A unit cost varies according to the type of service delivered. CAP estimates they can provide these services to an estimated 44 unduplicated clients.</p> <p>2. 44 HIV+ men, women, and children will be better able to maintain daily living activities as a result of assistance in an emergency.</p>	<p>1. Upon contractual agreement, CCCnet will continue to provide emergency financial assistance.</p> <p>2. Upon meeting eligibility, clients will receive up to two (2) incidences of financial assistance during the grant year, according to standards as set by the Care Council.</p>	<p>3/1/2008</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>

3

cost= actual cost plus 10% handling fee.

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

REVISED 11/24/08 REDUCED \$15,000

BUDGET NARRATIVE SUMMARY

PROPOSED SERVICE: DIRECT EMERGENCY ASSISTANCE

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				
G. Other	2,865	28,647	31,512	
Total	2,865	28,647	31,512	Varies by service

4

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

** Varies according to the type of service

BUDGET NARRATIVE

Service: DIRECT EMERGENCY ASSISTANCE
 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	2,865	28,647	31,512
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	2,865	28,647	31,512

5

BUDGET NARRATIVE

Service: DIRECT EMERGENCY ASSISTANCE

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			

6

BUDGET NARRATIVE

Service: DIRECT EMERGENCY ASSISTANCE

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 (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			

7

BUDGET NARRATIVE

Service: DIRECT EMERGENCY ASSISTANCE

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		28,647	28,647
F. Dues & Membership			

80

BUDGET NARRATIVE

Service: DIRECT EMERGENCY ASSISTANCE

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%	2,865		2,865
23. Sub-Total Other	2,865	28,647	31,512
24. Total Expenditures	2,865	28,647	31,512
25. Total Cost per Unit of Service (must match unit of service cost used in Workplan)	65.11	651.07	716.18
Total Units			44

9

All Financial Information Rounded to Nearest Dollar

SALARIES PER SERVICE

Service: DIRECT EMERGENCY ASSISTANCE
 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)											

10

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	452,173	91,850	2,533,000				25,000	3,102,023
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	452,173	91,850	2,533,000				25,000	3,102,023

//

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

13

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
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								

14

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	28,647	35,067	2,129,400					2,193,114
F. Dues & Membership								
G. Subscriptions								

15

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	41,107	8,350	165,708				3,261	218,426
25. Sub-Total Other	149,414	68,219	2,295,108				3,261	2,516,002
26. Sub-Total Expenditures	\$452,173	\$91,850	\$2,533,000				\$25,000	\$3,102,023

16

All Financial Information Rounded to Nearest Dollar