

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

THIS AMENDMENT TO THE RYAN WHITE PART A HIV HEALTH SUPPORT SERVICES CONTRACT (Document No.R2008-0951, dated June 3, 2008) made and entered into at West Palm Beach Florida, on this ____ day of ____, 2009 by and between PALM BEACH COUNTY, a political subdivision of the State of Florida hereinafter referred to as "COUNTY" and Comprehensive AIDS Program, Inc. hereinafter referred to as the AGENCY, a not-for-profit corporation, entitled to do business in the State of Florida, whose address is 2330 South Congress Avenue, Palm Springs, FL 33406.

WITNESSETH:

WHEREAS, the need exists to amend the contract to increase Medical Case Management and to change the unit of service cost for Medical Case Management.

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

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

III. Increase funding for Medical Case Management services by \$135,049 for a new total of \$1,193,632.

IV. Total contract not to exceed amount will be \$1,382,223.

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]
Signature

By: *[Signature]*
Signature

Chief Executive Officer
Yolette Bonnet

LARRY LEED
Witness Name

4/9/09
Date

**APPROVED AS TO FORM AND
LEGAL SUFFICIENCY**

County Attorney

**APPROVED AS TO TERMS
AND CONDITIONS**

[Signature]
Director

**TITLE I
WORKPLAN**

APPLICANT: Comprehensive AIDS Program

**SERVICE: Medical Case Management -
FORMULA**

AREA TO BE SERVED: PALM BEACH COUNTY

<u>OBJECTIVE(S)</u>	<u>ACTIVITIES</u>	<u>START DATE</u>	<u>END DATE</u>	<u>NON-DUPLICATING STATEMENT</u>
<p>1. Objective: Identify units of tangible services and # of unduplicated clients to be served. Define a Unit of Service</p> <p>2. Impact Statement: When the objective is accomplished, what impact will it have?</p> <p>1. A unit of service is a quarter hour of case management. CAP will provide a total of 82,320 units of case management to an estimated 678 clients.</p> <p>2. 678 HIV+ men, women and children will have better health outcomes and longer life as a result of information; education; and medical & social service support.</p> <p>3. 678 HIV+ men, women, and children will receive a referral and linkages to a medical provider and social services support as determined by a careplan.</p> <p>unit=quarter hour Unit cost = \$14.50 per quarter hour 82,320 units of service plus State, county, and CAREware trainings at \$270 per day per staff equals 20 units at \$14.50 per unit per day (other H) plus actual cost \$41,204.15 of new computer upgrade needs (other M)</p>	<p>Describe the sequential steps to be taken to accomplish the objective</p> <p>1. Upon contractual agreement, CAP will continue to provide case management activities to eligible Ryan White clients, according to the State of Florida HIV Case Management standards.</p> <p>2. Each client will receive an Intake Packet, needs assessment, financial assessment, a careplan & appropriate referrals within one (1) week of request. (If there is a wait list, will receive referrals and place on the list with follow up every 30 days)</p> <p>3. Eighty percent (80%) of clients will comply/follow-up with the referral.</p>	<p>3/1/2008</p>	<p>2/28/2009*</p>	<p>Indicate any other program in your agency or other agencies in the community which provides similar services. Explain how you will avoid duplication of services, or why additional units of services are needed.</p> <p>Clients have a choice in which case management program they would like to be enrolled. Traditionally, CAP serves those clients who are asymptomatic, symptomatic, and diagnosed with AIDS.</p> <p>CAP meets with other providers for referral services, and uses the FACTORS system to prevent duplication of services and enhances overall approach.</p>

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* or Date of Depletion of Funds, whichever comes first

BUDGET NARRATIVE SUMMARY

PROPOSED SERVICE: MEDICAL CASE MANAGEMENT - FORMULA

AGENCY NAME: Comprehensive AIDS Program

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

Category	Administration	Program	Total	Cost per Unit
A. Personnel	-	627,866	627,866	7.63
B. Fringe Benefits	-	200,027	200,027	2.43
C. Travel	-	26,024	26,024	0.32
D. Equipment	-	-	-	
E. Supplies	-	21,640	21,640	0.26
F. Contractual	-	1,500	1,500	0.02
G. Other	108,512	208,063	316,575	3.85
Total	108,512	1,085,120	1,193,632	14.50

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BUDGET NARRATIVE

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

REVENUES	Administration Amount	Program Amount	Total Service Costs
1. Funds from Government Sources Ryan White Title I	108,512	1,085,120	1,193,632
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	108,512	1,085,120	1,193,632

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BUDGET NARRATIVE

Service: MEDICAL CASE MANAGEMENT - FORMULA

Agency: Comprehensive AIDS Program

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

Expenditures	Administration Amount	Program Amount	Total Service Costs
12. Salaries (Must agree with Form C-1)		627,866	627,866
13. Employee Benefits			
a. FICA .0765	-	48,032	48,032
b. FI Unemployment \$7,000 x .0335 x FTE	-	3,675	3,675
c. Workers' Compensation .02	-	12,557	12,557
d. Health Plan \$606 x 12 per mo per FTE	-	116,926	116,926
e. Retirement .03	-	18,836	18,836
14. Sub-Total Employee Benefits	-	200,027	200,027
15. Sub-Total Salaries & Benefits	-	827,893	827,893
16. Travel			
a. Travel/Transportation	-	16,640	16,640
b. Conference/Registration/Travel	-	9,384	9,384
17. Sub-Total Travel		26,024	26,024

BUDGET NARRATIVE

Service: MEDICAL CASE MANAGEMENT - FORMULA

Agency: Comprehensive AIDS Program

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

Expenditures	Administration Amount	Program Amount	Total Service Costs
18. Equipment (Attach a page showing detail description)	-	-	-
19. Supplies			
a. Office Supplies	-	16,640	16,640
b. Program Supplies (actual purchase)		5,000	5,000
20. Sub-Total Supplies	-	21,640	21,640
21. Contractual (Part-time Case Managers @ \$15per hour x 100 hrs)		1,500	1,500
22. Other			
a. Communications/Utilities			
1. Telephone	-	15,640	15,640
2. Postage & Shipping	-	2,346	2,346
3. Utilities (Power/Water/Gas	-	15,640	15,640
Sub-Total Communications/Utilities	-	33,626	33,626

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BUDGET NARRATIVE

Service: MEDICAL CASE MANAGEMENT - FORMULA

Agency: Comprehensive AIDS Program

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

Expenditures	Administration Amount	Program Amount	Total Service Costs
B. Food Service			
C. Rental			
1. Building	-	70,380	\$70,380
2. Equipment			
Sub-Total Rental		\$70,380	\$70,380
D. Repair & Maintenance			
1. Building Maintenance	-	15,640	\$15,640
2. Equipment Maintenance	-	-	
Sub-Total Repair & Maintenance		\$15,640	\$15,640
E. Specific Assistance to Individuals			
F. Dues & Membership	-	235	\$235

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BUDGET NARRATIVE

Service: MEDICAL CASE MANAGEMENT - FORMULA

Agency: Comprehensive AIDS Program

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

Expenditures	Administration Amount	Program Amount	Total Service Costs
G. Subscriptions	-	313	313
H. Training & Development Includes Countywide & Statewide training required for all staff. \$260 per day per staff=20units per day	-	8,133	8,133
I. Printing	-	5,474	5,474
J. Copy Cost	-	5,689	5,689
K. Advertising/Recruitment/PR	-	3,910	3,910
L. Audit Fees	-	-	-
M. Office Furniture and Equipment (needed for computer hardware and software upgrades)	-	41,204	41,204
N. Insurance/General Liability/Malpractice	-	23,460	23,460
N. Administrative expense allowed at 10%	108,512	-	108,512
23. Sub-Total Other	108,512	208,063	316,575
24. Total Expenditures	108,512	1,085,120	1,193,632
25a Total Cost per Unit of Service - (must match unit of service cost used in Workplan)	1.32	13.18	14.50
Total Units less statewide trainings and computer upgrades to be reimbursed			82,320

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TOTAL AGENCY BUDGET

Comprehensive AIDS Program of Palm Beach County, Inc.

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

REVENUES	Ryan White FORMULA	Ryan White SUPPLM	Ryan White MAI	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
1. Funds from Gov.. Sources	1,382,223	536,925	541,631	193,722	1,422,278	100,000	463,333	4,640,112
2. Foundations							100,000	100,000
3. Other Grants								
4. Fund Raising							150,000	150,000
5. Contributions/ Legacies/Bequests							60,000	60,000
6. Membership Dues								
7. Program Svc Fees/ Sales to Public								
8. Investment Income							6,000	6,000
9. In-Kind								
10. Miscellaneous								
11. Total Revenues	1,382,223	536,925	565,076	193,722	1,422,278	100,000	779,333	4,956,112

All Financial Information Rounded to Nearest Dollar

TOTAL AGENCY BUDGET

Comprehensive AIDS Program of Palm Beach County, Inc.

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

EXPENDITURES	Ryan White FORMULA	Ryan White SUPPLM	Ryan White MAI	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
12. Salaries	659,579	254,824	371,412	72,881	489,980	72,999	300,000	2,221,675
Chief Program Director	21,460	10,730	31,188					
1 Regional Program Managers	39,694	39,695	68,841					
3 Program Supervisors	73,909	25,200	48,421					
4 Program Support Specialists	67,553	14,000	36,287					
21 Case Managers/Techs	425,250	165,199	186,675					
HIV Prevention Manager	2,412							
Treatment Adherence Coordinator	29,301							
	659,579	254,824	371,412	72,881	489,980	72,999	300,000	2,221,675

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

TOTAL AGENCY BUDGET

Comprehensive AIDS Program of Palm Beach County, Inc.

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

EXPENDITURES	Ryan White FORMULA	Ryan White SUPPLM	Ryan White MAI	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
12. Salaries	659,579	254,824	371,412	72,881	489,980	72,999	300,000	2,221,675
13. Employee Benefits								
a. FICA	50,872	19,494	28,413	5,575	37,483	5,584	22,950	170,372
b. FI Unemployment	2,417	1,833	3,714	729	4,900	730	3,000	17,323
c. Workers' Comp	13,299	5,096	7,428	1,458	9,800	1,460	6,000	44,540
d. Health Plan	96,326	56,722	20,996	15,788	125,569	7,947	72,720	396,068
e. Retirement	18,836	7,645	11,142	2,186	14,699	2,190	9,000	65,699
14. Sub-Total Employee Benefits	181,750	90,790	71,694	25,736	192,451	17,911	113,670	694,003
15. Sub-Total Salaries/Benefits	841,329	345,614	443,106	98,617	682,431	90,910	413,670	2,915,678
16. Travel								
a. Travel/transportation	16,640	7,800	3,210	4,272	24,957		11,806	68,685
b. Conferences/ Registration/Travel	9,384	4,680	1,926	3,784	9,049		6,400	35,223
17. Sub-Total Travel	26,024	12,480	5,136	8,056	34,006		18,206	103,908

All Financial Information Rounded to Nearest Dollar

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TOTAL AGENCY BUDGET

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

EXPENDITURES	Ryan White FORMULA	Ryan White SUPPLM	Ryan White MAI	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
18. Equipment								
19. Supplies								
a. Office Supplies	16,640	7,634	3,210	1,000			10,000	38,484
b. Program Supplies	5,000	2,500	3,000	32,750	70,943		8,100	122,293
c. Computer Software								
20. Sub-Total Supplies	21,640	10,134	6,210	33,750	70,943		18,100	160,777
21. Contractual	115,388	21,267	1,000	14,560	8,400			160,615
22. Other								
a. Communications/Utilities								
1. Telephone	15,640	7,800	2,889				3,000	29,329
2. Postage & Shipping	2,346	1,170	482	1,200			1,000	6,198
3. Utilities (Power/Water/Gas)	15,640	7,800	2,889				6,000	32,329
Sub-Total Communications/Utilities	33,626	16,770	6,260	1,200			10,000	67,856

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All Financial Information Rounded to Nearest Dollar

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

Agency Budget for Fiscal Year

3/1/2008

to

2/28/2009

EXPENDITURES	Ryan White FORMULA	Ryan White SUPPLM	Ryan White MAI	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
B. Food Service								
C. Rental								
1. Building	70,380	35,100	14,445	7,740	76,920		36,360	240,945
2. Equipment					2,000			2,000
Sub-Total Rental	70,380	35,100	14,445	7,740	78,920		36,360	242,945
D. Repair & Maintenance								
1. Building Maintenance	15,640	7,800	2,889				6,000	32,329
2. Equipment Maintenance								
Sub-Total Repair & Maintenance	15,640	7,800	2,889				6,000	32,329
E. Specific Assistance to Individuals	44,121	10,424			416,023		125,000	595,568
F. Dues & Membership	235	117	48				100	500
G. Subscriptions	313	242	48				100	703

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All Financial Information Rounded to Nearest Dollar

TOTAL AGENCY BUDGET

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

EXPENDITURES	Ryan White FORMULA	Ryan White SUPPLM	Ryan White MAI	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
H. Training & Development	8,133	4,056	1,669	953			3,500	18,311
I. Printing	5,474	2,730	963	5,097			2,000	16,264
J. Copy Cost	5,689	2,730	963				2,000	11,382
K. Advertising	3,910	1,950	803		10,000		1,800	18,463
L. Audit Fees								
M. Office Furniture & Equipment	41,204	5,000	5,000	3,000			4,000	58,204
N. Insurance	23,460	11,700	3,852				12,000	51,012
O. Fundraising							76,926	76,926
P. Vehicle Operation								
Q. Promotional/PR								
R. Fees/taxes/bank fees								
S. Professional Fees								
T. Indirect Costs	125,657	48,811	49,239	20,749	121,555	9,090	49,571	424,672
25. Sub-Total Other	377,842	147,430	86,179	38,739	626,498	9,090	329,357	1,615,135
26. Sub-Total Expenditures	\$1,382,223	\$536,925	\$541,631	\$193,722	\$1,422,278	\$100,000	\$779,333	\$4,956,111

All Financial Information Rounded to Nearest Dollar