

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: December 1, 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: Three (3) amendments to the Ryan White Part A HIV Health Support Services Contracts (Formula) for the period March 1, 2009, through February 28, 2010;

- A. Amendment No. 2 to contract (R2009-0829) with Comprehensive Community Care Network, Inc. to decrease funding by \$40,000 for a new total not to exceed amount of \$545,103;
- B. Amendment No. 2 to contract (R2009-0830) with Glades Health Initiative, Inc. to decrease funding by \$7,662 for a new total not to exceed amount of \$92,736;
- C. Amendment No. 2 to contract (R2009-0835) with Treasure Coast Health Council, Inc. to increase funding by \$47,662 for a new total not to exceed amount of \$382,393.

Summary: Ryan White HIV Health Support service dollars are reviewed throughout the contract year and allocated to best meet the needs of affected clients. The contract adjustments will help ensure that agencies 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 Allocation Committee.

Attachments: Amendments

Recommended by: *Chadwell* *11/19/09*
 Department Director Date

Approved by: *Jan* *11/23/09*
 Assistant County Administrator Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2010	2011	2012	2013	2014
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	* <u>0</u>	_____	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)					

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

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

* There is no additional funding associated with this agenda item. Funding of \$47,662 is a reallocation of dollars between the agencies.

Amendment No. 1 is (R2009-1152; R2009-1154; R2009-1261)

C. Departmental Fiscal Review: Taruna Malhotra
11/9/09.

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

[Signature] 11-17-09
 OFMB VA CA 11/10/09 11/10/09

[Signature] 11/19/09
 Contract Dev. and Control
 These Amendments comply with our review requirements.

B. Legal Sufficiency:

[Signature] 11/23/09
 Assistant County Attorney

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. R2009-0829, dated May 19, 2009) 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, 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, Florida 33406.

WITNESSETH:

WHEREAS, the need exists to amend the contract to decrease funding for Food Bank/Home Delivered Meals.

NOW THEREFORE, the above named parties hereby mutually agree that the Contract entered into on May 19, 2009 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 Food Bank/Home Delivered Meals. Service will decrease to 1200 meals and 6,246 food cards.
- II. New Budgets Exhibit "B2" attached hereto showing the new total budget for Food Bank/Home Delivered Meals shall replace the original Exhibit "B1" in its entirety.
- III. Decrease funding by \$40,000 for a new total of \$182,983.
- IV. Total contract not to exceed amount will be \$545,103.

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: _____
Chair

Date

WITNESS:

Comprehensive Community Care
Network, Inc.


Signature

By: , C.O.O.
Signature
for Yolette Bonnet
Chief Executive Officer


Robbin J. Rodriguez
Witness Name

10/21/09
Date

**APPROVED AS TO FORM AND
LEGAL SUFFICIENCY**

**APPROVED AS TO TERMS
AND CONDITIONS**

County Attorney


Channell Wilkins, Director
Community Services

**PART A
WORKPLAN**

APPLICANT: CCCnet

SERVICE: Food Bank / Home Delivered Meals

AREA TO BE
SERVED:

PALM BEACH COUNTY

<u>OBJECTIVE(S)</u>	<u>ACTIVITIES</u>	<u>START DATE</u>	<u>END DATE</u>	<u>NON-DUPLICATING STATEMENT</u>
<p>1. Objective: Identify units of tangible services and # of unduplicated clients to be served. Define a Unit of Service</p> <p>2. Impact Statement: When the objective is accomplished, what impact will it have?</p>	<p>Describe the sequential steps to be taken to accomplish the objective</p>			<p>Indicate any other program in your agency or other agencies in the community which provides similar services. Explain how you will avoid duplication of services, or why additional units of services are needed.</p>
<p>1. A unit of service is a food voucher or a meal. CCCnet estimates it can offer 12 monthly dinners providing 1200 meals and distribute about 6246 food cards to about 165 clients.</p> <p>2. 165 HIV+ infected men, women, and children, plus their families, will be able to meet their nutritional requirements.</p> <p>cost=actual cost + 10% handling</p>	<p>1. Upon contractual agreement, CCCnet will continue to provide food services through food cards and monthly dinners according to the standards as set by the CARE Council.</p>	<p>3/1/2009</p>	<p>2/28/10*</p>	<p>CCCnet administers this resource through applications from Ryan White Case Management agencies for all Ryan White eligible clients throughout Palm Beach County, and conducts follow-up to assure services are received.</p>

*or Date of Depletion of Funds, whichever comes first

BUDGET NARRATIVE SUMMARY

PROPOSED SERVICE: FOOD BANK/HOME DELIVERED MEALS

AGENCY NAME: Comprehensive Community Care Network Inc.

BUDGET PERIOD: from 3/1/2009 to 2/28/10*

Category	Administration	Program	Total	** Average Cost Per Unit
A. Personnel	-	-	-	
B. Fringe Benefits	-	-	-	
C. Travel	-	-	-	
D. Equipment	-	-	-	
E. Supplies	-	2,100	2,100	
F. Contractual	-	-	-	
G. Other	16,635	164,248	180,883	
Total	16,635	166,348	182,983	Varies by service

H

*or Date of Depletion of Funds, whichever comes first

BUDGET NARRATIVE

Service: FOOD BANK/HOME DELIVERED MEALS
 Agency: CCCnet Budget Period: 3/1/2009 to 2/28/10*

REVENUES	Administration Amount	Program Amount	Total Service Costs
1. Funds from Government Sources Ryan White Title I	16,635	166,348	182,983
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	16,635	166,348	182,983

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BUDGET NARRATIVE

Service: FOOD BANK/HOME DELIVERED MEALS

Agency: CCCnet

Budget Period: 3/1/2009 to 2/28/10*

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 \$7,000 x .0233 x FTE			
c. Workers' Compensation .084			
d. Health Plan \$475 x 12 per FTE			
e. Retirement .05			
14. Sub-Total Employee Benefits			
15. Sub-Total Salaries & Benefits			
16. Travel			
a. Travel/Transportation			
b. Conference/Registration/Travel			
17. Sub-Total Travel			

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BUDGET NARRATIVE

Service: FOOD BANK/HOME DELIVERED MEALS

Agency: CCCnet

Budget Period: 3/1/2009 to 2/28/10*

Expenditures	Administration Amount	Program Amount	Total Service Costs
18. Equipment (Attach a page showing detail description)	-	-	-
19. Supplies			
a. Office Supplies			
b. Program Supplies (items for monthly dinners)		2100	2100
20. Sub-Total Supplies		2100	2100
21. Contractual			
22. Other			
a. Communications/Utilities			
1. Telephone			
2. Postage & Shipping			
3. Utilities (Power/Water/Gas)			
Sub-Total Communications/Utilities			

BUDGET NARRATIVE

Service: FOOD BANK/HOME DELIVERED MEALS

Agency: CCCnet

Budget Period: 3/1/2009 to 2/28/10*

Expenditures	Administration Amount	Program Amount	Total Service Costs
B. Food Service (Purchase of actual food, vouchers, meals, and group lunches and dinners)		161248	161248
C. Rental			
1. Building			
2. Equipment (Rental of truck plus gas for monthly dinners)		3000	3000
Sub-Total Rental		3000	3000
D. Repair & Maintenance			
1. Building Maintenance			
2. Equipment Maintenance			
Sub-Total Repair & Maintenance			
E. Specific Assistance to Individuals			
F. Dues & Membership			

BUDGET NARRATIVE

Service: FOOD BANK/HOME DELIVERED MEALS

Agency: CCCnet

Budget Period: 3/1/2009 to 2/28/10*

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%	16635		16635
23. Sub-Total Other	16635	164248	180883
24. Total Expenditures	16635	166348	182983
25. Total Cost per Unit of Service - (must match unit of service cost used in Workplan)			
Total Units			

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All Financial Rounded to Nearest Dollar

SALARIES PER SERVICE

Service: FOOD BANK/HOME DELIVERED MEALS
 Agency: Comprehensive Community Care Network Inc.
 Budget Period: 3/1/2009 to 2/28/10*

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

** Requested amount = Total salary x percent funded

(1)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	
PERSONNEL	Admin/ Prog	Annual Salary	Pay Per Period	No. Of Days	Hrs. Per Day	Hourly Rate	Total Salary (5x6x7)	Percentage Charged	Admin	Program	Total
Positions/Salaries											
Total Personnel (Line Item Budget Line A)		-	-				-		-	-	-

FTE Admin
FTE Prog

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TOTAL AGENCY BUDGET

Comprehensive Community Care Network, Inc.

Agency Budget for Fiscal Year 3/1/09 to 2/28/10

REVISED 10/20/2009 CONTRACT AMENDMENT

REVENUES	RW PART A FORMULA	RW PART A SUPPLM	HOPWA	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
1. Funds from Gov.. Sources	545,103	184,594	2,651,000					3,380,697
2. Foundations								
3. Other Grants							25,000	25,000
4. Fund Raising							100,000	100,000
5. Contributions/ Legacies/Bequests								
6. Membership Dues								
7. Program Svc Fees/ Sales to Public							1,150,000	1,150,000
8. Investment Income								
9. In-Kind								
10. Misc. (Rental Income)							235,500	235,500
11. Total Revenues	545,103	184,594	2,651,000				1,510,500	4,891,197

All Financial Information Rounded to Nearest Dollar

TOTAL AGENCY BUDGET
Comprehensive Community Care Network, Inc.
Agency Budget for Fiscal Year 3/1/09 to 2/28/10

EXPENDITURES	RW PART A FORMULA	RW PART A SUPPLM	HOPWA	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
12. Salaries	41,732	46,450	159,029				593,800	841,011
Chief Program Officer	2,343	425						2,768
Client Services Manager	1,248	218						1,466
Mental Health Counselor	14,149							14,149
Center Manager	5,182	9,807						14,989
Nurse Practioner	12,375	27,000						39,375
Nurse Coordinator	1,260							1,260
Physician								
Medical Assistant	5,175	9,000						14,175
	41,732	46,450	159,029				593,800	841,011

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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 Community Care Network, Inc.
Agency Budget for Fiscal Year 3/1/09 to 2/28/10

EXPENDITURES	RW PART A FORMULA	RW PART A SUPPLM	HOPWA	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
12. Salaries	41,732	46,450	159,029				593,800	841,011
13. Employee Benefits								
a. FICA@ .0765	3,192	3,553	12,166				45,426	64,337
b. FI Unemployment@.0195x7000xftc	84	22	900				1,673	2,679
c. Workers' Comp	835	929	3,181				11,876	16,821
d. Health Plan	4,494	1,059	33,349				135,918	174,820
e. Retirement		19	4,771				17,814	22,604
14. Sub-Total Employee Benefits	8,605	5,582	54,366				212,707	281,260
15. Sub-Total Salaries/Benefits	50,337	52,032	213,395				806,507	1,122,271
16. Travel								
a. Travel/transportation	652	50	10,680				1,000	12,382
b. Conferences/ Registration/Travel	255		4,800				5,000	10,055
17. Sub-Total Travel	907	50	15,480				6,000	22,437

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All Financial Information Rounded to Nearest Dollar

TOTAL AGENCY BUDGET
Comprehensive Community Care Network, Inc.
Agency Budget for Fiscal Year 3/1/09 to 2/28/10

EXPENDITURES	RW PART A FORMULA	RW PART A SUPPLM	HOPWA	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
18. Equipment								
19. Supplies								
a. Office Supplies	600	75					4,000	4,675
b. Program Supplies	8,925	200	5,000				26,000	40,125
c. Computer Software								
20. Sub-Total Supplies	9,525	275	5,000				30,000	44,800
21. Contractual	186,028	112,897					22,727	321,652
22. Other								
a. Communications/Utilities								
1. Telephone							17,000	17,000
2. Postage & Shipping							1,000	1,000
3. Utilities (Power/Water/Gas)							25,000	25,000
Sub-Total Communications/Utilities							43,000	43,000

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All Financial Information Rounded to Nearest Dollar

TOTAL AGENCY BUDGET
Comprehensive Community Care Network, Inc.
Agency Budget for Fiscal Year 3/1/09 to 2/28/10

EXPENDITURES	RW PART A FORMULA	RW PART A SUPPLM	HOPWA	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
B. Food Service	161,248							161,248
C. Rental								
1. Building			24,480					24,480
2. Equipment	3,000						170,153	173,153
Sub-Total Rental	3,000		24,480				170,153	197,633
D. Repair & Maintenance								
1. Building Maintenance							18,000	18,000
2. Equipment Maintenance								
Sub-Total Repair & Maintenance							18,000	18,000
E. Specific Assistance to Individuals	79,277		2,243,695					2,322,972
F. Dues & Membership							2,000	2,000
G. Subscriptions								

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All Financial Information Rounded to Nearest Dollar

TOTAL AGENCY BUDGET
Comprehensive Community Care Network, Inc.
Agency Budget for Fiscal Year 3/1/09 to 2/28/10

EXPENDITURES	RW PART A FORMULA	RW PART A SUPPLM	HOPWA	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
H. Training & Development							2,000	2,000
I. Printing	400	50					4,000	4,450
J. Copy Cost							4,000	4,000
K. Advertising								
L. Audit Fees							6,500	6,500
M. Office Furniture & Equipment	2,500	909						3,409
N. Insurance	2,326	1,600					154,000	157,926
O. Fundraising								
P. Vehicle Operation								
Q. Promotional/PR							6,000	6,000
R. Fees/taxes/bank fees/interest							92,600	92,600
S. Professional Fees							55,470	55,470
T. Indirect Costs	49,555	16,781	148,950				87,543	302,829
25. Sub-Total Other	298,306	19,340	2,417,125				645,266	3,380,037
26. Sub-Total Expenditures	\$545,103	\$184,594	\$2,651,000				\$1,510,500	\$4,891,197

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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. R2009-0830, dated May 19, 2009) 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 Glades Health Initiative, Inc. hereinafter referred to as the AGENCY, a not-for-profit corporation, entitled to do business in the State of Florida, whose address is 136 South Main Street, Belle Glade, FL 33430.

WITNESSETH:

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

NOW THEREFORE, the above named parties hereby mutually agree that the Contract entered into on May 19, 2009 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 Outreach services. Units of service will decrease to 92 unduplicated clients.
- II. New Budgets Exhibit "B2" attached hereto showing the new total budget for funding for Outreach services shall replace the original Exhibit "B1" in its entirety.
- III. Decrease funding by \$7,662 for a new total of \$92,736.
- IV. Total contract not to exceed amount will be \$92,736.

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: _____
Chair

Date

WITNESS:

Guadalupe Sandoval
Signature

Guadalupe Sandoval
Witness Name

Glades Health Initiative

By: *Sandra Chamblee*
Signature
Sandra Chamblee
Executive Director

10-21-09
Date

**APPROVED AS TO FORM AND
LEGAL SUFFICIENCY**

County Attorney

**APPROVED AS TO TERMS
AND CONDITIONS**

Channell Wilkins
Channell Wilkins, Director
Community Services

WORK PLAN

Service: Outreach




APPLICANT: Glades Health Initiative, Inc.

AREA TO BE SERVED: The Glades

Note: This work plan is based on the assumption that the program will be funded \$92,521,000 annually

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>1. Provide outreach services to 92 unduplicated African American or Latino adults clients by 2/28/2010.</p> <p>2. Provide 920 contacts to high risk or HIV+ clients out of care to link them to needed medical services. 1 contact = \$100.00</p> <p>3. Workers will use a variety of approaches to motivate clients to discover their HIV status or return/enter HIV care.</p>	<p>1, Identify geographic areas venues, and social networks to identify high risk/out of care individuals.</p> <p>2. Establish trust with individuals by utilizing a respectful, client-centered, non-judgmental approach.</p> <p>3. Provide (limited) incentives and motivational interviewing to encourage</p>	<p>3/1/09</p>	<p>2/28/2010</p>	<p>GHI provides educational outreach but it in no way is similar to the intensive case finding method described in this proposal.</p> <p>Minority Empowerment has provided some outreach in the Glades to Haitian residents</p>

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<p>4. Maintain stipulations of contract and rules and regulations established by HRSA, Dept. of Community Services, and the PBC County HIV Care Council.</p> <p>5. Participate in established quality assurance protocols and conduct internal QA programs to monitor program outcomes.</p> <p>The impact of providing outreach services is to provide intensive outreach efforts by developing trusting relationships with resistant clients to encourage them to find their status and/or receive care. The eventual impact will be reduced HIV transmission, decreased morbidity and mortality of those infected, and reduce the cost of care by promoting adherence and healthier self care behaviors.</p>	<p>clients to progress through stages of change until client is ready for action (identifying status or entering care),</p> <p>4. Solicit clients to refer partners or members of their social network to meet with outreach workers to identify potential clients.</p> <p>5. Identify and build relationships with gatekeepers that have influence over high risk individuals and encourage her/him to leverage their influence to endorse the outreach program.</p> <p>6. Meet weekly for case conference to brainstorm and build skills for increased effectiveness</p> <p>7. Maintain documentation of contacts by utilizing case notes and track effectiveness.</p>			
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Ryan White HIV/AIDS Treatment Modernization Act Part A Funding

Agency Name: Glades Health Initiative, Inc.

EXHIBIT

Budget Period: 03/01/09 to 02/28/2010

Service Category									
Category	(1)	(2)							Total-All Programs
A. Personnel	42,708								42,708
B. Fringe Benefits	12,417								12,417
C. Travel	5,042								5,042
D. Equipment	1,908								1,908
E. Supplies	10,455								10,455
F. Contractual	1,320								1,320
G. Other	18,886								18,886
Total	92,736								92,736

BUDGET NARRATIVE SUMMARY

Proposed Service: OutreachAgency Name: Glades Health Initiative, Inc.Budget Period: 3/01/09-2/28/10

Category	Administration	Program	Total Amount	Cost Per Unit
A. Personnel	4,640	38,068	42708	
B. Fringe Benefits	1,259	11,158	12417	
C. Travel	0	5,042	5042	
D. Equipment	0	1,908	1908	
E. Supplies	0	10,455	10455	
F. Contractual	0	1,320	1320	
G. Other		18,886	18886	
Total	5,899	86,837	92,736	

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BUDGET NARRATIVE

Exhibit "B2

Section _____

Page 2 of 6

Se Outreach

Ag: Glades Health Initiative, Inc.

Budget Period: 3/01/09 - 2/28/10

Revenues	Administration Amount	Program Amount	Total Services Cost
1. Funds from Government Sources (Specify Source of Funds)	5,899	86,837	92,736
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	5,899	86,837	92,736

BUDGET NARRATIVE

Exhibit "B2"

Section _____

Page 3 of 6

Service: Outreach

Agency: Glades Health Initiative

Budget Period: 3/01/09 - 2/28/10

Expenditures	Administration Amount	Program Amount	Total Services Cost
12. Salaries (Must agree with Form C-1)	4,640	38,068	42,708
13. <u>Employee Benefits</u>			
a. FICA	317	2,330	2,647
b. FI Unemployment	44	303	347
c. Workers' Compensation	110	759	869
d. Health Plan	788	7,766	8,554
e. Retirement	0		0
14. Sub-Total Employee Benefits	1,259	11,158	12,417
15. Sub-Total Salaries & Benefits	5,899	49,226	55,125
16. <u>Travel</u>			
a. Travel/Transportation		1,500	1,500
b. Conferences/Registration/Travel		3,542	3,542
17. Sub-Total Travel	0	5,042	5,042

BUDGET NARRATIVE

Exhibit "B2"

Section _____

Page 4 of 6

Service: Outreach

Agency: Glades Health Initiative

Budget Period: 3/01/09 - 2/28/10

Expenditures	Administration Amount	Program Amount	Total Services Cost
18. Equipment (Attach a page showing detail description)		1,908	1,908
19. <u>Supplies</u>			0
a. Office Supplies			
b. Program Supplies		10,455	10,455
20. Sub-Total Supplies		10,455	10,455
21. Contractual (Attach sheet showing details if more space needed)		1,320	1,320
22. <u>Other</u>			
A. <u>Communications/Utilities</u>			
1. Telephone Local line, fax, LD		2,755	2,755
2. Postage & Shipping		856	856
3. Utilities (Power/Water/Gas)		820	820
Sub-Total Communications/Utilities		4,431	4,431

BUDGET NARRATIVE

Exhibit "B2"

Section _____

Page 5 of 6

Service: Outreach

Agency: Glades Health Initiative

Budget Period: 03/01/09 - 2/28/10

Expenditures	Administration Amount	Program Amount	Total Services Cost
B. Food Service			
<i>C. Rental</i>			
1. Building		5,661	5,661
2. Equipment			0
Sub-Total Rental		5,661	5,661
<i>D. Repair & Maintenance</i>			
1. Building Maintenance		1,936	1,936
2. Equipment Maintenance			
Sub-Total Repair & Maintenance		1,936	1,936
E. Specific Assistance to Individuals			
F. Dues & Membership			

BUDGET NARRATIVE

Exhibit "B2"
Section _____
Page 6 of 6

Service: Outreach

Agency: Glades Health Initiative

Budget Period: 3/01/09 - 2/28/10

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		2,640	2,640
M. Office Furniture and Equipment (Attach a sheet showing details)		4,217	4,217
N. Miscellaneous			
O. Professional Services			
23. Sub-Total Other			
24. Total Expenditures	5,899	86,837	92,736
25 Total Cost per Unit of Service (must match unit of service cost used in Workplan)			100.00

All Financial Information Rounded to Nearest Dollar

SCHC-RW8.WK1

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

Agency: Glades Health Initiative

Agency Budget for Fiscal Year 03/01/2009 to 02/28/2010

REVENUES	(1)	(2)							TOTAL
Funds from Govt. Sources	92,736								92,736
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	\$ 92,736	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 92,736

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TOTAL RYAN WHITE BUDGET

Agency: Glades Health Initiative

Agency Budget for Fiscal Year 03/01/2009 to 02/28/2010

EXPENDITURES	(1)	(2)	-	-	-	-	-	-	TOTAL
12. Salaries	42,708								42,708
a. FICA	2,647								-
b. Florida Unemployment	348								348
c. Workers' Compensation	869								869
d. Health Plan	8,554								8,554
e. Retirement	-								-
14. Sub-Total Employee Benefits	12,418								12,418
15. Sub-Total Salaries/Benefits	55,126								55,126
a. Travel/Transportation	1,500								1,500
b. Conferences/Registration/Travel	3,542								3,542
17. Sub-Total Travel	5,042								5,042

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TOTAL RYAN WHITE BUDGET
BY SERVICE AND CATEGORIES

Agency: Glades Health Initiative

Agency Budget for Fiscal Year 03/01/2009 to 02/28/2010

EXPENDITURES	(1)		-	-	-	-	-	-	TOTAL
18. Equipment	1,908								1,908
a. Office Supplies	-	-							-
b. Program Supplies	10,455								10,455
									-
20. Sub-Total Supplies	10,455	-	-	-	-	-	-	-	10,455
21. Contractual	1,320								1,320
22. Other									-
1. Telephone	2,755								2,755
2. Postage & Shipping	856								856
3. Utilities (Power/Water/Gas)	820								820
Sub-Total Communications/Utilities	4,431	-	-	-	-	-	-	-	4,431

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Exhibit B2

TOTAL RYAN WHITE BUDGET

Agency: Glades Health Initiative

Agency Budget for Fiscal Year 03/01/2009 to 02/28/2010

EXPENDITURES	(1)	(2)	-	-	-	-	-	-	TOTAL
B. Food Services	-	-							-
1. Building	5,661								5,661
2. Equipment	-	-							-
Sub-Total Rental	5,661	-	-	-	-	-	-	-	5,661
1. Building Maintenance	1,936								1,936
2. Equipment Maintenance	-	-							-
Sub-Total Repair & Maintenance	1,936	-							1,936
E. Specific Assistance to Individuals	-	-							-
F. Dues & Membership	-	-							-
G. Subscriptions	-	-							-

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Exhibit B2

TOTAL RYAN WHITE BUDGET

Agency: Glades Health Initiative

Agency Budget for Fiscal Year 03/01/2009 to 02/28/2010

EXPENDITURES	(1)	(2)	-	-	-	-	-	-	TOTAL
H. Training & Development	-	-							-
I. Printing	-	-							-
J. Copy Cost	-	-							-
K. Advertising	-	-							-
L. Audit Fees	2,640								2,640
M. Office Furniture and Equipment	4,217								4,217
N. Insurance and Computer support	-								-
O. Professional Services	-								-
25. Sub-Total Other	18,885		-	-	-	-	-	-	18,885
28. Total Expenditures	\$ 92,736		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 92,736

(1) Financial Information Rounded to Nearest Dolla

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FORM C: TOTAL AGENCY BUDGET

Agency Name: Glades Health Initiative
 Program Name: AGENCY BUDGET

Fiscal Year 2009-2010

REVENUES	Ryan White Part A	Ryan White Part B	HOPWA	PBC/BCC Tax Dollars	CDC	Other Local					Total
1. Funds from Govt. Sources	92,736				198,103						290,839
2. Foundations	0										0
3. Other Grants (United Way)	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										0
8. Investment Income	0										0
9. In-Kind	0										0
10. Miscellaneous - Indirect Income	0										0
11. Total Revenue	92,736	0	0	0	198,103	0	0	0	0	0	290,839

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FORM C: TOTAL AGENCY BUDGET

Agency Name: Glades Health Initiative, Inc.
Program Name: AGENCY BUDGET

Fiscal Year 2009-2010

EXPENDITURES	Ryan White Part A	Ryan White Part B	HOPWA	PBC/BCC Tax Dollars	CDC	Other Local					TOTAL
12. Total Salaries	42,708	0	0	0	101,044	0					143,752
List all employee salaries individually											
Executive Director	9,424										9,424
Outreach Worker	31,166										31,166
Administrative Asst.	2,118										2,118
	0										0
											0
											0
											0
											0
											0
											0
											0
											0
											0
											0

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Agency Name:

Agency Name: Glades Health Initiative, Inc.

Program Name: AGENCY BUDGET

Fiscal Year 2009-2010

EXPENDITURES	Ryan White Part A	Ryan White Part B	HOPWA	PBC/BCC Tax Dollars	CDC	Other Local					TOTAL
13. Employee Benefits:											
a. FICA	2,647				7,730						10,377
b. Florida Unemployment	347				756						1,103
c. Workers' Compensation	869				4,002						4,871
d. Health Plan	8,554				11,760						20,314
e. Retirement	0										0
14. Sub-Total Employee Benefits	12,417	0	0	0	24,248	0					36,665
15. Sub-Total Salaries/ Benefits	55,125	0	0	0	125,292	0					0
16. Travel											
a. Travel/Transportation	1,500				2,000						3,500
b. Conferences/ Registration/Travel	3,542				2,943						6,542
					3,000						
17. Sub-Total Travel	5,042	0	0	0	7,943	0					12,985
18. Building/Occupancy											
a. Rent	1,908				14,000						15,908

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FORM C: TOTAL AGENCY BUDGET

Agency Name: Glades Health Initiative, Inc.
 Program Name: AGENCY BUDGET

Fiscal Year 2009-2010

EXPENDITURES	Ryan White Part A	Ryan White Part B	HOPWA	PBC/BCC Tax Dollars	CDC	Other Local					TOTAL
b. Depreciation											0
19. Communications/ Utilities											
a. Telephone	2,755				5,568						8,323
b. Postage & Shipping	856				1,080						1,936
c. Utilities & Utility Asst. (Power/Water/Gas)	820				4,500						5,320
20. Sub-Total											
Communications/Utilities	4,431	0	0	0	11,148	0					15,579
21. Printing & Supplies											
a. Office Supplies					4,600						4,600
b. Program Supplies	10,455				11,720						22,175
c. Printing	0										0
22. Sub-Total Printing/ Supplies											
Supplies	10,455	0	0	0	16,320	0					26,775
23. Food Service											0
Food Service	0										0
24. Other											
a. Professional Fees/Contractual	1,320				10,000						11,320
b. Insurance	0				11,000						11,000
c. Building Maintenance	5,661				900						6,561

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Exhibit B2

FORM C: TOTAL AGENCY BUDGET

Agency Name: Glades Health Initiative
 Program Name: AGENCY BUDGET

Fiscal Year 2009-2010

EXPENDITURES	Ryan White Part A	Ryan White Part B	HOPWA	PBC/BCC Tax Dollars	Other Federal	Other Local					TOTAL
d. Equipment Rental/ Maintenance	1,936				1,500						3,436
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 (Audit, Office Fur	6,857										6,857
25. Sub-Total Other	15,774	0	0	0	23,400	0					39,174
26. Indirect Costs											0
27. Capital Expenses (Equipment)											0
28. Total Expenditures	92,735	0	0	0	198,103	0					290,838

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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. R2009-0835 dated May 19, 2009) 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, Inc. 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 33403.

WITNESSETH:

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

NOW THEREFORE, the above named parties hereby mutually agree that the Contract entered into on May 19, 2009 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 Specialty Outpatient Medical Services.
- II. New Budgets Exhibit "B2" attached hereto showing the new total budget for funding for Specialty Outpatient Medical Services shall replace the original Exhibit "B1" in its entirety.
- III. Increase funding by \$47,662 for a new total of \$311,487.
- IV. Total contract not to exceed amount will be \$382,393.

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: _____
Chair

Date

WITNESS:

Sharon R. Bock
Signature

Treasure Coast Health Council, Inc.

By: Barbara Jacobowitz
Signature
Barbara Jacobowitz
Executive Director

David J. Hepford
Witness Name

10/21/09
Date

**APPROVED AS TO FORM AND
LEGAL SUFFICIENCY**

County Attorney

**APPROVED AS TO TERMS
AND CONDITIONS**

Channell Wilkins
Channell Wilkins, Director
Community Services

WORK PLAN

Service: Specialty Outpatient Medical Care - Formula

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 Part A Specialty Outpatient Medical Care</p> <p>1. Objectives: 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 250 clients. A unit carries according to the type of service performed. B.) 250 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>2. Impact Statement: PLWH/A will have access to timely, cost effective, HIV/AIDS specialty outpatient medical care which will have a direct impact on their quality and length of life.</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>	<p>3-1-2009</p> <p>3-1-2009</p>	<p>2-28-2010</p> <p>2-28-2010</p>	<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>

BUDGET NARRATIVE SUMMARY

Proposed Service: Specialty Outpatient Medical Care (FORMULA)Agency Name: Treasure Coast Health CouncilBudget Period March 1, 2009-February 28, 2010

Category	Administration	Program	Total Amount	Cost Per Unit
A. Personnel	21,296	28,010	49306	
B. Fringe Benefits	4,443	8,208	12651	
C. Travel	0	0	0	
D. Equipment	0	0	0	
E. Supplies	0	1,400	1400	
F. Contractual	0	219,296	219296	
G. Other	1,834	27,000	28834	
Total	27,573	283,914	311,487	

BUDGET NARRATIVE

Exhibit "B2"

Section _____

Page 2 of 6

Service: Specialty Outpatient Medical Care (FORMULA)

Agency: Treasure Coast Health Council

Budget Period: March 1, 2009-February 28, 2010

Revenues	Administration Amount	Program Amount	Total Services Cost
1. Funds from Government Sources (Specify Source of Funds)	27,573	283,914	311,487
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	27,573	283,914	311,487

BUDGET NARRATIVE

Exhibit "B2"

Section _____

Page 3 of 6

Service: Specialty Outpatient Medical Care (FORMULA)

Agency: Treasure Coast Health Council

Budget Period: March 1, 2009-February 28, 2010

Expenditures	Administration Amount	Program Amount	Total Services Cost
12. Salaries (Must agree with Form C-1)	21,296	28,010	49,306
13. <u>Employee Benefits</u>			
a. FICA	1,629	2,143	3,772
b. FI Unemployment	0	0	0
c. Workers' Compensation	60	78	138
d. Health Plan	1,996	4,586	6,582
e. Retirement	758	1,401	2,159
14. Sub-Total Employee Benefits	4,443	8,208	12,651
15. Sub-Total Salaries & Benefits	25,739	36,218	61,957
16. <u>Travel</u>			
a. Travel/Transportation	0	0	0
b. Conferences/Registration/Travel	0	0	0
17. Sub-Total Travel	0	0	0

BUDGET NARRATIVE

Service: Specialty Outpatient Medical Care (FORMULA)

Agency: Treasure Coast Health Council

Budget Period: March 1, 2009-February 28, 2010

Expenditures	Administration Amount	Program Amount	Total Services Cost
18. Equipment (Attach a page showing detail description)	0	0	0
19. Supplies			
a. Office Supplies	0	1,400	1,400
b. Program Supplies	0	0	0
20. Sub-Total Supplies	0	1,400	1,400
21. Contractual (Attach sheet showing details if more space needed)	0	219,296	219,296
22. Other			
A. <u>Communications/Utilities</u>			
1. Telephone Local line, fax, LD, Data	0	3,200	3,200
2. Postage & Shipping	0	800	800
3. Utilities (Power/Water/Gas)	0	1,700	1,700
Sub-Total Communications/Utilities	0	5,700	5,700

BUDGET NARRATIVE

Exhibit "B2"

Section _____

Page 5 of 6

Service: Specialty Outpatient Medical Care (FORMULA)

Agency: Treasure Coast Health Council

Budget Period: March 1, 2009-February 28, 2010

Expenditures	Administration Amount	Program Amount	Total Services Cost
<i>B. Food Service</i>	0	0	0
<i>C. Rental</i>			
1. Building		19,000	19,000
2. Equipment		1,500	1,500
Sub-Total Rental	0	20,500	20,500
<i>D. Repair & Maintenance</i>			
1. Building Maintenance	0	800	800
2. Equipment Maintenance	0	0	0
Sub-Total Repair & Maintenance	0	800	800
<i>E. Specific Assistance to Individuals</i>			0
<i>F. Dues & Membership</i>	0	0	0

BUDGET NARRATIVE

Exhibit "B2"

Section _____

Page 6 of 6

Service: Specialty Outpatient Medical Care (FORMULA)

Agency: Treasure Coast Health Council

Budget Period: March 1, 2009-February 28, 2010

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	50	0	50
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. Insurance	584	0	584
O. Miscellaneous	1,200	0	1,200
P Professional Services	0	0	0
23. Sub-Total Other	1,834	27,000	28,834
24. Total Expenditures	27,573	283,914	311,487
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

SALARIES PER SERVICE

Service: Specialty Outpatient Medical Care

Agency: Treasure Coast Health Council

Budget Period: March 01, 2009 to February 28, 2010

(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 (6 X 7 X 8)	Percentage Charge	Admin	Program	Total
Positions:											
Director of Health Programs (March 2009)	Admin	65,000	2,708	22	8	31.25	5,500	20.00%	1,083		1,083
Director of Health Programs (April '09-Sept '09)	Admin	67,600	2,817	131	8	32.50	34,060	15.00%	5,070		5,070
Director of Health Programs (Oct '09-Dec'09)	Admin	68,952	2,873	66	8	33.15	17,503	15.00%	2,586		2,586
Program Specialist (Mar '09-June '09)	Prog	39,000	1,625	87	8	18.75	13,050	45.00%		5,850	5,850
Program Specialist (July '09-Dec '09)	Prog	39,780	1,658	132	8	19.13	20,196	50.00%		9,945	9,945
Health Info. Systems Director. (Mar '09-Dec '09)	Admin	68,174	2,841	219	8	32.78	57,423	5.00%	2,841		2,841
Director of Administrative Svcs (March 2009)	Admin	65,472	2,728	22	8	31.48	5,540	11.50%	627		627
Director of Administrative Svcs (April '09- Aug '09)	Admin	65,472	2,728	109	8	31.48	27,448	11.00%	3,001		3,001
Director of Administrative Svcs (Sept '09- Dec '09)	Admin	66,782	2,783	88	8	32.11	22,603	11.00%	2,449		2,449
Executive Director (March '09-June '09)	Admin	86,320	3,597	87	8	41.50	28,884	5.00%	1,439		1,439
Executive Director (July '09-Dec '09)	Admin	88,047	3,669	132	8	42.33	44,701	5.00%	2,201		2,201
Quality Assurance Specialist (March 2009)	Prg	42,000	1,750	22	8	20.19	3,554	34.00%		1,190	1,190
Quality Assurance Specialist (April '09-Dec '09)	Prg	42,000	1,750	197	8	20.19	31,823	35.00%		11,025	11,025
FORMULA											
Sub-Total Salaries									21,296	28,010	49,306

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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.

FORM C: TOTAL AGENCY BUDGET

Agency Name: Treasure Coast Health Council
 Program Name: AGENCY BUDGET

Fiscal Year 2009-2010

REVENUES	Ryan White Part A	Ryan White Part B	HOPWA	PBC/BCC Tax Dollars	Other Federal	Other Local	Other State				Total
1. Funds from Govt. Sources	1,036,177	3,284,361	682,296	0	0	53,000	203,512				5,259,346
2. Foundations	0										0
3. Other Grants (United Way)	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										0
8. Investment Income	0										0
9. In-Kind	0										0
10. Miscellaneous - Indirect Income	0										0
11. Total Revenue	1,036,177	3,284,361	682,296	0	0	53,000	203,512	0	0	0	5,259,346

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FORM C: TOTAL AGENCY BUDGET

Agency Name: Treasure Coast Health Council

Program Name: AGENCY BUDGET

Fiscal Year 2009-2010

EXPENDITURES	Ryan White Part A	Ryan White Part B	HOPWA	PBC/BCC Tax Dollars	Other Federal	Other Local	Other State				TOTAL
12. Total Salaries	275,443	282,589	32,068	0	0	27,018	73,231				690,349
List all employee salaries individually											
Executive Director	28,866	26,414	4,402				28,364				88,046
Director of Health Programs	17,258	50,674									67,932
Director of Health Planning	2,899					23,837	30,746				57,482
Health Information Systems Director	27,497	35,451	2,045			3,181					68,174
Director of Administrative Services	25,155	23,526	11,198				5,593				65,472
Quality Assurance Specialist	17,528	19,278					6,034				42,840
Health Planner	61,422										61,422
Health Planner		55,240									55,240
Program Specialist	36,894						2,494				39,388
CARE Council Operations Coordinator	37,185										37,185
Membership Support Liason	11,093										11,093
Contract Administrator		43,264	10,816								54,080
Administrative Specialist	5,698	26,762	3,607								36,067
Administrative Clerk	3,948	1,980									5,928

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Exhibit B2

Agency Name:

Agency Name: Treasure Coast Health Council
 Program Name: AGENCY BUDGET

Fiscal Year 2009-2010

EXPENDITURES	Ryan White Part A	Ryan White Part B	HOPWA	PBC/BCC Tax Dollars	Other Federal	Other Local	Other State				TOTAL
13. Employee Benefits:											
a. FICA	21,081	22,266	2,453			2,067	5,602				53,469
b. Florida Unemployment	2,350	2,500	896			672	1,600				8,018
c. Workers' Compensation	1,009	811	90			75	205				2,190
d. Health Plan	41,906	43,508	4,389			2,537	7,060				99,400
e. Retirement	19,746	14,553	1,603			1,351	3,662				40,915
14. Sub-Total Employee Benefits	86,092	83,638	9,431	0	0	6,702	18,129				203,992
15. Sub-Total Salaries/ Benefits	361,535	366,227	41,499	0	0	33,720	91,360				894,341
16. Travel											
a. Travel/Transportation	735	2,500	500			4,500					8,235
b. Conferences/ Registration/Travel	1,049	5,900				800					7,749
17. Sub-Total Travel	1,784	8,400	500	0	0	5,300	0				15,984
18. Building/Occupancy											
a. Rent	45,232	40,000	3,000	0	0	0	0				88,232

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FORM C: TOTAL AGENCY BUDGET

Agency Name: Treasure Coast Health Council
 Program Name: AGENCY BUDGET

Fiscal Year 2009-2010

EXPENDITURES	Ryan White Part A	Ryan White Part B	HOPWA	PBC/BCC Tax Dollars	Other Federal	Other Local	Other State				TOTAL
b. Depreciation											0
19. Communications/ Utilities											
a. Telephone	7,365	8,600	311			1,800	30				18,106
b. Postage & Shipping	1,549	2,550	250			900	700				5,949
c. Utilities & Utility Asst. (Power/Water/Gas)	4,341	4,000	350			180					8,871
20. Sub-Total											
Communications/Utilities	13,255	15,150	911	0	0	2,880	730				32,926
21. Printing & Supplies											
a. Office Supplies	6,107	5,810	500				200				12,617
b. Program Supplies	0										0
c. Printing	2,322	1,350	200			4,000	900				8,772
22. Sub-Total Printing/ Supplies											
Supplies	8,429	7,160	700	0	0	4,000	1,100				21,389
23. Food Service	1,853					500	200				2,553
24. Other											
a. Professional Fees/Contractual	565,433	2,827,226	634,686				109,222				4,136,567
b. Insurance	4,824	4,650	200								9,674
c. Building Maintenance	2,127	2,400	100								4,627

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FORM C: TOTAL AGENCY BUDGET

Agency Name: Treasure Coast Health Council
 Program Name: AGENCY BUDGET

Fiscal Year 2009-2010

EXPENDITURES	Ryan White Part A	Ryan White Part B	HOPWA	PBC/BCC Tax Dollars	Other Federal	Other Local	Other State				TOTAL
d. Equipment Rental/ Maintenance	5,420	3,600	300				900				10,220
e. Specific Assistance to Individuals	0										0
f. Dues & Subscriptions	0					2,000					2,000
g. Training & Development	3,320	1,448				4,100					8,868
h. Awards & Grants											0
i. Sponsored Events											0
j. Payments to Off. Organizations											0
K. Litigation Cost						500					500
l. Miscellaneous	1,200	500									1,700
M. Members Fund	15,410										15,410
N. Audit	6,763	7,600	400								14,763
25. Sub-Total Other	604,497	2,847,424	635,686	0	0	6,600	110,122				4,204,329
26. Indirect Costs											0
27. Capital Expenses (Equipment)											0
28. Total Expenditures	1,036,177	3,284,361	682,296	0	0	53,000	203,512				5,259,346

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All Financial Information Rounded to Nearest Dollar