

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

AGENDA ITEM SUMMARY

Meeting Date: April 6, 2010

Consent

Regular

Ordinance

Public Hearing

Department

Submitted By: Community Services

Submitted For: Ryan White Part A

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve: Two (2) amendments to the Ryan White Part A HIV Health Support Services Contracts (Supplemental) for the period March 1, 2009, through February 28, 2010:

- A. Amendment No. 2 to contract (R2009-1153) with Comprehensive Community Care Network, Inc. (CCCN) to internally reallocate \$52,000 from Outpatient Primary Care to Oral Care, internally reallocate \$36,585 from Laboratory/Diagnostic Testing to Oral Care and decrease funding for Home Health Care by \$26,000 for a new total contract amount not to exceed \$158,594;
- B. Amendment No. 2 to contract (R2009-1262) with Treasure Coast Health Council, Inc. (TCHC) to increase funding for Specialty Outpatient Medical by \$23,000 and Outpatient Primary Medical by \$3,000 for a new total contract amount not to exceed \$344,332.

Summary: Ryan White HIV Health Support service dollars are reviewed throughout the contract year and reallocated to best meet the needs of affected clients. CCCN's Outpatient Primary Care and Laboratory/Diagnostic Testing budgets will be reduced by \$52,000 and \$36,585 respectively and reallocated internally Oral Care. Contract terms require that budget changes in excess of ten percent (10%) of the total contract amount be approved by the Board of County Commissioners. In addition, \$26,000 from CCCN will be reallocated to TCHC's Specialty Medical (\$23,000) and Primary Medical (\$3,000). These reallocations allowed additional clients to be served. No County funds are required. (Ryan White) Countywide (TKF).

Background and Justification: Under the new Part A Ryan White HIV/AIDS Treatment Extension Act of 2009, 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:  3/22/10
Department Director Date

Approved By:  _____
Assistant County Administrator Date

II. FISCAL ANALYSIS IMPACT

A. Five Year Summary of Fiscal Impact:

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

Is Item Included in Current Budget: Yes X No _____
 Budget Account No.: Fund 1010 Dept. 142 Unit. 1479 Obj. _____
 Program Code various

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

*There is no additional funding associated with this agenda item. Funding of \$26,000 is a reallocation of dollars interagency and between agencies.

Departmental Fiscal Review: Tauna Malhotra

III. REVIEW COMMENTS

3/22/10

A. OFMB Fiscal and/or Contract Administration Comments:

[Signature]
 3/25/10 OFMB
 3-25-10 VA
 3/25/10 DM
 3-23-10

[Signature] 3/29/10
 Contract Administration

B. Legal Sufficiency:

[Signature] 3/26/10
 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
(Supplemental)**

THIS AMENDMENT TO THE RYAN WHITE PART A HIV HEALTH SUPPORT SERVICES CONTRACT (Document No. R2009-1153, dated July 21, 2009) made and entered into at West Palm Beach Florida, on this ___ day of ___, 2010 by and between PALM BEACH COUNTY, a political subdivision of the State of Florida hereinafter referred to as "COUNTY" and Comprehensive Community Care Network, Inc. hereinafter referred to as the AGENCY, a not-for-profit corporation, entitled to do business in the State of Florida, whose address is 2330 South Congress Avenue, Palm Springs, FL 33406.

WITNESSETH:

WHEREAS, the need exists to amend the contract to increase funding for Oral Health Care and decrease funding for Outpatient Primary Medical, Laboratory/Diagnostic Testing and Home Health Care.

NOW THEREFORE, the above named parties hereby mutually agree that the Contract entered into on July 21, 2009 is hereby amended as follows:

I. A new Work Plan Exhibit "A1" attached hereto shall replace the original Work Plan Exhibit "A" in its entirety for Oral Health Care. A new Work Plan Exhibit "A2" attached hereto shall replace Work Plan Exhibit "A1" in its entirety for Outpatient Primary Care. A new Work Plan Exhibit "A1" attached hereto shall replace the original Work Plan "A" in its entirety for Laboratory/Diagnostic Testing. A new Work Plan Exhibit "A2" attached hereto shall replace the original Work Plan Exhibit "A1" in its entirety for Home Health Care.

II. New Budgets Exhibit "B1" attached hereto showing the new total budget for funding for Oral Health Care shall replace the original new Budgets Exhibit "B" in its entirety. New Budgets Exhibit "B2" attached hereto showing the new total budget for funding for Outpatient Primary Care shall replace Budgets Exhibit "B1" in its entirety. New Budgets Exhibit "B1" attached hereto showing the new total budget for funding for Laboratory/Diagnostic Testing shall replace the original new Budgets Exhibit "B" in its entirety. New Budgets Exhibit "B2" attached hereto showing the new total budget for funding for Home Health Care shall replace Budgets Exhibit "B1" in its entirety.

III. Increase funding for Oral Health Care by \$88,585 for a new total of \$89,585. Decrease funding for Outpatient Primary Care by \$52,000 for a new total of \$8,895. Decrease funding for Laboratory/Diagnostic Testing by \$36,585 for a new total of \$22,484. Decrease funding for Home Health Care by \$26,000 for a new total of \$29,624.

IV. Total contract not to exceed amount will be \$158,594.

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.

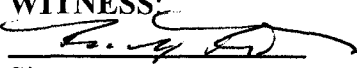
ATTEST:
Sharon R. Bock
Clerk and Comptroller

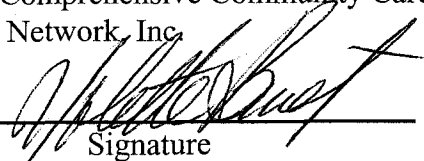
PALM BEACH COUNTY, FLORIDA,
BY ITS BOARD OF COUNTY
COMMISSIONERS

By: _____
Deputy Clerk

By: _____
Burt Aaronson, Chair

Date

WITNESS:

Signature

Comprehensive Community Care
Network, Inc.
By: 
Signature
Yolette Bonnet
Chief Executive Officer


Robbin J. Rodriguez
Witness Name

2/25/10
Date

**APPROVED AS TO FORM AND
LEGAL SUFFICIENCY**

County Attorney

**APPROVED AS TO TERMS
AND CONDITIONS**


Channell Wilkins, Director
Community Services

**PART A
WORKPLAN**

APPLICANT: CCCnet

SERVICE: Oral Health Care-SUPPLEMENTAL

AREA TO BE SERVED: 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>1. A unit of service is a visit. As CCCnet has just opened its Health Center the actual unit cost can not be determined and varies per provider at the center. We have estimated that we will be able to provide services to an unlimited number of clients upon opening the dental facility. CCCnet is seeking additional funds to equip our dental operatories.</p> <p>2. Upon opening our dental department HIV+ men and women will have access to oral health care following standards of oral health for persons with HIV and Medicaid.</p> <p>cost= actual cost + 10% handling fee</p> | <p>1. Upon contract agreement, CCCnet will equip and eventually provide oral health care services to eligible clients.</p> <p>2. Patients will receive dental xray, hygienist for cleaning visit and dentist visit to develop treatment plan as needed at minimum. Patients will be scheduled for biannual visits.</p> | <p>3/1/2009</p> | <p>2/28/10*</p> | <p>Ryan White HIV+ oral health care providers in Palm Beach County report their services by client URN, thus duplication of services is easily identifiable.</p> <p>All referrals for oral health care will be coordinated through nurse care coordinator.</p> |

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*or Date of Depletion of Funds, whichever comes first

BUDGET NARRATIVE SUMMARY

PROPOSED SERVICE: ORAL HEALTH CARE

AGENCY NAME: CCCnet

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 | - | 81,441 | 81,441 | |
| E. Supplies | - | - | - | |
| F. Contractual | - | - | - | |
| G. Other | 8,144 | - | 8,144 | |
| Total | 8,144 | 81,441 | 89,585 | VARIES BY PROVIDER |

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*or Date of Depletion of Funds, whichever comes first

BUDGET NARRATIVE

Service: ORAL HEALTH CARE

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 | 8,144 | 81,441 | 89,585 |
| 2. Foundations | | | - |
| 3. Other Grants | - | - | - |
| 4. Fund Raising | | | - |
| 5. Contributions/Legacies/Bequests | | | - |
| 6. Membership dues | | | - |
| 7. Program Service Fees and Sales to the Public | | | - |
| 8. Investment Income | | | - |
| 9. In Kind | | | - |
| 10. Miscellaneous Revenue | | | - |
| 11. Total Revenue | 8,144 | 81,441 | 89,585 |

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BUDGET NARRATIVE

Service: ORAL HEALTH CARE

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 \$7000 x RATE x FTE | | | |
| c. Workers' Compensation | | | |
| d. Health Plan \$RATE x 12 x FTE | | | |
| e. Retirement | | | |
| 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: ORAL HEALTH CARE

Agency: CCCnet

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

| Expenditures | Administration Amount | Program Amount | Total Service Costs |
|---|-----------------------|----------------|---------------------|
| 18. Equipment (1 Complete Dental Operatory) | | 81,441 | 81,441 |
| 19. Supplies | | | |
| a. Office Supplies | | | |
| b. Program Supplies | | | |
| 20. Sub-Total Supplies | | | |
| 21. Contractual: Dentist and Hygienist 2 days a week @ \$50 to \$100 per hour | | | |
| a. Communications/Utilities | | | |
| 1. Telephone | | | |
| 2. Postage & Shipping | | | |
| 3. Utilities (Power/Water/Gas | | | |
| Sub-Total Communications/Utilities | | | |

BUDGET NARRATIVE

Service: ORAL HEALTH CARE

Agency: CCCnet

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

| Expenditures | Administration Amount | Program Amount | Total Service Costs |
|---------------------------------------|-----------------------|----------------|---------------------|
| B. Food Service | | | |
| C. Rental | | | |
| 1. Building | | | |
| 2. Equipment | | | |
| Sub-Total Rental | | | |
| D. Repair & Maintenance | | | |
| 1. Building Maintenance | | | |
| 2. Equipment Maintenance | | | |
| Sub-Total Repair & Maintenance | | | |
| E. Specific Assistance to Individuals | | | |
| F. Dues & Membership | | | |

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BUDGET NARRATIVE

Service: ORAL HEALTH CARE

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. Insurance/general liability/professional/malpractice | | | |
| O. Administrative expense allowed at 10% | 8,144 | | 8,144 |
| 23. Sub-Total Other | 8,144 | | 8,144 |
| 24. Total Expenditures | 8,144 | 81,441 | 89,585 |
| 25. Total Cost per unit of Service (must match unit of service cost used in Workplan) | | | |
| Total Units | | | |

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All Financial Information Rounded to Nearest Dollar

SALARIES PER SERVICE

Service: ORAL HEALTH CARE
 Agency: CCCnet
 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 | | | | | | | | | | | |
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| Total Personnel (Line Item Budget Line A) | | | | | | | | | | | |

FTE Admin

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**PART A
WORKPLAN**

APPLICANT: CCCnet

SERVICE: Outpatient/Ambulatory Medical Care
(health services)-SUPPLEMENTAL

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 visit. As CCCnet has just opened its new Health Center the actual unit cost can not be determined and varies per provider at the center. We have estimated that we will provide services to about 38 clients.</p> <p>2. 6 HIV+ men, women and children will have access to comprehensive health care services at CCCnet to include Infectious Disease, nurse coordination of lab, xray, pharmacy.</p> <p>3. 6 HIV+ men, women, and children will receive referrals and linkages to supportive services as determined by the treatment plan.</p> <p>cost= actual cost plus 10% handling fee</p> | <p>Describe the sequential steps to be taken to accomplish the objective</p> <p>1. Upon contractual agreement, CCCnet will provide outpatient ambulatory medical care.</p> <p>2. Each patient will participate in an initial evaluation: medical and social hx, confirmation test, standard lab testing, treatment plan.</p> <p>3. 60% of patients will follow standard treatment regimen with on average of quarterly visits (4). 40% of patients requiring more extensive care to reach stabization of treatment will receive on average six</p> | <p>3/1/2009</p> | <p>2/28/2010*</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>Upon intake, the patient and medical team will assess appropriateness of match of of services, location and patient needs, location of previous treatment, etc, to determine the best location of service site. CCCnet will complete transfer of CCCnet meets with other providers for referral services, and uses the FACTORS system to prevent duplication of services and enhances overall approach.</p> |

* or Date of Depletion of Funds, whichever comes first

BUDGET NARRATIVE SUMMARY

PROPOSED SERVICE: Outpatient/Ambulatory Medical Care

AGENCY NAME: Comprehensive Community Care Network, Inc.

BUDGET PERIOD: from 3/1/2009 to 2/28/2010*

| Category | Administration | Program | Total | Cost per Unit |
|--------------------|----------------|---------|-------|--------------------|
| A. Personnel | - | 5,535 | 5,535 | |
| B. Fringe Benefits | - | 661 | 661 | |
| C. Travel | - | - | - | |
| D. Equipment | - | - | - | |
| E. Supplies | - | - | - | |
| F. Contractual | - | 1,891 | 1,891 | |
| G. Other | 809 | - | 809 | |
| Total | 809 | 8,087 | 8,895 | Varies by Provider |

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BUDGET NARRATIVE

Service: Outpatient/Ambulatory Medical Care
 Agency: CCCnet Budget Period: 3/1/2009 to 2/28/2010*

| REVENUES | Administration Amount | Program Amount | Total Service Costs |
|---|--------------------------|-------------------|------------------------|
| 1. Funds from Government Sources Ryan White Title I | 809 | 8,087 | 8,895 |
| 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 | 809 | 8,087 | 8,895 |

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BUDGET NARRATIVE

Service: Outpatient/Ambulatory Medical Care

Agency: CCCnet

Budget Period: 3/1/2009 to 2/28/2010*

| Expenditures | Administration Amount | Program Amount | Total Service Costs |
|--|-----------------------|----------------|---------------------|
| 12. Salaries (Must agree with Form C-1) | | 5,535 | 5,535 |
| 13. Employee Benefits | | | |
| a. FICA .0765 | - | 421 | 421 |
| b. FI Unemployment \$7,000 x .0195 x FTE | - | - | - |
| c. Workers' Compensation .02 | - | 94 | 94 |
| d. Health Plan \$582 x 1 per mo per FTE | - | 146 | 146 |
| e. Retirement .03 | - | - | - |
| 14. Sub-Total Employee Benefits | - | 661 | 661 |
| 15. Sub-Total Salaries & Benefits | - | 6,196 | 6,196 |
| 16. Travel | | | |
| a. Travel/Transportation | - | - | - |
| b. Conference/Registration/Travel | - | - | - |
| 17. Sub-Total Travel | | | |

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BUDGET NARRATIVE

Service: Outpatient/Ambulatory Medical Care

Agency: CCCnet

Budget Period: 3/1/2009 to 2/28/2010*

| Expenditures | Administration Amount | Program Amount | Total Service Costs |
|---|-----------------------|----------------|---------------------|
| 18. Equipment- 30% of practice management system as attached | - | | - |
| 19. Supplies | | | |
| a. Office Supplies | - | | - |
| b. Program Supplies- | | - | - |
| 20. Sub-Total Supplies | - | - | - |
| 21. Contractual- ID Physician and monthly practice management system fees | | 1,891 | 1,891 |
| 22. Other | | | |
| a. Communications/Utilities | | | |
| 1. Telephone | - | | - |
| 2. Postage & Shipping | - | | - |
| 3. Utilities (Power/Water/Gas | - | | - |
| Sub-Total Communications/Utilities | - | - | - |

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BUDGET NARRATIVE

Service: Outpatient/Ambulatory Medical Care

Agency: CCCnet

Budget Period: 3/1/2009 to 2/28/2010*

| Expenditures | Administration Amount | Program Amount | Total Service Costs |
|---------------------------------------|-----------------------|----------------|---------------------|
| B. Food Service | | | |
| C. Rental | | | |
| 1. Building | - | | |
| 2. Equipment | | | |
| Sub-Total Rental | | | |
| D. Repair & Maintenance | | | |
| 1. Building Maintenance | - | | |
| 2. Equipment Maintenance | - | | |
| Sub-Total Repair & Maintenance | | | |
| E. Specific Assistance to Individuals | | | |
| F. Dues & Membership | - | | |

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BUDGET NARRATIVE

Service: Outpatient/Ambulatory Medical Care

Agency: CCCnet

Budget Period: 3/1/2009 to 2/28/2010*

| Expenditures | Administration Amount | Program Amount | Total Service Costs |
|---|-----------------------|----------------|---------------------|
| G. Subscriptions | - | | - |
| H. Training & Development | - | | - |
| I. Printing | - | | - |
| J. Copy Cost | - | | - |
| K. Advertising/Recruitment/PR | - | | - |
| L. Audit Fees | - | | - |
| M. Office Furniture and Equipment (needed for office, exam, waiting, furniture, computer hardware/software, communication,) | - | | - |
| N. Insurance/General Liability/Malpractice \$500 per month | | - | - |
| N. Administrative expense allowed at 10% | 809 | | 809 |
| 23. Sub-Total Other | 809 | - | 809 |
| 24. Total Expenditures | 809 | 8,087 | 8,895 |
| 25a Total Cost per Unit of Service - (must match unit of service cost used in Workplan) | | | |
| | | | |
| | | | |
| | | | |

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SALARIES PER SERVICE

Service: Outpatient/Ambulatory Medical Care
 Agency: Comprehensive Community Care Network, Inc.
 Budget Period: 3/1/2009 to 2/28/2010*

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

** Requested amount = Total salary x percent funded

| (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 (5x6x7) | Percentage Charged | Admin | Program | Total |
| Positions/Salaries | | | | | | | | | | | |
| Center Manager | Prog | 85,000 | 3,269 | 20 | 8 | 40.87 | 6,538 | 25% | | 1,635 | 1,635 |
| Nurse Practioner | Prog | 78,000 | 3,000 | 20 | 8 | 37.50 | 6,000 | 40% | | 2,400 | 2,400 |
| Medical Assistant | Prog | 26,000 | 1,000 | 20 | 8 | 12.50 | 2,000 | 75% | | 1,500 | 1,500 |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Total Personnel (Line Item Budget Line A) | | 189,000 | 7,269 | | | | 14,538 | | | 5,535 | 5,535 |

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**PART A
WORKPLAN**

APPLICANT: CCCnet

SERVICE: Lab Diagnostic Testing-
SUPPLEMENTAL

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 lab test. The cost of tests vary according to type of test performed. CCCnet anticipates providing required lab tests to an unduplicated 30 clients. Labs will include standard lab testing to diagnose and monitor HIV and interrelated conditions associated with the medical care of persons</p> <p>2. 30 HIV+ men and women with HIV will have access to critical laboratory tests, as prescribed by the primary physician and following recommended treatment protocols at each medical visit.</p> | <p>1. Upon contractual agreement, CCCnet will provide lab tests for eligible HIV+ clients via its state licensed lab.</p> <p>2. CCCnet will determine patient eligibility for RW program funding and verify approved labs charged to account.</p> | 3/1/2009 | 2/28/10* | <p>Upon intake, the patient and medical team will assess appropriateness of match of services, location and patient needs, location of previous treatment, etc, to determine the best location of service site. CCCnet will complete transfer of medical records to CCCnet and notification of primary CCCnet meets with other providers for referral services, and uses the FACTORS system to prevent duplication of services and enhances overall approach.</p> |
| <p>cost= actual cost plus 10% handling fee.</p> | | | | |

*or Date of Depletion of Funds, whichever comes first

BUDGET NARRATIVE SUMMARY

PROPOSED SERVICE: LABORATORY DIAGNOSTIC TESTING

AGENCY NAME: Comprehensive Community Care Network

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 | - | - | - | |
| F. Contractual | - | 20,440 | 20,440 | |
| G. Other | 2,044 | - | 2,044 | |
| Total | 2,044 | 20,440 | 22,484 | Varies by test |

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*or Date of Depletion of Funds, whichever comes first

**Varies according to type of service

BUDGET NARRATIVE

Service: LABORATORY DIAGNOSTIC TESTING
 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 | 2,044 | 20,440 | 22,484 |
| 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 | 2,044 | 20,440 | 22,484 |

21

BUDGET NARRATIVE

Service: LABORATORY DIAGNOSTIC TESTING

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 \$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 | | | |

22

BUDGET NARRATIVE

Service: LABORATORY DIAGNOSTIC TESTING

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 | | | |
| 20. Sub-Total Supplies | | | |
| 21. Contractual | | 20,440 | 20,440 |
| 22. Other | | | |
| a. Communications/Utilities | | | |
| 1. Telephone | | | |
| 2. Postage & Shipping | | | |
| 3. Utilities (Power/Water/Gas) | | | |
| Sub-Total Communications/Utilities | | | |

23

BUDGET NARRATIVE

Service: LABORATORY DIAGNOSTIC TESTING

Agency: CCCnet

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

| Expenditures | Administration Amount | Program Amount | Total Service Costs |
|---------------------------------------|-----------------------|----------------|---------------------|
| B. Food Service | | | |
| C. Rental | | | |
| 1. Building | | | |
| 2. Equipment | | | |
| Sub-Total Rental | | | |
| D. Repair & Maintenance | | | |
| 1. Building Maintenance | | | |
| 2. Equipment Maintenance | | | |
| Sub-Total Repair & Maintenance | | | |
| E. Specific Assistance to Individuals | | | |
| F. Dues & Membership | | | |

24

BUDGET NARRATIVE

Service: LABORATORY DIAGNOSTIC TESTING

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% | 2,044 | | 2,044 |
| 23. Sub-Total Other | 2,044 | | 2,044 |
| 24. Total Expenditures | 2,044 | 20,440 | 22,484 |
| 25. Total Cost per client | | | |
| Total Clients | | | |

25

All Financial Information Rounded to Nearest Dollar

SALARIES PER SERVICE

Service: LABORATORY DIAGNOSTIC TESTING
 Agency: Comprehensive Community Care Network
 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 | | | | | | | | | | | |
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| Total Personnel (Line Item Budget Line A) | | | | | | | | | | | |

FTE Admin

26

PART A
WORKPLAN

APPLICANT: CCCnet

SERVICE: Home Health Care -
SUPPLEMENTAL

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 visit. A visit is an hour of home health care service. CCCnet estimates it can provide about 740 units of home health care to an unduplicated 16 clients.</p> <p>1a. Another unit of service is an item of durable medical equipment. Units vary in cost according to the type of equipment required by the client. CCCnet estimates they can provide durable medical equipment for up to 2 clients with these funds.</p> <p>2. 16 clients will be able to stay in the least restrictive environment due to the professional services they receive which will enable them to stay in their home.</p> <p>Cost=actual cost plus 10%</p> | <p>1. Upon contractual agreement, CCCnet will continue to provide home health care services for HIV+ clients.</p> <p>2. Services will be provided by a certified home health care professional according to state standards, the client's careplan, and upon referral from a case manager.</p> | <p>3/1/2009</p> | <p>2/28/10*</p> | <p>Home Health Care services are difficult to obtain from many home health care agencies because of the lack of para-professional staff to accommodate the need.</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> |

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* or Date of Depletion of Funds, whichever comes first

BUDGET NARRATIVE SUMMARY

PROPOSED SERVICE: HOME HEALTH CARE

AGENCY NAME: Comprehensive Community Care Network, Inc.

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

| Category | Administration | Program | Total | Cost Per Unit |
|--------------------|----------------|---------|--------|---------------------------|
| A. Personnel | - | - | - | |
| B. Fringe Benefits | - | - | - | |
| C. Travel | - | - | - | |
| D. Equipment | - | - | - | |
| E. Supplies | - | - | - | |
| F. Contractual | - | 26,930 | 26,930 | |
| G. Other | 2,694 | - | 2,694 | |
| Total | 2,694 | 26,930 | 29,624 | varies by type of service |

28

* or Date of Depletion of Funds, whichever comes first

BUDGET NARRATIVE

Service: HOME HEALTH CARE

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 | 2,694 | 26,930 | 29,624 |
| 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 | 2,694 | 26,930 | 29,624 |

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BUDGET NARRATIVE

Service: HOME HEALTH CARE

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 \$7000 x .0233 x FTE | | | |
| c. Workers' Compensation .084 | | | |
| d. Health Plan \$450 x 12 x FTE | | | |
| e. Retirement .05 | | | |
| 14. Sub-Total Employee Benefits | | | |
| 15. Sub-Total Salaries & Benefits | | | |
| 16. Travel | | | |
| a. Travel/Transportation | | | |
| b. Conference/Registration/Travel | | | |
| 17. Sub-Total Travel | | | |

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BUDGET NARRATIVE

Service: HOME HEALTH CARE

Agency: CCCnet

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

| Expenditures | Administration Amount | Program Amount | Total Service Costs |
|---|-----------------------|----------------|---------------------|
| 18. Equipment | | | |
| 19. Supplies | | | |
| a. Office Supplies | | | |
| b. Program Supplies (actual purchase) | | | |
| 20. Sub-Total Supplies | | | |
| 21. Contractual rates vary by HHC services ranging from \$7 to \$40 to \$60 per unit and actual durable medical items | | 26,930 | 26,930 |
| 22. Other | | | |
| a. Communications/Utilities | | | |
| 1. Telephone | | | |
| 2. Postage & Shipping | | | |
| 3. Utilities (Power/Water/Gas | | | |
| Sub-Total Communications/Utilities | | | |

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BUDGET NARRATIVE

Service: HOME HEALTH CARE

Agency: CCCnet

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

| Expenditures | Administration Amount | Program | 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 | | | |
| F. Dues & Membership | | | |

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BUDGET NARRATIVE

Service: HOME HEALTH CARE

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 : | | | |
| N. Administrative expense allowed at 10% | 2,694 | | 2,694 |
| 23. Sub-Total Other | 2,694 | | 2,694 |
| 24. Total Expenditures | 2,694 | 26,930 | 29,624 |
| 25. Total Cost per Unit of Service (must match unit of service cost used in Workplan) | 3.64 | 36.39 | 40.03 |
| Total Units | | | 740 |

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All Financial Information Rounded to Nearest Dollar

SALARIES PER SERVICE

Service: HOME HEALTH CARE
 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 | | | | | | | | | | | |
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| Total Personnel (Line Item Budget Line A) | | | - | | | | - | - | - | - | - |

FTE Admin
FTE Prog

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

revised 2/2010-sweeps

35

| 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 | 565,215 | 158,594 | 2,651,000 | | | | | 3,374,809 |
| 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 | 565,215 | 158,594 | 2,651,000 | | | | 1,510,500 | 4,885,309 |

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

revised 2/2010-sweeps

| 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 | 565,215 | 158,594 | 2,651,000 | | | | | 3,374,809 |
| 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 | 565,215 | 158,594 | 2,651,000 | | | | 1,510,500 | 4,885,309 |

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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 |
|--|----------------------|---------------------|---------|------------------------|--------------------|------------------|------------------|-----------|
| 12. Salaries | 57,029 | 6,177 | 159,029 | | | | 593,800 | 816,035 |
| 13. Employee Benefits | | | | | | | | |
| a. FICA@ .0765 | 4,362 | 470 | 12,166 | | | | 45,426 | 62,423 |
| b. FI Unemployment@.0195x7000xfte | 1,204 | 5 | 900 | | | | 1,673 | 3,782 |
| c. Workers' Comp | 979 | 107 | 3,181 | | | | 11,876 | 16,143 |
| d. Health Plan | 3,644 | 485 | 33,349 | | | | 135,918 | 173,396 |
| e. Retirement | | 165 | 4,771 | | | | 17,814 | 22,750 |
| 14. Sub-Total Employee Benefits | 10,189 | 1,232 | 54,366 | | | | 212,707 | 278,494 |
| 15. Sub-Total Salaries/Benefits | 67,218 | 7,409 | 213,395 | | | | 806,507 | 1,094,529 |
| 16. Travel | | | | | | | | |
| a. Travel/transportation | 93 | 50 | 10,680 | | | | 1,000 | 11,823 |
| b. Conferences/ Registration/Travel | | | 4,800 | | | | 5,000 | 9,800 |
| 17. Sub-Total Travel | 93 | 50 | 15,480 | | | | 6,000 | 21,623 |

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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 | | 75 | | | | | 4,000 | 4,075 |
| b. Program Supplies | 2,600 | 200 | 5,000 | | | | 26,000 | 33,800 |
| c. Computer Software | | | | | | | | |
| 20. Sub-Total Supplies | 2,600 | 275 | 5,000 | | | | 30,000 | 37,875 |
| 21. Contractual | 204,649 | 54,852 | | | | | 22,727 | 282,228 |
| 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 | 72,798 | | 2,243,695 | | | | | 2,316,493 |
| 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 | | 50 | | | | | 4,000 | 4,050 |
| J. Copy Cost | | | | | | | 4,000 | 4,000 |
| K. Advertising | | | | | | | | |
| L. Audit Fees | | | | | | | 6,500 | 6,500 |
| M. Office Furniture & Equipment | | 81,441 | | | | | | 81,441 |
| N. Insurance | 2,226 | 100 | | | | | 154,000 | 156,326 |
| 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 | 51,383 | 14,417 | 148,950 | | | | 87,543 | 302,293 |
| 25. Sub-Total Other | 290,655 | 96,008 | 2,417,125 | | | | 645,266 | 3,449,054 |
| 26. Sub-Total Expenditures | \$565,215 | \$158,594 | \$2,651,000 | | | | \$1,510,500 | \$4,885,309 |

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All Financial Information Rounded to Nearest Dollar

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

THIS AMENDMENT TO THE RYAN WHITE PART A HIV HEALTH SUPPORT SERVICES CONTRACT (Document No. R2009 -1262, dated August 18, 2009) made and entered into at West Palm Beach Florida, on this ___ day of ___, 2010 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 and Outpatient Primary Medical services.

NOW THEREFORE, the above named parties hereby mutually agree that the Contract entered into on August 18, 2009 is hereby amended as follows:

- I. A new Work Plan Exhibit "A2" attached hereto shall replace Work Plan Exhibit "A1" in its entirety for Specialty Outpatient Medical. A new Work Plan Exhibit "A1" attached hereto shall replace the original Work Plan Exhibit "A" in its entirety for Outpatient Primary Medical.

- II. New Budgets Exhibit "B2" attached hereto showing the new total budget for funding for Specialty Outpatient Medical shall replace the Budgets Exhibit "B1" in its entirety. New Budgets Exhibit "B1" attached hereto showing the new total budget for funding for Outpatient Primary Medical shall replace the original Budgets Exhibit "B" in its entirety.

- III. Increase funding for Specialty Outpatient Medical by \$23,000 for a new total of \$253,473. Increase funding for Outpatient Primary Medical by \$3,000 for a new total of \$24,789.

- IV. Total contract not to exceed amount will be \$344,332.

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: _____
Burt Aaronson, Chair

Date

WITNESS:

Patricia Davis

Signature

Treasure Coast Health Council, Inc.

By: _____
Signature
Robert Bythar
Interim Executive Director

Patricia Davis

Witness Name

2/24/2010

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 – Supplemental

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:</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 250 clients. A unit carries according to the type of service performed.</p> <p>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> |

M)

BUDGET NARRATIVE SUMMARY

Proposed Service: Specialty Outpatient Medical Care (SUPPLEMENTAL)

Agency Name: Treasure Coast Health Council

Budget Period March 1, 2009-February 28, 2010

| Category | Administration | Program | Total Amount | Cost Per Unit |
|--------------------|----------------|----------------|----------------|---------------|
| A. Personnel | 8,537 | 5,814 | 14351 | |
| B. Fringe Benefits | 3,699 | 3,465 | 7164 | |
| C. Travel | 0 | 0 | 0 | |
| D. Equipment | 0 | 0 | 0 | |
| E. Supplies | 0 | 0 | 0 | |
| F. Contractual | 2,300 | 228,508 | 230808 | |
| G. Other | 1,150 | 0 | 1150 | |
| Total | 15,686 | 237,787 | 253,473 | |

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BUDGET NARRATIVE

Exhibit "B2"
Section _____
Page 2 of 6

Service: Specialty Outpatient Medical Care (SUPPLEMENTAL)

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) | 15,686 | 237,787 | 253,473 |
| 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 | 15,686 | 237,787 | 253,473 |

S

BUDGET NARRATIVE

Exhibit "B2"

Section _____

Page 3 of 6

Service: Specialty Outpatient Medical Care (SUPPLEMENTAL)

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) | 8,537 | 5,814 | 14,351 |
| 13. <u>Employee Benefits</u> | | | |
| a. FICA | 660 | 445 | 1,105 |
| b. FI Unemployment | 300 | 265 | 565 |
| c. Workers' Compensation | 100 | 41 | 141 |
| d. Health Plan | 2,346 | 2,423 | 4,769 |
| e. Retirement | 293 | 291 | 584 |
| 14. Sub-Total Employee Benefits | 3,699 | 3,465 | 7,164 |
| 15. Sub-Total Salaries & Benefits | 12,236 | 9,279 | 21,515 |
| 16. <u>Travel</u> | | | |
| a. Travel/Transportation | 0 | 0 | 0 |
| b. Conferences/Registration/Travel | 0 | 0 | 0 |
| 17. Sub-Total Travel | 0 | 0 | 0 |

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BUDGET NARRATIVE

Exhibit "B2"

Section _____

Page 4 of 6

Service: Specialty Outpatient Medical Care (SUPPLEMENTAL)

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. <u>Supplies</u> | | | |
| a. Office Supplies | 0 | 0 | 0 |
| b. Program Supplies | 0 | 0 | 0 |
| 20. Sub-Total Supplies | 0 | 0 | 0 |
| 21. Contractual (Attach sheet showing details if more space needed) | 2,300 | 228,508 | 230,808 |
| 22. <u>Other</u> | | | |
| A. <u>Communications/Utilities</u> | | | |
| 1. Telephone Local line, fax, LD, Data | 0 | 0 | 0 |
| 2. Postage & Shipping | 0 | 0 | 0 |
| 3. Utilities (Power/Water/Gas) | 0 | 0 | 0 |
| Sub-Total Communications/Utilities | 0 | 0 | 0 |

BUDGET NARRATIVE

Exhibit "B2"

Section _____

Page 5 of 6

Service: Specialty Outpatient Medical Care (SUPPLEMENTAL)

Agency: Treasure Coast Health Council

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

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

BUDGET NARRATIVE

Exhibit "B2"

Section _____

Page 6 of 6

Service: Specialty Outpatient Medical Care (SUPPLEMENTAL)

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 | 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. Insurance | 1,150 | 0 | 1,150 |
| O. Miscellaneous | 0 | 0 | 0 |
| P Professional Services | 0 | 0 | 0 |
| 23. Sub-Total Other | 1,150 | 0 | 1,150 |
| 24. Total Expenditures | 15,686 | 237,787 | 253,473 |
| 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

WORK PLAN

Service: Primary Medical (Supplemental)

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 Outpatient Primary Medical</p> <p>1. Objectives:</p> <p>A.) A unit of service is a visit of primary medical care. TCHC will provide Outpatient Primary Medical services to an unduplicated 55 clients.</p> <p>B.) 55 HIV+ men, women, and children will a choice for the primary health care.</p> <p>C.) Clients will receive services as outlined by the protocol determined by the Palm Beach County HIV CARE Council.</p> <p>D.) Upon choice of medical provider, clients will receive care according to protocol of the federal guidelines as well as the Medical Standards of Care set forth by the Palm Beach County HIV CARE Council.</p> <p>Unit=\$100 per visit Visit=varies by service</p> <p>2. Impact Statement:</p> | <p>1) Upon contractual agreement, TCHC will sub contract with Florida State Board Certified physicians to provide primary medical care services.</p> <p>2) Clients will be informed of the Ryan White medical providers and linked/referred to the provider of their choice.</p> <p>3) Services to include but not limited to: medical history, physical exam, review systems, diagnostic services, medication management, and routine immunizations.</p> <p>4) Providers will follow, at a minimum, the federal guidelines for HIV+ medical protocol and the Medical Standards of Care.</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> |

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A. These funds provide clients an array of primary medical care providers to select from. The self selecting of primary care providers will lead to clients selecting and maintaining a HIV specific medical home for which they are comfortable and motivated to receive ongoing HIV related care.

| | | | | |
|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

BUDGET NARRATIVE SUMMARY

Proposed Service: Outpatient Primary Care (SUPPLEMENTAL)

Agency Name: Treasure Coast Health Council

Budget Period: March 2009-February 2010

| A. Personnel | 862 | 0 | 862 | |
|---------------------------|--------------|---------------|--------------|--|
| B. Fringe Benefits | 273 | 0 | 273 | |
| C. Travel | 0 | 0 | 0 | |
| D. Equipment | 0 | 0 | 0 | |
| E. Supplies | 0 | 225 | 225 | |
| F. Contractual | 0 | 22,000 | 22000 | |
| G. Other | 1,043 | 386 | 1429 | |
| Total | 2,178 | 22,611 | 24789 | |

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BUDGET NARRATIVE

Outpatient/Ambulatory Medical Care (SUPPLEMENTAL)

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) | 2,178 | 22,611 | 24,789 |
| 2. Foundations | | | 0 |
| 3. Other Grants | | | 0 |
| 4. Fund Raising | | | 0 |
| 5. Contributions/Legacies/Bequests | | | 0 |
| 6. Membership Dues | | | |
| 7. Program Service Fees and Sales to the Public | | | |
| 8. Investment Income | | | |
| 9. In Kind | | | |
| 10. Miscellaneous Revenue | | | |
| 11. Total Revenue | 2,178 | 22,611 | 24,789 |

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BUDGET NARRATIVE

Exhibit "B1"
Section _____
Page 3 of 6

Outpatient/Ambulatory Medical Care (SUPPLEMENTAL)

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) | 862 | 0 | 862 |
| 13. <u>Employee Benefits</u> | | | |
| a. FICA | 66 | 0 | 66 |
| b. FI Unemployment | 15 | 0 | 15 |
| c. Workers' Compensation | 5 | 0 | 5 |
| d. Health Plan | 143 | 0 | 143 |
| e. Retirement | 44 | 0 | 44 |
| 14. Sub-Total Employee Benefits | 273 | 0 | 273 |
| 15. Sub-Total Salaries & Benefits | 1,135 | 0 | 1,135 |
| 16. <u>Travel</u> | | | |
| a. Travel/Transportation | 0 | 0 | 0 |
| b. Conferences/Registration/Travel | 0 | 0 | 0 |
| 17. Sub-Total Travel | 0 | 0 | 0 |

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BUDGET NARRATIVE

Exhibit "BI"

Section _____

Page 4 of 6

Outpatient/Ambulatory Medical Care (SUPPLEMENTAL)

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 |
| 19. Supplies | | | |
| a. Office Supplies | 0 | 225 | 225 |
| b. Program Supplies | 0 | 0 | 0 |
| 20. Sub-Total Supplies | 0 | 225 | 225 |
| 21. Contractual (Attach sheet showing details if more space needed) | | 22,000 | 22,000 |
| 22. Other | | | |
| A. <u>Communications/Utilities</u> | | | |
| 1. Telephone Local line, fax, LD | 0 | 6 | 6 |
| 2. Postage & Shipping | 0 | 30 | 30 |
| 3. Utilities (Power/Water/Gas) | 0 | 0 | 0 |
| Sub-Total Communications/Utilities | 0 | 36 | 36 |

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BUDGET NARRATIVE

Exhibit "B"

Section _____

Page 5 of 6

Outpatient/Ambulatory Medical Care (SUPPLEMENTAL)

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 |
| <i>C. Rental</i> | | | |
| 1. Building | | | 0 |
| 2. Equipment | | 200 | 200 |
| Sub-Total Rental | 0 | 200 | 200 |
| <i>D. Repair & Maintenance</i> | | | |
| 1. Building Maintenance | | | 0 |
| 2. Equipment Maintenance | | | 0 |
| Sub-Total Repair & Maintenance | 0 | 0 | 0 |
| <i>E. Specific Assistance to Individuals</i> | | | 0 |
| <i>F. Dues & Membership</i> | | | 0 |

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BUDGET NARRATIVE

Exhibit "BII"

Section _____

Page 6 of 6

Outpatient/Ambulatory Medical Care (SUPPLEMENTAL)

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 |
| H. Training & Development | 0 | 0 | 0 |
| I. Printing Envelopes, business cards for staff | | | 0 |
| J. Copy Cost | | 150 | 150 |
| K. Advertising | | | 0 |
| L. Audit Fees | 1,043 | | 1,043 |
| M. Office Furniture and Equipment (Attach a sheet showing details) | | | 0 |
| N. Insurance | | | 0 |
| O. Miscellaneous | | | 0 |
| P. Professional Services | | | 0 |
| 23. Sub-Total Other | 1,043 | 386 | 1,429 |
| 24. Total Expenditures | 2,178 | 22,611 | 24,789 |
| 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

Exhibit "B1"

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 | 1,051,177 | 3,284,361 | 682,296 | 0 | 0 | 53,000 | 203,512 | | | | 5,274,346 |
| 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 | 1,051,177 | 3,284,361 | 682,296 | 0 | 0 | 53,000 | 203,512 | 0 | 0 | 0 | 5,274,346 |

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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 | 269,308 | 282,589 | 32,068 | 0 | 0 | 27,018 | 73,231 | | | | 684,214 |
| 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 | 22,287 | 23,526 | 11,198 | | | | 5,593 | | | | 62,604 |
| 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 | 34,066 | | | | | | | | | | 34,066 |
| Membership Support Liason | 14,592 | | | | | | | | | | 14,592 |
| 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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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 | 7,355 | 8,600 | 311 | | | 1,800 | 30 | | | | 18,096 |
| b. Postage & Shipping | 1,521 | 2,550 | 250 | | | 900 | 700 | | | | 5,921 |
| c. Utilities & Utility Asst. (Power/Water/Gas) | 4,365 | 4,000 | 350 | | | 180 | | | | | 8,895 |
| 20. Sub-Total | | | | | | | | | | | |
| Communications/Utilities | 13,241 | 15,150 | 911 | 0 | 0 | 2,880 | 730 | | | | 32,912 |
| 21. Printing & Supplies | | | | | | | | | | | |
| a. Office Supplies | 5,619 | 5,810 | 500 | | | | 200 | | | | 12,129 |
| b. Program Supplies | 0 | | | | | | | | | | 0 |
| c. Printing | 1,016 | 1,350 | 200 | | | 4,000 | 900 | | | | 7,466 |
| 22. Sub-Total Printing/ Supplies | | | | | | | | | | | |
| Supplies | 6,635 | 7,160 | 700 | 0 | 0 | 4,000 | 1,100 | | | | 19,595 |
| 23. Food Service | | | | | | | | | | | |
| Food Service | 1,853 | | | | | 500 | 200 | | | | 2,553 |
| 24. Other | | | | | | | | | | | |
| a. Professional Fees/Contractual | 597,977 | 2,827,226 | 634,686 | | | | 109,222 | | | | 4,169,111 |
| b. Insurance | 4,181 | 4,650 | 200 | | | | | | | | 9,031 |
| 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 | 5,705 | 3,600 | 300 | | | | 900 | | | | 10,505 |
| e. Specific Assistance to Individuals | 0 | | | | | | | | | | 0 |
| f. Dues & Subscriptions | 0 | | | | | 2,000 | | | | | 2,000 |
| g. Training & Development | 1,950 | 1,448 | | | | 4,100 | | | | | 7,498 |
| 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 | 635,313 | 2,847,424 | 635,686 | 0 | 0 | 6,600 | 110,122 | | | | 4,235,145 |
| 26. Indirect Costs | | | | | | | | | | | 0 |
| 27. Capital Expenses (Equipment) | 6,113 | | | | | | | | | | 6,113 |
| 28. Total Expenditures | 1,051,177 | 3,284,361 | 682,296 | 0 | 0 | 53,000 | 203,512 | | | | 5,274,346 |

All Financial Information Rounded to Nearest Dollar

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