



**II. FISCAL ANALYSIS IMPACT**

**A. Five Year Summary of Fiscal Impact:**

Fiscal Years	2011	2012	2013	2014	2015
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenue	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>- 0 -</u>	_____	_____	_____	_____
	* see below				
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____
Is Item Included in Current Budget: Yes _____ No _____					
Budget Account No.: Fund _____ Dept. _____ Unit: _____ Obj. _____					
Program Code _____					

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

\* There is no additional funding associated with this program. Funding of \$50,000 is a reallocation of dollars between the agencies.

Departmental Fiscal Review: Tauna Malhotra  
2/2/11

**III. REVIEW COMMENTS**

**A. OFMB Fiscal and/or Contract Administration Comments:**

N. Davis 2/8/11  
JB 2/8/11 OFMB-DA 2/7/11 2/12/11  
Dr. J. Jacoby 2/17/11  
Contract Administration  
E. Jones 2/18/11

**B. Legal Sufficiency:**

[Signature] 2/17/11  
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. R2010 – 0949, dated June 8, 2010) 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 AIDS Program, Inc. hereinafter referred to as the AGENCY, a not-for-profit corporation, entitled to do business in the State of Florida, whose address is 2330 S. Congress Avenue, Palm Springs, FL 33406.

**WITNESSETH:**

**WHEREAS**, the need exists to amend the contract to increase funding for Health Insurance Continuation.

**NOW THEREFORE**, the above named parties hereby mutually agree that the Contract entered into on June 8, 2010 is hereby amended as follows:

- I. New Work Plan Exhibit "A2" attached hereto showing the new work plan for Health Insurance Continuation shall replace the Work Plan Exhibit "A1" in its entirety.
- II. New Budgets Exhibit "B2" attached hereto showing the new total budget for funding for Health Insurance Continuation shall replace the original New Budgets Exhibit "B1" in its entirety.
- III. New Schedule C Exhibit "C2" attached hereto for Health Insurance Continuation shall replace "C1" in its entirety.
- IV. Increase funding for Health Insurance Continuation by \$7,000 for a new total of \$187,000.
- V. Total contract not to exceed amount will be \$1,445,000.

**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.

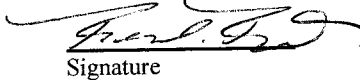
**ATTEST:**  
Sharon R. Bock  
Clerk and Comptroller

By: \_\_\_\_\_  
Deputy Clerk

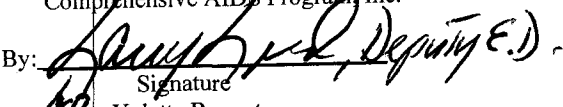
PALM BEACH COUNTY, FLORIDA,  
BY ITS BOARD OF COUNTY  
COMMISSIONERS

By:   
Robert Weisman  
County Administrator  
1/10/11  
Date

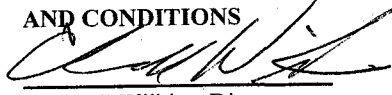
**WITNESS:**

  
Signature  
Rabbim J. Rodriguez  
Witness Name

Comprehensive AIDS Program, Inc.

By:   
Signature  
Yvette Bonnet  
Executive Director  
12/8/10  
Date

**APPROVED AS TO TERMS  
AND CONDITIONS**

  
Channell Wilkins, Director  
Community Services

**PART A  
WORKPLAN**

APPLICANT: Comprehensive AIDS Program

SERVICE: Health Insurance Premium & Cost  
Sharing Assistance

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 month of health insurance premiums, co-payments, and/or deductibles to an eligible client. CAP estimates it can provide 325 units of health insurance assistance to an unduplicated 30 HIV+ clients</p> <p>2. 30 HIV+ clients will be able to have continued health insurance coverage and/or financial assistance for medical deductibles, and co-payments.</p> <p>cost=actual cost plus 10% handling fee.</p>	<p>1. Upon contract agreement, CAP will continue to provide health insurance assistance.</p>	<p>3/1/2010</p>	<p>2/28/11*</p>	<p>CAP is the only AICP agency in Palm Beach County to supply this service.</p>

\*or Date of Deletion of Funds, whichever comes first

**BUDGET NARRATIVE SUMMARY**

PROPOSED SERVICE: HEALTH INSURANCE Continuation (Formula)

AGENCY NAME: Comprehensive AIDS Program

BUDGET PERIOD: from 3/1/2010 to 2/28/11\*

Category	Administration	Program	Total	** AVERAGE Cost Per Unit
A. Personnel				
B. Fringe Benefits				
C. Travel				
D. Equipment				
E. Supplies				
F. Contractual				
G. Other	17,000	170,000	187,000	
<b>Total</b>	17,000	170,000	187,000	Varies by premium

\*or Date of Deletion of Funds, whichever comes first

\*Varies according to type of service

**BUDGET NARRATIVE**

Exhibit "B2"

Exhibit "B2"

Service: HEALTH INSURANCE Continuation (Formula)

Page 2 of 6

Agency: Comprehensive AIDS Program

Budget Period: 3/1/2010

to

2/28/11\*

REVENUES	Administration Amount	Program Amount	Total Service Costs
1. Funds from Government Sources Ryan White Title I	17,000	170,000	187,000
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	17,000	170,000	187,000

**BUDGET NARRATIVE**

Service: HEALTH INSURANCE Continuation (Formula)

Agency: Comprehensive AIDS Program

Budget Period: 3/1/2010

to

2/28/11\*

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			



**BUDGET NARRATIVE**

**Service:** HEALTH INSURANCE Continuation (Formula)

**Agency:** Comprehensive AIDS Program

**Budget Period:** 3/1/2010

to

2/28/11\*

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

**BUDGET NARRATIVE**Service: HEALTH INSURANCE Continuation (Formula)

Exhibit "B2"

Page 5 of 6

Agency: Comprehensive AIDS ProgramBudget Period: 3/1/2010

to

2/28/11\*

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		170,000	170,000
F. Dues & Membership			

**BUDGET NARRATIVE**

**Service:** HEALTH INSURANCE Continuation (Formula)

**Agency:** Comprehensive AIDS Program

**Budget Period:** 3/1/2010 to 2/28/11\*

<b>Expenditures</b>	<b>Administration Amount</b>	<b>Program Amount</b>	<b>Total Service Costs</b>
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%	17,000		17,000
23. Sub-Total Other	17,000	170,000	187,000
24. Total Expenditures	17,000	170,000	187,000
25. Total Cost per Unit of Service (must match unit of service cost used in Workplan)	52.31	523.08	575.00
Total Units			325.0

**All Financial Information Rounded to Nearest Dollar**

**SALARIES PER SERVICE**

**Exhibit "B2"**

**Page 1 of 1**

Service: HEALTH INSURANCE Continuation (Formula)  
 Agency: Comprehensive AIDS Program  
 Budget Period: 3/1/2010 to 2/28/11\*

\*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

EXHIBIT "C2"

Ryan White Part A GY10 Contract Dates, Amounts, Time

Grant Year March 01, 2010 - February 28, 2011

Provider/Service	Contract Dates Begin	End	Total Amount	Service Amount	Total Contr. Days	Avg. Day Exp.	Total Months	Avg. Mo. Exp.
<b>Comprehensive AIDS Program</b>	<b>3/1/10</b>	<b>2/28/11</b>	<b>1,445,000.00</b>		<b>365</b>	<b>3,958.9041</b>	<b>12</b>	<b>120,416.67</b>
Medical Case Management				1,200,000.00		3,287.67		100,000.00
Treatment Adherence				35,000.00		95.89		2,916.67
Outpatient Primary Care				1,000.00		2.74		83.33
Laboratory Diagnostic Testing				1,000.00		2.74		83.33
Nurse Care Coordination				1,000.00		2.74		83.33
Non-Medical Case Management				20,000.00		54.79		1,666.67
Health Insurance Continuation				187,000.00		512.33		15,583.33

All Services	Month	Year	Days	Amount	Percentage	Cummulative
	March	2010	31	122,726.00	8.49%	122,726.00
	April	2010	30	118,767.00	8.22%	241,493.00
	May	2010	31	122,726.00	8.49%	364,219.00
	June	2010	30	118,767.00	8.22%	482,986.00
	July	2010	31	122,726.00	8.49%	605,712.00
	Aug	2010	31	122,726.00	8.49%	728,438.00
	Sept	2010	30	118,767.00	8.22%	847,205.00
	Oct	2010	31	122,726.00	8.49%	969,931.00
	Nov	2010	30	118,767.00	8.22%	1,088,698.00
	Dec	2010	31	122,726.00	8.49%	1,211,424.00
	Jan	2011	31	122,726.00	8.49%	1,334,150.00
	Feb	2011	28	110,850.00	7.69%	1,445,000.00
				<u>1,445,000.00</u>	<u>100.00%</u>	

Comprehensive AIDS Program

Medical Case Management	Month	Year	Days	Amount	Percentage	Cummulative
	March	2010	31	101,918.00	8.49%	101,918.00
	April	2010	30	98,630.00	8.22%	200,548.00
	May	2010	31	101,918.00	8.49%	302,466.00
	June	2010	30	98,630.00	8.22%	401,096.00
	July	2010	31	101,918.00	8.49%	503,014.00
	Aug	2010	31	101,918.00	8.49%	604,932.00
	Sept	2010	30	98,630.00	8.22%	703,562.00
	Oct	2010	31	101,918.00	8.49%	805,480.00
	Nov	2010	30	98,630.00	8.22%	904,110.00
	Dec	2010	31	101,918.00	8.49%	1,006,028.00
	Jan	2011	31	101,918.00	8.49%	1,107,946.00
	Feb	2011	28	92,054.00	7.67%	1,200,000.00
				<u>1,200,000.00</u>	<u>100.00%</u>	

## EXHIBIT "C2"

Ryan White Part A GY10 Contract Dates, Amounts, Time

Grant Year March 01, 2010 - February 28, 2011

## Comprehensive AIDS Program

Treatment Adherence	Month	Year	Days	Amount	Percentage	Cummulative
	March	2010	31	2,973.00	8.49%	2,973.00
	April	2010	30	2,877.00	8.22%	5,850.00
	May	2010	31	2,973.00	8.49%	8,823.00
	June	2010	30	2,877.00	8.22%	11,700.00
	July	2010	31	2,973.00	8.49%	14,673.00
	Aug	2010	31	2,973.00	8.49%	17,646.00
	Sept	2010	30	2,877.00	8.22%	20,523.00
	Oct	2010	31	2,973.00	8.49%	23,496.00
	Nov	2010	30	2,877.00	8.22%	26,373.00
	Dec	2010	31	2,973.00	8.49%	29,346.00
	Jan	2011	31	2,973.00	8.49%	32,319.00
	Feb	2011	28	2,681.00	7.69%	35,000.00
				35,000.00	100.00%	

## Comprehensive AIDS Program

Outpatient Primary Care	Month	Year	Days	Amount	Percentage	Cummulative
	March	2010	31	85.00	8.50%	85.00
	April	2010	30	82.00	8.20%	167.00
	May	2010	31	85.00	8.50%	252.00
	June	2010	30	82.00	8.20%	334.00
	July	2010	31	85.00	8.50%	419.00
	Aug	2010	31	85.00	8.50%	504.00
	Sept	2010	30	82.00	8.20%	586.00
	Oct	2010	31	85.00	8.50%	671.00
	Nov	2010	30	82.00	8.20%	753.00
	Dec	2010	31	85.00	8.50%	838.00
	Jan	2011	31	85.00	8.50%	923.00
	Feb	2011	28	77.00	7.70%	1,000.00
				1,000.00	100.00%	

## EXHIBIT "C2"

Ryan White Part A GY10 Contract Dates, Amounts, Time

Grant Year March 01, 2010 - February 28, 2011

## Comprehensive AIDS Program

Laboratory Diagnostic Testing	Month	Year	Days	Amount	Percentage	Cummulative
	March	2010	31	85.00	8.50%	85.00
	April	2010	30	82.00	8.20%	167.00
	May	2010	31	85.00	8.50%	252.00
	June	2010	30	82.00	8.20%	334.00
	July	2010	31	85.00	8.50%	419.00
	Aug	2010	31	85.00	8.48%	503.00
	Sept	2010	30	82.00	8.20%	585.00
	Oct	2010	31	85.00	8.50%	670.00
	Nov	2010	30	82.00	8.20%	752.00
	Dec	2010	31	85.00	8.50%	837.00
	Jan	2011	31	85.00	8.50%	922.00
	Feb	2011	28	77.00	7.72%	999.00
				1,000.00	100.00%	

## Comprehensive AIDS Program

Nurse Care Coordination	Month	Year	Days	Amount	Percentage	Cummulative
	March	2010	31	85.00	8.50%	85.00
	April	2010	30	82.00	8.20%	167.00
	May	2010	31	85.00	8.50%	252.00
	June	2010	30	82.00	8.20%	334.00
	July	2010	31	85.00	8.50%	419.00
	Aug	2010	31	85.00	8.50%	504.00
	Sept	2010	30	82.00	8.20%	586.00
	Oct	2010	31	85.00	8.50%	671.00
	Nov	2010	30	82.00	8.20%	753.00
	Dec	2010	31	85.00	8.50%	838.00
	Jan	2011	31	85.00	8.50%	923.00
	Feb	2011	28	77.00	7.70%	1,000.00
				1,000.00	100.00%	

## EXHIBIT "C2"

Ryan White Part A GY10 Contract Dates, Amounts, Time

Grant Year March 01, 2010 - February 28, 2011

## Comprehensive AIDS Program

Non-Medical Case Management	Month	Year	Days	Amount	Percentage	Cummulative
	March	2010	31	1,699.00	8.50%	1,699.00
	April	2010	30	1,644.00	8.22%	3,343.00
	May	2010	31	1,699.00	8.50%	5,042.00
	June	2010	30	1,644.00	8.22%	6,686.00
	July	2010	31	1,699.00	8.50%	8,385.00
	Aug	2010	31	1,699.00	8.50%	10,084.00
	Sept	2010	30	1,644.00	8.22%	11,728.00
	Oct	2010	31	1,699.00	8.50%	13,427.00
	Nov	2010	30	1,644.00	8.22%	15,071.00
	Dec	2010	31	1,699.00	8.50%	16,770.00
	Jan	2011	31	1,699.00	8.50%	18,469.00
	Feb	2011	28	1,531.00	7.62%	20,000.00
				20,000.00	100.00%	

## Comprehensive AIDS Program

Health Insurance Continuation	Month	Year	Days	Amount	Percentage	Cummulative
	March	2010	31	15,882.00	8.49%	15,882.00
	April	2010	30	15,370.00	8.22%	31,252.00
	May	2010	31	15,882.00	8.49%	47,134.00
	June	2010	30	15,370.00	8.22%	62,504.00
	July	2010	31	15,882.00	8.49%	78,386.00
	Aug	2010	31	15,882.00	8.49%	94,268.00
	Sept	2010	30	15,370.00	8.22%	109,638.00
	Oct	2010	31	15,882.00	8.49%	125,520.00
	Nov	2010	30	15,370.00	8.22%	140,890.00
	Dec	2010	31	15,882.00	8.49%	156,772.00
	Jan	2011	31	15,882.00	8.49%	172,654.00
	Feb	2011	28	14,346.00	7.69%	187,000.00
				187,000.00	100.00%	



**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. R2010 – 0950, dated June 8, 2010) 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 S. Congress Avenue, Palm Springs, FL 33406.

**WITNESSETH:**

**WHEREAS**, the need exists to amend the contract to increase funding for Primary Medical Care, Nurse Care Coordination, and Home Health Care.

**NOW THEREFORE**, the above named parties hereby mutually agree that the Contract entered into on June 8, 2010 is hereby amended as follows:

- I. New Work Plan Exhibit "A2" for Primary Medical Care and Nurse Care Coordination shall replace "A1" in its entirety, and New Work Plan Exhibit "A1" for Home Health Care shall replace "A" in its entirety.
- II. New Budgets Exhibit "B2" attached hereto showing the new total budget for funding for Primary Medical Care and Nurse Care Coordination shall replace the Budgets Exhibit "B1" in its entirety, and New Budgets Exhibit "B1" attached hereto showing the new total budget for funding for Home Health Care shall replace the Budgets Exhibit "B" in its entirety.
- III. New Schedule C Exhibit "C2" shall replace "C1" in its entirety.
- IV. Increase funding for Primary Medical Care by \$21,000 for a new total of \$136,000. Increase funding for Nurse Care Coordination by \$7,000 for a new total of \$46,000. Increase funding for Home Health Care by \$15,000 for a new total of \$110,000.
- V. Total contract not to exceed amount will be \$583,874.

**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.

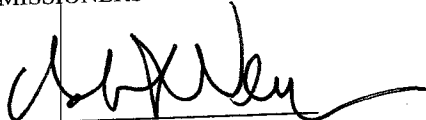
All provisions not in conflict with this Amendment are still in effect and are to be performed at the same level as specified in the Contract.

IN WITNESS WHEREOF, the parties hereto have caused this two (2) page Amendment to be executed by their officials thereupon duly authorized.

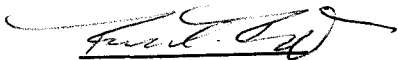
**ATTEST:**  
Sharon R. Bock  
Clerk and Comptroller

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

By: \_\_\_\_\_  
Deputy Clerk


By:   
Robert Weisman  
County Administrator  
1/10/11  
Date

**WITNESS:**

  
Signature

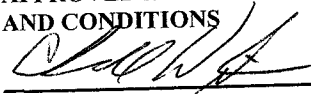
Robbin J. Rodriguez  
Witness Name

Comprehensive Community  
Care Network, Inc.

By:  Deputy E.O.  
Signature  
for Yvette Bonnet  
Chief Executive Officer

12/8/10  
Date

**APPROVED AS TO TERMS  
AND CONDITIONS**

  
Channell Wilkins, Director  
Community Services

**PART A  
WORKPLAN**

APPLICANT: CCCnet

SERVICE: Outpatient/Ambulatory Primary  
Medical Care (Formula)

AREA TO BE SERVED: PALM BEACH COUNTY

<u>OBJECTIVE(S)</u>	<u>ACTIVITIES</u>	<u>START DATE</u>	<u>END DATE</u>	<u>NON-DUPLICATING STATEMENT</u>
<p>1. Objective: Identify units of tangible services and # of unduplicated clients to be served. Define a Unit of Service</p> <p>2. Impact Statement: When the objective is accomplished, what impact will it have?</p>	<p>Describe the sequential steps to be taken to accomplish the objective</p>			<p>Indicate any other program in your agency or other agencies in the community which provides similar services. Explain how you will avoid duplication of services, or why additional units of services are needed.</p>
<p>1. A unit of service is 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 50 clients.</p> <p>2. 93 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. 93 HIV+ men, women, and children will receive referrals and linkages to supportive services as determined by the treatment plan.</p>	<p>1. Upon contractual agreement, CCCnet will continue to 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</p>	<p>3/1/2010</p>	<p>2/28/2011*</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>

cost= actual cost plus 10% handling fee

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

## BUDGET NARRATIVE SUMMARY

PROPOSED SERVICE: Outpatient/Ambulatory Primary Medical Care (Formula) Exhibit "B2"

AGENCY NAME: Comprehensive Community Care Network, Inc. Page 1 of 6

BUDGET PERIOD: from 3/1/2010 to 2/28/2011\*

Category	Administration	Program	Total	Cost per Unit
A. Personnel	-	91,694	91,694	
B. Fringe Benefits	-	14,242	14,242	
C. Travel	-	-	-	
D. Equipment	-	-	-	
E. Supplies	-	-	-	
F. Contractual	-	15,200	15,200	
G. Other	12,365	2,500	14,865	
<b>Total</b>	12,365	123,636	136,000	Varies by Provider

**BUDGET NARRATIVE**

Service: Outpatient/Ambulatory Primary Medical Care (Formula)

Agency: CCCnet

Budget Period: 3/1/2010

to

2/28/2011\*

<b>REVENUES</b>	<b>Administration Amount</b>	<b>Program Amount</b>	<b>Total Service Costs</b>
1. Funds from Government Sources Ryan White Title I	12,365	123,636	136,000
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	12,365	123,636	136,000

**BUDGET NARRATIVE**

**Service:** Outpatient/Ambulatory Primary Medical Care (Formula)

Exhibit "B2"

Page 3 of 6

**Agency:** CCCnet

**Budget Period:** 3/1/2010

to

2/28/2011\*

Expenditures	Administration Amount	Program Amount	Total Service Costs
12. Salaries (Must agree with Form C-1)		91,694	91,694
13. Employee Benefits			
a. FICA .0765	-	7,015	7,015
b. FI Unemployment $\$7,000 \times .0346 \times \text{FTE}$	-	399	399
c. Workers' Compensation .012	-	1,100	1,100
d. Health Plan \$645 per fte per month	-	5,727	5,727
e. Retirement .03	-		-
14. Sub-Total Employee Benefits	-	14,242	14,242
15. Sub-Total Salaries & Benefits	-	105,936	105,936
16. Travel			
a. Travel/Transportation	-		
b. Conference/Registration/Travel	-		
17. Sub-Total Travel			

**BUDGET NARRATIVE**

**Service:** Outpatient/Ambulatory Primary Medical Care (Formula)

Exhibit "B2"

Page 4 of 6

**Agency:** CCCnet

**Budget Period:** 3/1/2010

to

2/28/2011\*

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 @3040 per month x 5 mos		15,200	15,200
22. Other			
a. Communications/Utilities			
1. Telephone	-		-
2. Postage & Shipping	-		-
3. Utilities (Power/Water/Gas	-		-
Sub-Total Communications/Utilities	-	-	-

**BUDGET NARRATIVE**

**Service:** Outpatient/Ambulatory Primary Medical Care (Formula)

Exhibit "B2"

Page 5 of 6

**Agency:** CCCnet

**Budget Period:** 3/1/2010

to

2/28/2011\*

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			



**BUDGET NARRATIVE**

Service: Outpatient/Ambulatory Primary Medical Care (Formula)

Exhibit "B2"

Page 6 of 6

Agency: CCCnet

Budget Period: 3/1/2010

to

2/28/2011\*

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		2,500	2,500
N. Administrative expense allowed at 10%	12,365		12,365
23. Sub-Total Other	12,365	2,500	14,865
24. Total Expenditures	12,365	123,636	136,000
25a Total Cost per Unit of Service - (must match unit of service cost used in Workplan)			

**SALARIES PER SERVICE**

Service: Outpatient/Ambulatory Primary Medical Care (Formula)  
 Agency: Comprehensive Community Care Network, Inc.  
 Budget Period: 3/1/2010 to 2/28/2011\*

Exhibit "B2"  
Page 1 of 1

\*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											
Center Manager	Prog	85,000	3,269	247	8	40.87	80,750	25%		20,188	20,188
Nurse Practitioner	Prog	78,000	3,000	247	8	37.50	74,100	65%		48,165	48,165
Medical Assistant	Prog	32,760	1,260	247	8	15.75	31,122	75%		23,342	23,342
Total Personnel (Line Item Budget Line A)		195,760	7,529				185,972			91,694	91,694

**PART A  
WORKPLAN**

APPLICANT: CCCnet

SERVICE: Nurse Care Coordination - Formula

AREA TO  
BE  
SERVED:

PALM BEACH COUNTY

<u>OBJECTIVE(S)</u>	<u>ACTIVITIES</u>	<u>START DATE</u>	<u>END DATE</u>	<u>NON-DUPLICATING STATEMENT</u>
<p>1. Objective: Identify units of tangible services and # of unduplicated clients to be served. Define a Unit of Service</p> <p>2. Impact Statement: When the objective is accomplished, what impact will it have?</p>	<p>Describe the sequential steps to be taken to accomplish the objective</p>			<p>Indicate any other program in your agency or other agencies in the community which provides similar services. Explain how you will avoid duplication of services, or why additional units of services are needed.</p>
<p>1.. As CCCnet has just opened its Health Center the actual unit cost for nurse care coordination can not be reliably determined and varies per patient . We have estimated that we will provide services to approximately 93 RW eligible patients.</p> <p>2. 93 HIV+ men, women and children will have better health outcomes and a longer life as a result of receiving nurse care coordination services.</p>	<p>1. Upon contractual agreement, CCCnet will hire a nurse to provide services to eligible clients</p> <p>2. Upon contractual agreement, CCCnet will provide nurse care coordination services to eligible clients by completing patient intake assessment, scheduling, monitoring patient treatment plan compliance, and keeping patient engaged in health care.</p>	<p>3/1/2010</p>	<p>2/28/11*</p>	<p>CCCnet is the only HIV/AIDS agency in Palm Beach County that will provide nurse care coordination for HIV+ clients outside of the health department and private sector.</p> <p>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 + 10% handling fee</p>				

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

### BUDGET NARRATIVE SUMMARY

PROPOSED SERVICE: NURSE CARE COORDINATION (Formula)

Exhibit "B2"

AGENCY NAME: Comprehensive Community Care Network

Page 1 of 6

BUDGET PERIOD: from 3/1/2010 to 2/28/11\*

Category	Administration	Program	Total	Cost Per Unit
A. Personnel	-	16,893	16,893	
B. Fringe Benefits	-	4,062	4,062	
C. Travel	-	-	-	
D. Equipment	-	-	-	
E. Supplies	-	-	-	
F. Contractual	-	18,000	18,000	
G. Other	4,182	2,864	7,046	
<b>Total</b>	4,182	41,818	46,000	VARIES BY PROVIDER

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

**BUDGET NARRATIVE**

Exhibit "B2"

Page 2 of 6

Service: NURSE CARE COORDINATION (Formula)

Agency: CCCnet

Budget Period: 3/1/2010

to

2/28/11\*

<b>REVENUES</b>	<b>Administration Amount</b>	<b>Program Amount</b>	<b>Total Service Costs</b>
1. Funds from Government Sources Ryan White Title I	4,182	41,818	46,000
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	4,182	41,818	46,000

**BUDGET NARRATIVE**

**Service:** NURSE CARE COORDINATION (Formula)

Exhibit "B2"

Page 3 of 6

**Agency:** CCCnet

**Budget Period:** 3/1/2010

to

2/28/11\*

Expenditures	Administration Amount	Program Amount	Total Service Costs
12. Salaries (Must agree with Form C-1)		16,893	16,893
13. Employee Benefits			
a. FICA .0765		1,292	1,292
b. FI Unemployment		55	55
c. Workers' Compensation		203	203
d. Health Plan		2,512	2,512
e. Retirement			
14. Sub-Total Employee Benefits		4,062	4,062
15. Sub-Total Salaries & Benefits		20,954	20,954
16. Travel			
a. Travel/Transportation			
b. Conference/Registration/Travel			
17. Sub-Total Travel			

**BUDGET NARRATIVE**

**Service:** NURSE CARE COORDINATION (Formula)

Exhibit "B2"  
Page 4 of 6

**Agency:** CCCnet

**Budget Period:** 3/1/2010

to

2/28/11\*

Expenditures	Administration Amount	Program Amount	Total Service Costs
18. Equipment (Attach a page showing detail description)			
19. Supplies a. Office Supplies			
b. Program Supplies (actual purchase)			
20. Sub-Total Supplies			
21. Contractual <u>HCN - EHR DUES AND SUPPORT @\$6000 PER MONTH</u>		18,000	18,000
22. Other			
a. Communications/Utilities			
1. Telephone			
2. Postage & Shipping			
3. Utilities (Power/Water/Gas )			
Sub-Total Communications/Utilities			

**BUDGET NARRATIVE**

**Service:** NURSE CARE COORDINATION (Formula)

Exhibit "B2"  
Page 5 of 6

**Agency:** CCCnet

**Budget Period:** 3/1/2010

to

2/28/11\*

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 to Individuals			
F. Dues & Membership			



**BUDGET NARRATIVE**

**Service:** NURSE CARE COORDINATION (Formula)

Exhibit "B2"

Page 6 of 6

**Agency:** CCCnet

**Budget Period:** 3/1/2010

to

2/28/11\*

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		2,864	2,864
O. Administrative expense allowed at 10%	4,182		4,182
23. Sub-Total Other	4,182	2,864	7,046
24. Total Expenditures	4,182	41,818	46,000
25. Total Cost per Unit			
Total Units			

All Financial Information Rounded to Nearest Dollar

### SALARIES PER SERVICE

Service: NURSE CARE COORDINATION (Formula)  
 Agency: Comprehensive Community Care Network  
 Budget Period: 3/1/2010 to 2/28/11\*

Exhibit "B2"  
 Page 1 of 1

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

\*\* Requested amount = Total salary x percent funded

(1) PERSONNEL	Admin/ Prog	(3) Annual Salary	(4) Pay Per Period	(5) No. Of Days	(6) Hrs. Per Day	(7) Hourly Rate	(8) Total Salary (5x6x7)	(9) Percentage Charged	(10) Admin	(11) Program	(12) Total
Positions/Salaries											
Center Manager	Prog	85,000	3,269	217	8	40.87	70,942	5%		3,547	3,547
Nurse	Prog	78,000	3,000	217	8	37.50	65,100	10%		6,510	6,510
Medical Assistant	Prog	32,760	1,260	217	8	15.75	27,342	25%		6,836	6,836
Total Personnel (Line Item Budget Line A)		195,760	7,529				163,384			16,893	16,893
								FTE Prog	0.4000		

**PART A  
WORKPLAN**

APPLICANT: CCCnet      SERVICE: Home Health Care- FORMULA      AREA TO BE SERVED: PALM BEACH COUNTY

<u>OBJECTIVE(S)</u>	<u>ACTIVITIES</u>	<u>START DATE</u>	<u>END DATE</u>	<u>NON-DUPLICATING STATEMENT</u>
<p>1. Objective: Identify units of tangible services and # of unduplicated clients to be served. Define a Unit of Service</p> <p>2. Impact Statement: When the objective is accomplished, what impact will it have?</p>	<p>Describe the sequential steps to be taken to accomplish the objective</p>			<p>Indicate any other program in your agency or other agencies in the community which provides similar services. Explain how you will avoid duplication of services, or why additional units of services are needed.</p>
<p>1. A unit of service is a visit. A visit is an hour of home health care service. CCCnet estimates it can provide about 2750 units of home health care to an unduplicated 30 clients.</p>	<p>1. Upon contractual agreement, CCCnet will continue to provide home health care services for HIV+ clients.</p>	<p>3/1/2010</p>	<p>2/28/11*</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>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 4 clients with these funds.</p> <p>2. 30 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>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>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: HOME HEALTH CARE (Formula) Exhibit "B1"

AGENCY NAME: Comprehensive Community Care Network, Inc. Page 1 of 6

BUDGET PERIOD: from 3/1/2010 to 2/28/11\*

Category	Administration	Program	Total	Cost Per Unit
A. Personnel	-	-	-	
B. Fringe Benefits	-	-	-	
C. Travel	-	-	-	
D. Equipment	-	-	-	
E. Supplies	-	-	-	
F. Contractual	-	100,000	100,000	
G. Other	10,000	-	10,000	
<b>Total</b>	10,000	100,000	110,000	varies by type of service

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

**BUDGET NARRATIVE**

Exhibit "B1"

Page 2 of 6

Service: HOME HEALTH CARE (Formula)

Agency: CCCnet

Budget Period: 3/1/2010

to

2/28/11\*

<b>REVENUES</b>	<b>Administration Amount</b>	<b>Program Amount</b>	<b>Total Service Costs</b>
1. Funds from Government Sources Ryan White Title I	10,000	100,000	110,000
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	10,000	100,000	110,000

**BUDGET NARRATIVE**

Service: HOME HEALTH CARE (Formula)

Exhibit "B1"

Page 3 of 6

Agency: CCCnet

Budget Period: 3/1/2010

to

2/28/11\*

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			

**BUDGET NARRATIVE**

**Service:** HOME HEALTH CARE (Formula)

Exhibit "B1"

Page 4 of 6

**Agency:** CCCnet

**Budget Period:** 3/1/2010

to

2/28/11\*

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		100,000	100,000
22. Other			
a. Communications/Utilities			
1. Telephone			
2. Postage & Shipping			
3. Utilities (Power/Water/Gas)			
Sub-Total Communications/Utilities			

**BUDGET NARRATIVE**

Service: HOME HEALTH CARE (Formula)

Exhibit "B1"

Page 5 of 6

Agency: CCCnet

Budget Period: 3/1/2010

to

2/28/11\*

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			



**BUDGET NARRATIVE**

**Service:** HOME HEALTH CARE (Formula)

**Exhibit "B1"**

**Page 6 of 6**

**Agency:** CCCnet

**Budget Period:** 3/1/2010

to

2/28/11\*

<b>Expenditures</b>	<b>Administration Amount</b>	<b>Program Amount</b>	<b>Total Service Costs</b>
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%	10,000		10,000
23. Sub-Total Other	10,000		10,000
24. Total Expenditures	10,000	100,000	110,000
25. Total Cost per Unit of Service (must match unit of service cost used in Workplan)	4.21	42.11	46.32
Total Units			2,375

**All Financial Information Rounded to Nearest Dollar**

**SALARIES PER SERVICE**

Service: HOME HEALTH CARE (Formula)  
 Agency: Comprehensive Community Care Network, Inc.  
 Budget Period: 3/1/2010 to 2/28/11\*

Exhibit "B1"  
Page 1 of 1

\*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

**TOTAL AGENCY BUDGET**

**Comprehensive Community Care Network, Inc.**

Agency Budget for Fiscal Year 3/1/10 to 2/28/11

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	583,874	218,729	2,651,000					3,453,603
2. Foundations							25,000	25,000
3. Other Grants							100,000	100,000
4. Fund Raising								
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
<b>11. Total Revenues</b>	583,874	218,729	2,651,000				1,510,500	4,964,103
								4,964,103

All Financial Information Rounded to Nearest Dollar



**TOTAL AGENCY BUDGET**

**Comprehensive Community Care Network, Inc.**

Agency Budget for Fiscal Year 3/1/10 to 2/28/11

EXPENDITURES	RW PART A FORMULA	RW PART A SUPPLM	HOPWA	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
12. Salaries	118,470	3,114	159,029				593,800	874,413
13. Employee Benefits								
a. FICA@.0765	9,063	238	12,166				45,426	66,892
b. Fl Unemployment@.0364x7000xfte	445	55	900				1,673	3,073
c. Workers' Comp	1,471	37	3,181				11,876	16,565
d. Health Plan	8,403	192	33,349				135,918	177,862
e. Retirement			4,771				17,814	22,585
14. Sub-Total Employee Benefits	19,382	522	54,366				212,707	286,977
15. Sub-Total Salaries/Benefits	137,852	3,636	213,395				806,507	1,161,390
16. Travel								
a. Travel/transportation	25		10,680				1,000	11,705
b. Conferences/ Registration/Travel			4,800				5,000	9,800
17. Sub-Total Travel	25		15,480				6,000	21,505

All Financial Information Rounded to Nearest Dollar

**TOTAL AGENCY BUDGET**  
**Comprehensive Community Care Network, Inc.**  
**Agency Budget for Fiscal Year 3/1/10 to 2/28/11**

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							4,000	4,000
b. Program Supplies			5,000				26,000	31,000
c. Computer Software								
20. Sub-Total Supplies			5,000				30,000	35,000
21. Contractual	289,484	54,269					22,727	366,480
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
<b>Sub-Total Communications/Utilities</b>							43,000	43,000

All Financial Information Rounded to Nearest Dollar

**TOTAL AGENCY BUDGET**

**Comprehensive Community Care Network, Inc.**

Agency Budget for Fiscal Year 3/1/10 to 2/28/11

EXPENDITURES	RW PART A FORMULA	RW PART A SUPPLM	HOPWA	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
B. Food Service	67,273	99,075						166,348
C. Rental								
1. Building			24,480					24,480
2. Equipment							170,153	170,153
Sub-Total Rental			24,480				170,153	194,633
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	29,885	41,164	2,243,695					2,314,744
F. Dues & Membership							2,000	2,000
G. Subscriptions								

All Financial Information Rounded to Nearest Dollar

**TOTAL AGENCY BUDGET**  
**Comprehensive Community Care Network, Inc.**  
**Agency Budget for Fiscal Year 3/1/10 to 2/28/11**

EXPENDITURES	RW PART A FORMULA	RW PART A SUPPLM	HOPWA	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
H. Training & Development		700					2,000	2,700
I. Printing							4,000	4,000
J. Copy Cost							4,000	4,000
K. Advertising								
L. Audit Fees							6,500	6,500
M. Office Furniture & Equipment	909							909
N. Insurance	5,364						154,000	159,364
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	53,082	19,885	148,950				87,543	309,460
<b>25. Sub-Total Other</b>	<b>156,513</b>	<b>160,824</b>	<b>2,417,125</b>				<b>645,266</b>	<b>3,379,728</b>
<b>26. Sub-Total Expenditures</b>	<b>\$583,874</b>	<b>\$218,729</b>	<b>\$2,651,000</b>				<b>\$1,510,500</b>	<b>\$4,964,103</b>

All Financial Information Rounded to Nearest Dollar



## EXHIBIT "C2"

Ryan Ryan White Part A GY 10 Contract Dates, Amounts, Time

Grant Year March 01, 2010 - February 28, 2011

Provider/Service	Contract Dates		Total Amount	Service Amount	Total Contr. Days	Avg. Day Exp.	Total Months	Avg. Mo. Exp.
	Begin	End						
Comprehensive Community Care Network, Inc.	3/1/10	2/28/11	583,874.00		365	1,599.6548	12	48,656.17
Substance Abuse Counseling Residential				4,000		10.96		333.33
Food Bank/Home Del. Meals				74,000		202.74		6,166.67
Oral Health Care				1,000		2.74		83.33
Mental Health Therapy/Counseling				34,000		93.15		2,833.33
Medical Transportation				57,000		156.16		4,750.00
Home Health Care				110,000		301.37		9,166.67
Laboratory Diagnostic Testing				89,000		243.84		7,416.67
Outpatient Primary Care				136,000		372.60		11,333.33
Specialty Medical Out Patient				1,000		2.74		83.33
Nurse Care Coordination				46,000		126.03		3,833.33
Emergency Financial Assistance				31,874		87.33		2,656.17

All Services	Month	Year	Days	Amount	Percentage	Cummulative
	March	2010	31	49,589.00	8.49%	49,589.00
	April	2010	30	47,990.00	8.22%	97,579.00
	May	2010	31	49,589.00	8.49%	147,168.00
	June	2010	30	47,990.00	8.22%	195,158.00
	July	2010	31	49,589.00	8.49%	244,747.00
	Aug	2010	31	49,589.00	8.49%	294,336.00
	Sept	2010	30	47,990.00	8.22%	342,326.00
	Oct	2010	31	49,589.00	8.49%	391,915.00
	Nov	2010	30	47,990.00	8.22%	439,905.00
	Dec	2010	31	49,589.00	8.49%	489,494.00
	Jan	2011	31	49,589.00	8.49%	539,083.00
	Feb	2011	28	44,791.00	7.69%	583,874.00
				583,874.00	100.00%	

## EXHIBIT "C2"

Ryan Ryan White Part A GY 10 Contract Dates, Amounts, Time

Grant Year March 01, 2010 - February 28, 2011

## Comprehensive Community Care Network, Inc.

Substance Abuse Counseling Residential	Month	Year	Days	Amount	Percentage	Cummulative
	March	2010	31	340.00	8.50%	340.00
	April	2010	30	329.00	8.23%	669.00
	May	2010	31	340.00	8.50%	1,009.00
	June	2010	30	329.00	8.23%	1,338.00
	July	2010	31	340.00	8.50%	1,678.00
	Aug	2010	31	340.00	8.50%	2,018.00
	Sept	2010	30	329.00	8.23%	2,347.00
	Oct	2010	31	340.00	8.50%	2,687.00
	Nov	2010	30	329.00	8.23%	3,016.00
	Dec	2010	31	340.00	8.50%	3,356.00
	Jan	2011	31	340.00	8.50%	3,696.00
	Feb	2011	28	304.00	7.58%	4,000.00
				4,000.00	100.00%	

## Comprehensive Community Care Network, Inc.

Food Bank/Home Del. Meals	Month	Year	Days	Amount	Percentage	Cummulative
	March	2010	31	6,285.00	8.49%	6,285.00
	April	2010	30	6,082.00	8.22%	12,367.00
	May	2010	31	6,285.00	8.49%	18,652.00
	June	2010	30	6,082.00	8.22%	24,734.00
	July	2010	31	6,285.00	8.49%	31,019.00
	Aug	2010	31	6,285.00	8.49%	37,304.00
	Sept	2010	30	6,082.00	8.22%	43,386.00
	Oct	2010	31	6,285.00	8.49%	49,671.00
	Nov	2010	30	6,082.00	8.22%	55,753.00
	Dec	2010	31	6,285.00	8.49%	62,038.00
	Jan	2011	31	6,285.00	8.49%	68,323.00
	Feb	2011	28	5,680.00	7.68%	74,003.00
				74,000.00	100%	

## EXHIBIT "C2"

Ryan Ryan White Part A GY 10 Contract Dates, Amounts, Time

Grant Year March 01, 2010 - February 28, 2011

## Comprehensive Community Care Network, Inc.

Mental Health Therapy/Counseling	Month	Year	Days	Amount	Percentage	Cummulative
	March	2010	31	2,888.00	8.49%	2,888.00
	April	2010	30	2,795.00	8.22%	5,683.00
	May	2010	31	2,888.00	8.49%	8,571.00
	June	2010	30	2,795.00	8.22%	11,366.00
	July	2010	31	2,888.00	8.49%	14,254.00
	Aug	2010	31	2,888.00	8.49%	17,142.00
	Sept	2010	30	2,795.00	8.22%	19,937.00
	Oct	2010	31	2,888.00	8.49%	22,825.00
	Nov	2010	30	2,795.00	8.22%	25,620.00
	Dec	2010	31	2,888.00	8.49%	28,508.00
	Jan	2011	31	2,888.00	8.49%	31,396.00
	Feb	2011	28	2,604.00	7.69%	34,000.00
				34,000.00	100.00%	

## Comprehensive Community Care Network, Inc.

Medical Transportation	Month	Year	Days	Amount	Percentage	Cummulative
	March	2010	31	4,841.00	8.49%	4,841.00
	April	2010	30	4,685.00	8.22%	9,526.00
	May	2010	31	4,841.00	8.49%	14,367.00
	June	2010	30	4,685.00	8.22%	19,052.00
	July	2010	31	4,841.00	8.49%	23,893.00
	Aug	2010	31	4,841.00	8.49%	28,734.00
	Sept	2010	30	4,685.00	8.22%	33,419.00
	Oct	2010	31	4,841.00	8.49%	38,260.00
	Nov	2010	30	4,685.00	8.22%	42,945.00
	Dec	2010	31	4,841.00	8.49%	47,786.00
	Jan	2011	31	4,841.00	8.49%	52,627.00
	Feb	2011	28	4,373.00	7.69%	57,000.00
				57,000.00	100.00%	

## EXHIBIT "C2"

Ryan Ryan White Part A GY 10 Contract Dates, Amounts, Time

Grant Year March 01, 2010 - February 28, 2011

Comprehensive Community Care Network, Inc.

Home Health Care	Month	Year	Days	Amount	Percentage	Cummulative
	March	2010	31	9,342.00	8.49%	9,342.00
	April	2010	30	9,041.00	8.22%	18,383.00
	May	2010	31	9,342.00	8.49%	27,725.00
	June	2010	30	9,041.00	8.22%	36,766.00
	July	2010	31	9,342.00	8.49%	46,108.00
	Aug	2010	31	9,342.00	8.49%	55,450.00
	Sept	2010	30	9,041.00	8.22%	64,491.00
	Oct	2010	31	9,342.00	8.49%	73,833.00
	Nov	2010	30	9,041.00	8.22%	82,874.00
	Dec	2010	31	9,342.00	8.49%	92,216.00
	Jan	2011	31	9,342.00	8.49%	101,558.00
	Feb	2011	28	8,434.00	7.69%	109,992.00
				110,000.00	100.00%	

Comprehensive Community Care Network, Inc.

Laboratory Diagnostic Testing	Month	Year	Days	Amount	Percentage	Cummulative
	March	2010	31	7,559.00	8.49%	7,559.00
	April	2010	30	7,315.00	8.22%	14,874.00
	May	2010	31	7,559.00	8.49%	22,433.00
	June	2010	30	7,315.00	8.22%	29,748.00
	July	2010	31	7,559.00	8.49%	37,307.00
	Aug	2010	31	7,559.00	8.49%	44,866.00
	Sept	2010	30	7,315.00	8.22%	52,181.00
	Oct	2010	31	7,559.00	8.49%	59,740.00
	Nov	2010	30	7,315.00	8.22%	67,055.00
	Dec	2010	31	7,559.00	8.49%	74,614.00
	Jan	2011	31	7,559.00	8.49%	82,173.00
	Feb	2011	28	6,828.00	7.69%	89,001.00
				89,000.00	100.00%	

## EXHIBIT "C2"

Ryan Ryan White Part A GY 10 Contract Dates, Amounts, Time

Grant Year March 01, 2010 - February 28, 2011

Comprehensive Community Care Network, Inc.

Outpatient Primary Care	Month	Year	Days	Amount	Percentage	Cummulative
	March	2010	31	11,551.00	8.49%	11,551.00
	April	2010	30	11,178.00	8.22%	22,729.00
	May	2010	31	11,551.00	8.49%	34,280.00
	June	2010	30	11,178.00	8.22%	45,458.00
	July	2010	31	11,551.00	8.49%	57,009.00
	Aug	2010	31	11,551.00	8.49%	68,560.00
	Sept	2010	30	11,178.00	8.22%	79,738.00
	Oct	2010	31	11,551.00	8.49%	91,289.00
	Nov	2010	30	11,178.00	8.22%	102,467.00
	Dec	2010	31	11,551.00	8.49%	114,018.00
	Jan	2011	31	11,551.00	8.49%	125,569.00
	Feb	2011	28	10,431.00	7.69%	136,000.00
				136,000.00	100.00%	

Comprehensive Community Care Network, Inc.

Specialty Medical Out Patient	Month	Year	Days	Amount	Percentage	Cummulative
	March	2010	31	85.00	8.50%	85.00
	April	2010	30	82.00	8.20%	167.00
	May	2010	31	85.00	8.50%	252.00
	June	2010	30	82.00	8.20%	334.00
	July	2010	31	85.00	8.50%	419.00
	Aug	2010	31	85.00	8.50%	504.00
	Sept	2010	30	82.00	8.20%	586.00
	Oct	2010	31	85.00	8.50%	671.00
	Nov	2010	30	82.00	8.20%	753.00
	Dec	2010	31	85.00	8.50%	838.00
	Jan	2011	31	85.00	8.50%	923.00
	Feb	2011	28	78.00	7.80%	1,001.00
				1,000.00	100.00%	

## EXHIBIT "C2"

Ryan Ryan White Part A GY 10 Contract Dates, Amounts, Time

Grant Year March 01, 2010 - February 28, 2011

## Comprehensive Community Care Network, Inc.

Nurse Care Coordination	Month	Year	Days	Amount	Percentage	Cummulative
	March	2010	31	3,907.00	8.49%	3,907.00
	April	2010	30	3,781.00	8.22%	7,688.00
	May	2010	31	3,907.00	8.49%	11,595.00
	June	2010	30	3,781.00	8.22%	15,376.00
	July	2010	31	3,907.00	8.49%	19,283.00
	Aug	2010	31	3,907.00	8.49%	23,190.00
	Sept	2010	30	3,781.00	8.22%	26,971.00
	Oct	2010	31	3,907.00	8.49%	30,878.00
	Nov	2010	30	3,781.00	8.22%	34,659.00
	Dec	2010	31	3,907.00	8.49%	38,566.00
	Jan	2011	31	3,907.00	8.49%	42,473.00
	Feb	2011	28	3,527.00	7.68%	46,000.00
				46,000.00	99.99%	

## Comprehensive Community Care Network, Inc.

Emergency Financial Assistance	Month	Year	Days	Amount	Percentage	Cummulative
	March	2010	31	2,707.00	8.49%	2,707.00
	April	2010	30	2,620.00	8.22%	5,327.00
	May	2010	31	2,707.00	8.49%	8,034.00
	June	2010	30	2,620.00	8.22%	10,654.00
	July	2010	31	2,707.00	8.49%	13,361.00
	Aug	2010	31	2,707.00	8.49%	16,068.00
	Sept	2010	30	2,620.00	8.22%	18,688.00
	Oct	2010	31	2,707.00	8.49%	21,395.00
	Nov	2010	30	2,620.00	8.22%	24,015.00
	Dec	2010	31	2,707.00	8.49%	26,722.00
	Jan	2011	31	2,707.00	8.49%	29,429.00
	Feb	2011	28	2,445.00	7.69%	31,874.00
				31,874.00	100.00%	

EXHIBIT "C2"

Ryan Ryan White Part A GY 10 Contract Dates, Amounts, Time

Grant Year March 01, 2010 - February 28, 2011

Comprehensive Community Care Network, Inc.

Oral Health Care	Month	Year	Days	Amount	Percentage	Cummulative
	March	2010	31	85.00	8.50%	85.00
	April	2010	30	82.00	8.20%	167.00
	May	2010	31	85.00	8.50%	252.00
	June	2010	30	82.00	8.20%	334.00
	July	2010	31	85.00	8.50%	419.00
	Aug	2010	31	85.00	8.50%	504.00
	Sept	2010	30	82.00	8.20%	586.00
	Oct	2010	31	85.00	8.50%	671.00
	Nov	2010	30	82.00	8.20%	753.00
	Dec	2010	31	85.00	8.50%	838.00
	Jan	2011	31	85.00	8.50%	923.00
	Feb	2011	28	77.00	7.70%	1,000.00
				1,000.00	100.00%	