

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	- 0 ~ * see below	_____	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	_____	_____	_____	_____	_____
Is Item Included in Current Budget: Yes _____ No _____					
Budget Account No.: Fund _____ Dept. _____ Unit. _____ Obj. _____					
Program Code _____					

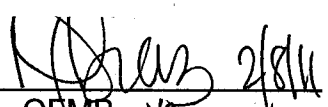

B. Recommended Sources of Funds/Summary of Fiscal Impact:

* There is no additional funding associated with this program. Funding of \$150,000 is a reallocation of dollars between the agencies.

Departmental Fiscal Review: Tauna Nalhotra
2/2/11

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Administration Comments:

 2/8/11
 OFMB VA 2/7/2011
 2/15/11
 Contract Administration
 E. Jones 2/17/11

B. Legal Sufficiency:

 2/18/11
 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
(Supplemental)**

THIS AMENDMENT TO THE RYAN WHITE PART A HIV HEALTH SUPPORT SERVICES CONTRACT (Document No. R2010 – 0994, dated June 29, 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 Health Care District of Palm Beach County hereinafter referred to as the AGENCY, a not-for-profit corporation, entitled to do business in the State of Florida, whose address is 324 Datura Street Suite 400, West Palm Beach, FL 33401.

WITNESSETH:

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

NOW THEREFORE, the above named parties hereby mutually agree that the Contract entered into on June 29, 2010 is hereby amended as follows:

- I. New Budgets Exhibit "B1" attached hereto showing the new total budget for funding for Local Drug Supplemental/ADAP Drug Program shall replace the original New Budgets Exhibit "B" in its entirety.
- II. Increase funding for Local Drug Supplemental/ADAP Drug Program by \$105,000 for a new total of \$227,200.
- III. Total contract not to exceed amount will be \$231,747.

OTHER PROVISIONS

All provisions in the Contract or exhibits to the Contract in conflict with this First Amendment to the Contract shall be and are hereby changed to conform to this amendment.

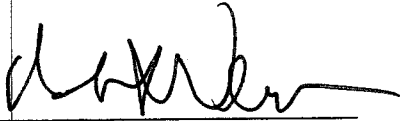
All provisions not in conflict with this Amendment are still in effect and are to be performed at the same level as specified in the Contract.

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

ATTEST:
Sharon R. Bock
Clerk and Comptroller

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

By: _____
Deputy Clerk


By: 
Robert Weisman
County Administrator

4/10/11
Date

WITNESS:

Barbara Carlson
Signature


Health Care District of Palm Beach
County

By: 
Signature
Dwight Chenette
Chief Executive Officer

Barbara Carlson
Witness Name

12/7/2010
Date

**APPROVED AS TO TERMS
AND CONDITIONS**


Channell Wilkins, Director
Community Services

WORK PLAN

DRUG REIMBURSEMENT – Local and ADAP (Supplemental)

APPLICANT: Health Care District of Palm Beach County

AREA TO BE SERVED Palm Beach County

OBJECTIVE(S)	ACTIVITIES	START DATE	END DATE	<u>NON-DUPLICATING STATEMENT</u>
<p>1. Objective: Identify units of tangible services and # of unduplicated clients to be served. Define a unit of service.</p> <p>2. Impact Statement: When the objective is accomplished what impact will it have?</p>	<p>Describe the sequential steps to be taken to accomplish the objective.</p>			<p>Indicate any other program in your agency or other agencies in the community, which provides similar services. Explain how you will avoid duplication of services, or why additional units of services are needed.</p>
<p>To provide FDA approved prescription drugs included on the "Palm Beach County Title I Prescription Drug Formulary", and approved by the Palm Beach County HIV CARE Council, to Ryan White eligible clients; and to provide ADAP drugs (Approved by the State of Florida AIDS Drug Assistance Program and included on the ADAP formulary) to Ryan White eligible patients who are not eligible for the Florida AIDS Drug Assistance Program.</p>	<p>1. Review patient eligibility for Ryan White Program pursuant to Palm Beach County HIV CARE Council adopted standards and eligibility criteria.</p> <p>2. Disseminate Ryan White Drug Assistance Formulary to all participating pharmacies and</p>	<p>3/1/2010</p> <p>3/1/2010</p>	<p>2/28/2011</p> <p>2/28/2011</p>	<p>There is no program in Palm Beach County that specifically addresses the HIV infection problems in the communities where hard-to-reach individuals and under-served populations are prevalent. Due to unique religious and cultural beliefs, language barriers, immigration status, and a basic mistrust of the traditional health care system, a special approach is required to reach this segment of the community.</p>

<p><u>Impact:</u> Improve patients' health status. i.e. Viral loads or CD4 counts and increase the life span of the client.</p> <p>Unit of Service = One month filled prescription. Unit cost = Actual cost of the drug plus a five dollar and fifty four (\$5.54) handling fee, per prescription. 6,805 units will be provided to Ryan White eligible clients.</p>	<p>physicians (known to HCDPBC) treating HIV/AIDS infected patients.</p> <p>3. Fill prescriptions for eligible Ryan White clients.</p> <p>4. Prepare monthly reports for DUR. Review and prepare a trend analysis of pharmaceutical usage. Review billing records.</p> <p>5. Prepare demographics, utilization, and other Community Service required reports</p>	<p>3/1/2010</p> <p>3/1/2010</p>	<p>2/28/2011</p> <p>2/28/2011</p>	
<p>A unit of service includes one filled drug prescription, including information regarding dosages and adherence.</p>	<p>6. Audit for Grant compliance</p>	<p>3/1/2010</p>	<p>2/28/2011</p>	

**BUDGET NARRATIVE SUMMARY
SUPPLEMENTAL**

Proposed Service: Drug Reimbursement - Local and ADAP

Agency Name: Health Care District of Palm Beach County

Budget Period March 1, 2010 - February 28, 2011

Category	Administration	Program	Total Amount	Cost Per Unit
A. Personnel	7,143	4,411	11,554	
B. Fringe Benefits	1,732	1,112	2,844	
C. Travel	0	0	0	
D. Equipment	0	0	0	
E. Supplies	2,445	203,623	206,068	
F. Contractual	6,734	0	6,734	
G. Other	0	0	0	
Total	18,053	209,146	227,200	

BUDGET NARRATIVE

Exhibit "B1"

Section _____

Page 2 of 6

Service: Drug Reimbursement - Local and ADAP SUPPLEMENTAL

Agency: Health Care District of Palm Beach County

Budget Period: March 1, 2010 - February 28, 2011

Revenues	Administration Amount	Program Amount	Total Services Cost
1. Funds from Government Sources (Specify Source of Funds)	18,053	209,146	227,200
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	18,053	209,146	227,200

BUDGET NARRATIVE

Exhibit "B1"

Section _____

Page 3 of 6

Service: Drug Reimbursement - Local and ADAP SUPPLEMENTAL

Agency: Health Care District of Palm Beach County

Budget Period: March 1, 2010 - February 28, 2011

Expenditures	Administration Amount	Program Amount	Total Services Cost
12. Salaries (Must agree with Form C-1)	7,143	4,411	11,554
13. <u>Employee Benefits</u>	546	337	883
a. FICA 7.65% of salary			
b. FI Unemployment 0.13% of salary	9	6	15
c. Workers' Compensation 1.17% of salary	84	52	134
d. Health Plan	21	56	77
e. Retirement 15% of salary	1,071	662	1,734
14. Sub-Total Employee Benefits	1,732	1,112	2,844
15. Sub-Total Salaries & Benefits	8,874	5,524	14,398
16. <u>Travel</u>			
a. Travel/Transportation			0
b. Conferences/Registration/Travel			0
17. Sub-Total Travel	0	0	0

BUDGET NARRATIVE

Exhibit "B1"

Section _____

Page 4 of 6

Service: Drug Reimbursement - Local and ADAP SUPPLEMENTAL

Agency: Health Care District of Palm Beach County

Budget Period: March 1, 2010 - February 28, 2011

Expenditures	Administration Amount	Program Amount	Total Services Cost
18. Equipment (Attach a page showing detail description)			0
19. <u>Supplies</u>			
a. Office Supplies	2,445		2,445
b. Program Supplies		203,623	203,623
20. Sub-Total Supplies	2,445	203,623	206,068
21. Contractual	6,734		6,734
22. <u>Other</u>			
A. <u>Communications/Utilities</u>			
1. Telephone Local line, fax, LD			0
2. Postage & Shipping			0
3. Utilities (Power/Water/Gas)			0
Sub-Total Communications/Utilities	0	0	0

BUDGET NARRATIVE

Exhibit "B1"

Section _____

Page 5 of 6

Service: Drug Reimbursement - Local and ADAP SUPPLEMENTAL

Agency: Health Care District of Palm Beach County

Budget Period: March 1, 2010 - February 28, 2011

Expenditures	Administration Amount	Program Amount	Total Services Cost
<i>B. Food Service</i>			0
<i>C. Rental</i>			
1. Building			0
2. Equipment			0
Sub-Total Rental	0	0	0
<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

BUDGET NARRATIVE

Exhibit "B1"

Section _____

Page 6 of 6

Service: Drug Reimbursement - Local and ADAP SUPPLEMENTAL

Agency: Health Care District of Palm Beach County

Budget Period: March 1, 2010 - February 28, 2011

Expenditures	Administration Amount	Program Amount	Total Services Cost
G. Subscriptions			0
H. Training & Development			0
I. Printing Envelopes, business cards for staff			0
J. Copy Cost			0
K. Advertising			0
L. Audit Fees			0
M. Office Furniture and Equipment (Attach a sheet showing details)			0
N. Miscellaneous			0
O. Professional Services			0
23. Sub-Total Other	0	0	0
24. Total Expenditures	18,053	209,146	227,200
25 Total Cost per Unit of Service (must match unit of service cost used in Workplan)	5.54	30.73	

All Financial Information Rounded to Nearest Dollar

SCHC-RW8.WK1

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

Agency: Health Care District of Palm Beach County _____

Agency Budget for Fiscal Year 03/01/2010 to 02/28/2011

REVENUES	Drug Reimburse	Nutritional Supplements							TOTAL
Funds from Govt. Sources	227,200	4,547							231,747
2. Foundations	-	-							0
3. Other Grants	-	-							0
4. Fund Raising	-	-							0
5. Contributions/Legacies/Bequests	-	-							0
6. Membership Dues	-	-							0
7. Program Srvc/Fees/Sales to Pu	-	-							0
8. Investment Income	-	-							0
9. In-Kind	-	-							0
10. Miscellaneous - Indirect Income	-	-							0
11. Total Revenue	\$ 227,200	\$ 4,547	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 231,747

TOTAL RYAN WHITE BUDGET

Agency: Health Care District of Palm Beach County _____

Agency Budget for Fiscal Year 03/01/2010 to 02/28/2011

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

TOTAL RYAN WHITE BUDGET

Agency: Health Care District of Palm Beach County _____

Agency Budget for Fiscal Year 03/01/2010 to 02/28/2011

EXPENDITURES	Drug Reimburse	Nutritional Supplements	-	-	-	-	-	-	TOTAL
H. Training & Development	-	-							-
I. Printing	-	-							-
J. Copy Cost	-	-							-
K. Advertising	-	-							-
L. Audit Fees	-	-							-
M. Office Furniture and Equipment	-	-							-
N. Insurance and Computer support	-	-							-
O. Professional Services	-	-							-
25. Sub-Total Other	-	-	-	-	-	-	-	-	-
28. Total Expenditures	\$ 227,200	\$ 4,547	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 231,747

All Financial Information Rounded to Nearest Dollar

EXHIBIT "C1"

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.
Palm Beach County Health Care District	3/1/10	2/28/11	231,747.00		365	634.9233	12	19,312.25
Nutritional Supplements				4,547.00		12.46		378.92
Drug Reimbursement - Local Supplemental				227,200.00		622.47		18,933.33

Palm Beach County Health Care District

All Services	Month	Year	Days	Amount	Percentage	Cummulative
	March	2010	31	19,683.00	8.49%	19,683.00
	April	2010	30	19,048.00	8.22%	38,731.00
	May	2010	31	19,683.00	8.49%	58,414.00
	June	2010	30	19,048.00	8.22%	77,462.00
	July	2010	31	19,683.00	8.49%	97,145.00
	Aug	2010	31	19,683.00	8.49%	116,828.00
	Sept	2010	30	19,048.00	8.22%	135,876.00
	Oct	2010	31	19,683.00	8.49%	155,559.00
	Nov	2010	30	19,048.00	8.22%	174,607.00
	Dec	2010	31	19,683.00	8.49%	194,290.00
	Jan	2011	31	19,683.00	8.49%	213,973.00
	Feb	2011	28	17,774.00	7.69%	231,747.00
				231,747.00	100.00%	

EXHIBIT "C1"

Ryan White Part A GY10 Contract Dates, Amounts, Time

Grant Year March 01, 2010 - February 28, 2011

Palm Beach County Health Care District

Nutritional Supplements	Month	Year	Days	Amount	Percentage	Cummulative
	March	2010	31	386.00	8.49%	386.00
	April	2010	30	374.00	8.23%	760.00
	May	2010	31	386.00	8.49%	1,146.00
	June	2010	30	374.00	8.23%	1,520.00
	July	2010	31	386.00	8.49%	1,906.00
	Aug	2010	31	386.00	8.49%	2,292.00
	Sept	2010	30	374.00	8.23%	2,666.00
	Oct	2010	31	386.00	8.49%	3,052.00
	Nov	2010	30	374.00	8.23%	3,426.00
	Dec	2010	31	386.00	8.49%	3,812.00
	Jan	2011	31	386.00	8.49%	4,198.00
	Feb	2011	28	349.00	7.65%	4,547.00
				4,547.00	100.00%	

Palm Beach County Health Care District

Drug Reimbursement - Local Supplemental	Month	Year	Days	Amount	Percentage	Cummulative
	March	2010	31	19,296.00	8.49%	19,296.00
	April	2010	30	18,674.00	8.22%	37,970.00
	May	2010	31	19,296.00	8.49%	57,266.00
	June	2010	30	18,674.00	8.22%	75,940.00
	July	2010	31	19,296.00	8.49%	95,236.00
	Aug	2010	31	19,296.00	8.49%	114,532.00
	Sept	2010	30	18,674.00	8.22%	133,206.00
	Oct	2010	31	19,296.00	8.49%	152,502.00
	Nov	2010	30	18,674.00	8.22%	171,176.00
	Dec	2010	31	19,296.00	8.49%	190,472.00
	Jan	2011	31	19,296.00	8.49%	209,768.00
	Feb	2011	28	17,432.00	7.69%	227,200.00
				227,200.00	100.00%	

**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. R2010 – 0987, dated June 29, 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 Medical Transportation and add funding for Nurse Care Coordination.

NOW THEREFORE, the above named parties hereby mutually agree that the Contract entered into on June 29, 2010 is hereby amended as follows:

- I. New Work Plan Exhibit "A1" for Medical Transportation shall replace "A" in its entirety.
- II. New Budgets Exhibit "B1" attached hereto showing the new total budget for funding for Medical Transportation shall replace the Budgets Exhibit "B" in its entirety.
- III. New Schedule C Exhibit "C1" for Medical Transportation shall replace "C" in its entirety.
- IV. Increase funding for Medical Transportation by \$36,000 for a new total of \$55,617.
- V. Add funding for Nurse Care Coordination in the amount of \$4,000 - Each unit is equal to "one continuous fifteen minute period", each unit will be reimbursed at the actual cost of the nurse care visit as evidenced by copies of paid receipts, copies of checks, invoices, or other documents acceptable to Palm Beach County plus a Nurse Care Coordination transaction handling fee of ten percent (10%), as set forth in Work Plan Exhibit A, Budget Exhibit B, and Schedule of Payments Exhibit C. The total reimbursable amount for Nurse Care Coordination not-to-exceed is \$4,000.
- VI. Total contract not to exceed amount will be \$218,729.

OTHER PROVISIONS

All provisions in the Contract or exhibits to the Contract in conflict with this First Amendment to the Contract shall be and are hereby changed to conform to this amendment.


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

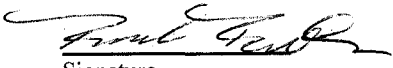
IN WITNESS WHEREOF, the parties hereto have caused this two (2) page Amendment to be executed by their officials thereupon duly authorized.

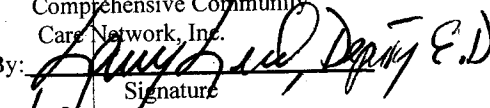
ATTEST:
Sharon R. Bock
Clerk and Comptroller


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

By: _____
Deputy Clerk

By: 
Robert Weisman
County Administrator
4/16/11
Date

WITNESS:

Signature
Robbin J. Rodriguez
Witness Name

Comprehensive Community
Care Network, Inc.
By:  Deputy E.O.
Signature
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: Nurse Care Coordination-
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.. 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>Cost = actual cost + 10% handling fee</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>

*or Date of Depletion of Funds, whichever comes first

BUDGET NARRATIVE SUMMARY

PROPOSED SERVICE: NURSE CARE COORDINATION (Supp.)

Exhibit "B"

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	-	3,114	3,114	
B. Fringe Benefits	-	522	522	
C. Travel	-	-	-	
D. Equipment	-	-	-	
E. Supplies	-	-	-	
F. Contractual	-	-	-	
G. Other	364	-	364	
Total	364	3,636	4,000	VARIES BY PROVIDER

*or Date of Depletion of Funds, whichever comes first

BUDGET NARRATIVE

Exhibit "B"

Page 2 of 6

Service: NURSE CARE COORDINATION (Supp.)

Agency: CCCnet

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	364	3,636	4,000
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	364	3,636	4,000

BUDGET NARRATIVE

Service: NURSE CARE COORDINATION (Supp.)

Exhibit "B"
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)		3,114	3,114
13. Employee Benefits			
a. FICA .0765		238	238
b. FI Unemployment		55	55
c. Workers' Compensation		37	37
d. Health Plan		192	192
e. Retirement			
14. Sub-Total Employee Benefits		522	522
15. Sub-Total Salaries & Benefits		3,636	3,636
16. Travel			
a. Travel/Transportation			
b. Conference/Registration/Travel			
17. Sub-Total Travel			

BUDGET NARRATIVE

Service: NURSE CARE COORDINATION (Supp.)

Exhibit "2"

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			
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 (Supp.)

Exhibit "B"
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 (Supp.)

Exhibit "B"

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/maipractice			
O. Administrative expense allowed at 10%	364		364
23. Sub-Total Other	364		364
24. Total Expenditures	364	3,636	4,000
25. Total Cost per Unit			
Total Units			

All Financial Information Rounded to Nearest Dollar

SALARIES PER SERVICE

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

Exhibit "B"

Page 1 of 1

*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	40	8	40.87	13,077	5%		654	654
Nurse	Prog	78,000	3,000	40	8	37.50	12,000	10%		1,200	1,200
Medical Assistant	Prog	32,760	1,260	40	8	15.75	5,040	25%		1,260	1,260
Total Personnel (Line Item Budget Line A)		195,760	7,529				30,117			3,114	3,114
							FTE Prog	0.4000			

**PART A
WORKPLAN**

APPLICANT: CCCnet		SERVICE: Medical Transportation (Supp.)		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 one way cab trip. A unit varies according to the distance/length and source of transportation for a trip utilizing cab vouchers. CCCnet estimates it can provide 737 one-way cab trips to an estimated 130 unduplicated clients.</p> <p>2. 130 HIV+ men, women, and children will have access to needed medical service appointments.</p> <p>cost= actual cost plus 10% handling fee.</p>	<p>1. Upon contractual agreement, CCCnet will continue to provide transportation services for HIV+ clients, as needed.</p> <p>2. HIV+ clients will receive transportation services, as needed, and according to the standards set by the CARE Council.</p>	3/1/2010	2/28/2011*	<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> <p>Case managers assess the clients' transportation needs and can provide cab vouchers on an "as needed" basis, and follow-up on services being properly delivered. Bus passes, vans, and medical transports are also procured and utilized as appropriate.</p>	

*or Date of Depletion of Funds, whichever comes first

BUDGET NARRATIVE SUMMARY

PROPOSED SERVICE:

MEDICAL TRANSPORTATION (Supplemental)

Exhibit "B1"

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	** AVERAGE Cost Per Unit
A. Personnel	-	-	-	
B. Fringe Benefits	-	-	-	
C. Travel	-	-	-	
D. Equipment	-	-	-	
E. Supplies	-	-	-	
F. Contractual	-	50,561	50,561	
G. Other	5,056	-	5,056	
Total	5,056	50,561	55,617	Varies by service

*or Date of Depletion of Funds, whichever comes first

BUDGET NARRATIVE

Exhibit "B1"

Page 2 of 6

Service: MEDICAL TRANSPORTATION (Supplemental)

Agency: CCCnet

Budget Period: 3/1/2010

to

2/28/2011*

REVENUES	Administration Amount	Program Amount	Total Service Costs
1. Funds from Government Sources Ryan White Title I	5,056	50,561	55,617
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	5,056	50,561	55,617

BUDGET NARRATIVE

Service: MEDICAL TRANSPORTATION (Supplemental)

Exhibit "B1"

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)			
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: MEDICAL TRANSPORTATION (Supplemental)

Exhibit "B1"

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 (Attach a page showing detail description)			
19. Supplies			
a. Office Supplies			
b. Program Supplies			
20. Sub-Total Supplies			
21. Contractual (various vouchers, bus passes, van's, medical transports)		50,561	50,561
22. Other			
a. Communications/Utilities			
1. Telephone			
2. Postage & Shipping			
3. Utilities (Power/Water/Gas)			
Sub-Total Communications/Utilities			

BUDGET NARRATIVE

Service: MEDICAL TRANSPORTATION (Supplemental)

Exhibit "B1"

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: MEDICAL TRANSPORTATION (Supplemental)

Exhibit "B1"

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			
L. Audit Fees			
M. Office Furniture and Equipment (Attach a sheet showing details)			
N. Administrative expense allowed at 10%	5,056		5,056
23. Sub-Total Other	5,056		5,056
24. Total Expenditures	5,056	50,561	55,617
25. Total Cost per unit of Service (must match unit of service cost used in Workplan)	6.86	68.60	75.46
Total Units			737

All Financial Information Rounded to Nearest Dollar

SALARIES PER SERVICE

MEDICAL TRANSPORTATION | MEDICAL TRANSPORTATION (Supplemental)
Agency: Comprehensive Community Care Network, Inc.
Budget Period: 3/1/2010 to 2/28/2011*

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

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								
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	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. FI 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
Sub-Total Communications/Utilities							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
25. Sub-Total Other	156,513	160,824	2,417,125				645,266	3,379,728
26. Sub-Total Expenditures	\$583,874	\$218,729	\$2,651,000				\$1,510,500	\$4,964,103

All Financial Information Rounded to Nearest Dollar

EXHIBIT "C1"

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	218,729.00		365	599.2575	12	18,227.42
Substance Abuse Counseling Residential				2,849		7.81		237.42
Food Bank/Home Del. Meals				108,983		298.58		9,081.92
Oral Health Care				0		0.00		0.00
Mental Health Therapy/Counseling				2,000		5.48		166.67
Transportation				55,617		152.38		4,634.75
Home Health Care				0		0.00		0.00
Laboratory Diagnostic Testing				0		0.00		0.00
Outpatient Primary Care				0		0.00		0.00
Specialty Medical Out Patient				3,127		8.57		260.58
Nurse Care Coordination				4,000		10.96		333.33
Emergency Financial Assistance				42,153		115.49		3,512.75

All Services	Month	Year	Days	Amount	Percentage	Cummulative
	March	2010	31	18,577.00	8.49%	18,577.00
	April	2010	30	17,978.00	8.22%	36,555.00
	May	2010	31	18,577.00	8.49%	55,132.00
	June	2010	30	17,978.00	8.22%	73,110.00
	July	2010	31	18,577.00	8.49%	91,687.00
	Aug	2010	31	18,577.00	8.49%	110,264.00
	Sept	2010	30	17,978.00	8.22%	128,242.00
	Oct	2010	31	18,577.00	8.49%	146,819.00
	Nov	2010	30	17,978.00	8.22%	164,797.00
	Dec	2010	31	18,577.00	8.49%	183,374.00
	Jan	2011	31	18,577.00	8.49%	201,951.00
	Feb	2011	28	16,778.00	7.69%	218,729.00
				218,729.00	100.00%	

EXHIBIT "C1"

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	242.00	8.49%	242.00
	April	2010	30	234.00	8.21%	476.00
	May	2010	31	242.00	8.49%	718.00
	June	2010	30	234.00	8.21%	952.00
	July	2010	31	242.00	8.49%	1,194.00
	Aug	2010	31	242.00	8.49%	1,436.00
	Sept	2010	30	234.00	8.21%	1,670.00
	Oct	2010	31	242.00	8.49%	1,912.00
	Nov	2010	30	234.00	8.21%	2,146.00
	Dec	2010	31	242.00	8.49%	2,388.00
	Jan	2011	31	242.00	8.49%	2,630.00
	Feb	2011	28	219.00	7.73%	2,849.00
				<u>2,849.00</u>	<u>100.00%</u>	

Comprehensive Community Care Network, Inc.

Food Bank/Home Del. Meals	Month	Year	Days	Amount	Percentage	Cummulative
	March	2010	31	9,256.00	8.49%	9,256.00
	April	2010	30	8,958.00	8.22%	18,214.00
	May	2010	31	9,256.00	8.49%	27,470.00
	June	2010	30	8,958.00	8.22%	36,428.00
	July	2010	31	9,256.00	8.49%	45,684.00
	Aug	2010	31	9,256.00	8.49%	54,940.00
	Sept	2010	30	8,958.00	8.22%	63,898.00
	Oct	2010	31	9,256.00	8.49%	73,154.00
	Nov	2010	30	8,958.00	8.22%	82,112.00
	Dec	2010	31	9,256.00	8.49%	91,368.00
	Jan	2011	31	9,256.00	8.49%	100,624.00
	Feb	2011	28	8,362.00	7.67%	108,986.00
				<u>108,983.00</u>	<u>100%</u>	

EXHIBIT "C1"

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	170.00	8.50%	170.00
	April	2010	30	164.00	8.20%	334.00
	May	2010	31	170.00	8.50%	504.00
	June	2010	30	164.00	8.20%	668.00
	July	2010	31	170.00	8.50%	838.00
	Aug	2010	31	170.00	8.50%	1,008.00
	Sept	2010	30	164.00	8.20%	1,172.00
	Oct	2010	31	170.00	8.50%	1,342.00
	Nov	2010	30	164.00	8.20%	1,506.00
	Dec	2010	31	170.00	8.50%	1,676.00
	Jan	2011	31	170.00	8.50%	1,846.00
	Feb	2011	28	154.00	7.70%	2,000.00
				2,000.00	100.00%	

Comprehensive Community Care Network, Inc.

Transportation	Month	Year	Days	Amount	Percentage	Cummulative
	March	2010	31	4,724.00	8.49%	4,724.00
	April	2010	30	4,571.00	8.22%	9,295.00
	May	2010	31	4,724.00	8.49%	14,019.00
	June	2010	30	4,571.00	8.22%	18,590.00
	July	2010	31	4,724.00	8.49%	23,314.00
	Aug	2010	31	4,724.00	8.49%	28,038.00
	Sept	2010	30	4,571.00	8.22%	32,609.00
	Oct	2010	31	4,724.00	8.49%	37,333.00
	Nov	2010	30	4,571.00	8.22%	41,904.00
	Dec	2010	31	4,724.00	8.49%	46,628.00
	Jan	2011	31	4,724.00	8.49%	51,352.00
	Feb	2011	28	4,265.00	7.69%	55,617.00
				55,617.00	100.00%	

EXHIBIT "C1"

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

Grant Year March 01, 2010 - February 28, 2011

Comprehensive Community Care Network, Inc.

Specialty Medical Out Patient	Month	Year	Days	Amount	Percentage	Cummulative
	March	2010	31	266.00	8.51%	266.00
	April	2010	30	257.00	8.22%	523.00
	May	2010	31	266.00	8.51%	789.00
	June	2010	30	257.00	8.22%	1,046.00
	July	2010	31	266.00	8.51%	1,312.00
	Aug	2010	31	266.00	8.51%	1,578.00
	Sept	2010	30	257.00	8.22%	1,835.00
	Oct	2010	31	266.00	8.51%	2,101.00
	Nov	2010	30	257.00	8.22%	2,358.00
	Dec	2010	31	266.00	8.51%	2,624.00
	Jan	2011	31	266.00	8.51%	2,890.00
	Feb	2011	28	238.00	7.65%	3,128.00
				3,127.00	100.00%	

Comprehensive Community Care Network, Inc.

Nurse Care Coordination	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	342.00	8.55%	2,020.00
	Sept	2010	30	329.00	8.23%	2,349.00
	Oct	2010	31	340.00	8.50%	2,689.00
	Nov	2010	30	329.00	8.23%	3,018.00
	Dec	2010	31	340.00	8.50%	3,358.00
	Jan	2011	31	340.00	8.50%	3,698.00
	Feb	2011	28	307.00	7.53%	4,005.00
				4,000.00	100.00%	

EXHIBIT "C1"

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

Grant Year March 01, 2010 - February 28, 2011

Comprehensive Community Care Network, Inc.

Emergency Financial Assistance	Month	Year	Days	Amount	Percentage	Cummulative
	March	2010	31	3,580.00	8.49%	3,580.00
	April	2010	30	3,465.00	8.22%	7,045.00
	May	2010	31	3,580.00	8.49%	10,625.00
	June	2010	30	3,465.00	8.22%	14,090.00
	July	2010	31	3,580.00	8.49%	17,670.00
	Aug	2010	31	3,580.00	8.47%	21,250.00
	Sept	2010	30	3,465.00	8.22%	24,715.00
	Oct	2010	31	3,580.00	8.49%	28,295.00
	Nov	2010	30	3,465.00	8.22%	31,760.00
	Dec	2010	31	3,580.00	8.49%	35,340.00
	Jan	2011	31	3,580.00	8.49%	38,920.00
	Feb	2011	28	3,233.00	7.71%	42,153.00
				42,153.00	100.00%	

**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. R2010 - 0985, dated June 29, 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 Compass, Inc. hereinafter referred to as the AGENCY, a not-for-profit corporation, entitled to do business in the State of Florida, whose address is 201 North Dixie Highway, Lake Worth, Florida 33460.

WITNESSETH:

WHEREAS, the need exists to amend the contract to increase funding for Medical Transportation.

NOW THEREFORE, the above named parties hereby mutually agree that the Contract entered into on June 29, 2010 is hereby amended as follows:

- I. New Work Plan Exhibit "A1" for Medical Transportation shall replace "A" in its entirety.
- II. New Budgets Exhibit "B1" attached hereto showing the new total budget for funding for Medical Transportation shall replace the Budgets Exhibit "B" in its entirety.
- III. New Schedule C Exhibit "C1" for Medical Transportation shall replace "C" in its entirety.
- IV. Increase funding for Medical Transportation by \$5,000 for a new total of \$7,665.
- V. Total contract not to exceed amount will be \$102,029.

OTHER PROVISIONS

All provisions in the Contract or exhibits to the Contract in conflict with this First Amendment to the Contract shall be and are hereby changed to conform to this amendment.

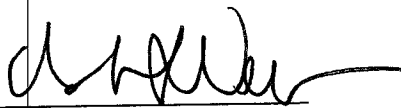
All provisions not in conflict with this Amendment are still in effect and are to be performed at the same level as specified in the Contract.

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

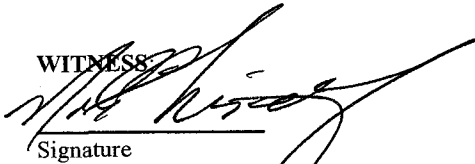
ATTEST:
Sharon R. Bock
Clerk and Comptroller

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

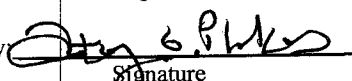
By: _____
Deputy Clerk

By: 
Robert Weisman
County Administrator

1/10/11
Date


WITNESS

Signature

Nicole Eladesdorf
Witness Name

Compass, Inc.
By: 
Signature
Antony Plakas
Executive Director

12/15/10
Date

APPROVED AS TO TERMS
AND CONDITIONS


Channell Wilkins, Director
Community Services

Organization: COMPASS, Inc.		AREA TO BE SERVED:		TRANSPORTATION Supplemental	
OBJECTIVE(S)		ACTIVITIES	START DATE	END DATE	NON-DUPLICATING STATEMENT
<p>1. Objective: Identify units of tangible services and # of unduplicated clients to be served. Define a Unit of service.</p> <p>2. Impact Statement: When the objective is accomplished, what impact will it have?</p>		Describe the sequential steps to be taken to accomplish the objective.	<u>3/1/10</u>	<u>2/28/11</u>	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>1. Serve 50 unduplicated clients by February 28, 2011</p> <p>2. Provide 6968.18 units of service by February 28, 2011. One unit = \$1.00 of direct cost, and \$.10 handling cost.</p> <p>The impact of providing transportation services will ensure that clients have access/are linked to medical and social support services.</p> <p>There will be no start-up time for the administration of this grant as this program is already in place.</p>		<p>1. Continue to contract with Palm Tran and Yellow Cab to provide transportation services. Responsible person: Director of Health Services</p> <p>2. Continue to use current system of invoicing for services with the above agencies. Responsible person: Director of Health Services/Administrative assistant</p> <p>3. Continue to obtain necessary documentation (Request for Transportation Assistance forms and cab voucher duplicates). Responsible person: Director of Health Services and case managers</p> <p>4. Update policies and procedures to ensure that the most cost effective mode of transportation is utilized given the ability of the client. Responsible person: Director of Health Services & Case Managers</p>	<u>3/1/10</u>	<u>2/28/11</u>	<p>The Comprehensive AIDS Program</p> <p>URN numbers will be used to ensure no duplication of services. Use of case management specific software linking all providers will further ensure no duplication of services.</p>

BUDGET NARRATIVE SUMMARY

Proposed Service: TRANSPORTATION

Exhibit "B1"

Page 1 of 6

Agency Name: COMPASS, INC.

Budget Period: March 1, 2010-February 28, 2011 Supplemental

Category	Administration	Program	Total Amount	Cost Per Unit
A. Personnel	\$629.70	\$0.00	\$629.70	\$0.09
B. Fringe Benefits	\$136.80	\$0.00	\$136.80	\$0.02
C. Travel	\$0.00	\$0.00	\$0.00	\$0.00
D. Equipment	\$0.00	\$0.00	\$0.00	\$0.00
E. Supplies	\$0.00	\$0.00	\$0.00	\$0.00
F. Contractual	\$0.00	\$6,898.50	\$6,898.50	\$0.99
G. Other	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$766.50	\$6,898.50	\$7,665.00	\$1.10

Line-itm

BUDGET NARRATIVE

Service: **TRANSPORTATION**

Exhibit "B1"

Page 2 of 6

Agency: **COMPASS, INC.**

Budget Period:

March 1, 2010-February 28, 2011 Supplemental

REVENUES	Administration Amount	Program Amount	Total Service Cost
1. Funds from Government Sources (Specify Source of Funds)	\$766.50	\$6,898.50	\$7,665.00
2. Foundations			
3. Other Grants			
4. Fund Raising			
5. Contributions/Legacies/Bequests			
6. Membership Dues			
7. Program Service Fees and Sales to the Public			
8. Investment Income			
9. In Kind			
10. Miscellaneous Revenue			
11. Total Revenue	\$766.50	\$6,898.50	\$7,665.00

BUDGET NARRATIVE

Exhibit "B1"
Page 3 of 6

Service: TRANSPORTATION

Agency: COMPASS, INC.

Budget Period:

March 1, 2010-February 28, 2011 Supplemental

EXPENDITURES					Administration Amount	Program Amount	Total Service Cost
12. Salaries (Must agree with Form C-1)					\$629.70	\$0.00	\$629.70
13. Employee Benefits							
	Cost	Percent	EMP	Total			
a. FICA	ADM: \$629.70	7.65%	100%	\$48.17			
	PROG: \$0.00	7.65%		\$0.00	\$48.17	\$0.00	\$48.17
b. FI Unemployment	ADM: \$629.70	1.23%	100%	\$7.75			
	PROG: \$0.00	1.23%		\$0.00	\$7.75	\$0.00	\$7.75
c. Workers' Compensation	ADM: \$629.70	1.50%	100%	\$9.45			
	PROG: \$0.00	1.50%		\$0.00	\$9.45	\$0.00	\$9.45
d. Benefits Plan	Cost	Payments	Percent	Total			
SENIOR FINANCE MANAGER	\$208.00	\$24.00	1.4%	\$71.45			
					\$71.44	\$0.00	\$71.44
e. Retirement					\$0.00	\$0.00	\$0.00
14. Sub-Total Employee Benefits					\$136.80	\$0.00	\$136.80
15. Sub-Total Salaries & Benefits					\$766.50	\$0.00	\$766.50
16. Travel							
a. Travel/Transportation					\$0.00	\$0.00	\$0.00
b. Conferences/Registration/Travel					\$0.00	\$0.00	\$0.00
17. Sub-Total Travel					\$0.00	\$0.00	\$0.00

BUDGET NARRATIVE

Exhibit "B1"
Page 4 of 6

Service: TRANSPORTATION

Agency: COMPASS, INC.

Budget Period: March 1, 2010-February 28, 2011 Supplemental

EXPENDITURES	Administration Amount	Program Amount	Total Service Cost
18. Equipment (Attach a page showing detail description)	\$0.00	\$0.00	\$0.00
19. Supplies			
a. Office Supplies	\$0.00	\$0.00	\$0.00
b. Program Supplies	\$0.00	\$0.00	\$0.00
20. Sub-Total Supplies	\$0.00	\$0.00	\$0.00
21. Contractual 1 Unit = \$1 cost of bus pass and/or cab voucher + 10% Admin - Uni 6968.181818		\$6,898.50	\$6,898.50
22. Other			
A. Communications/Utilities			
1. Telephone	\$0.00	\$0.00	\$0.00
2. Postage & Shipping	\$0.00	\$0.00	\$0.00
3. Utilities (Power/Water/Gas)	\$0.00	\$0.00	\$0.00
Sub-Total Communications/Utilities	\$0.00	\$0.00	\$0.00

BUDGET NARRATIVE

Exhibit "B1"

Page 5 of 6

Service: TRANSPORTATION

Agency: COMPASS, INC.

Budget Period:

March 1, 2010-February 28, 2011 Supplemental

EXPENDITURES	Administration Amount	Program Amount	Total Service Cost
B. Food Service	\$0.00	\$0.00	\$0.00
C. Rental			
1. Building	\$0.00	\$0.00	\$0.00
2. Equipment	\$0.00	\$0.00	\$0.00
Copier Lease:			
Sub-Total Rental	\$0.00	\$0.00	\$0.00
D. Repair & Maintenance			
1. Building Maintenance	\$0.00	\$0.00	\$0.00
2. Equipment Maintenance	\$0.00	\$0.00	\$0.00
Sub-Total Repair & Maintenance	\$0.00	\$0.00	\$0.00
E. Specific Assistance to Individuals	\$0.00	\$0.00	\$0.00
F. Dues & Membership	\$0.00	\$0.00	\$0.00

BUDGET NARRATIVE

Exhibit "B1"

Page 6 of 6

Service: TRANSPORTATION

Agency: COMPASS, INC.

Budget Period:

March 1, 2010-February 28, 2011 Supplemental

EXPENDITURES	Administration Amount	Program Amount	Total Service Cost
G. Subscriptions	\$0.00	\$0.00	\$0.00
H. Training & Development	\$0.00	\$0.00	\$0.00
I. Printing	\$0.00	\$0.00	\$0.00
J. Copy Cost	\$0.00	\$0.00	\$0.00
K. Advertising	\$0.00	\$0.00	\$0.00
L. Audit Fees	\$0.00	\$0.00	\$0.00
M. Office Furniture and Equipment (Attach a sheet showing details)	\$0.00	\$0.00	\$0.00
N. Miscellaneous (Attach a sheet showing details)	\$0.00	\$0.00	\$0.00
23. Sub-Total Other	\$0.00	\$0.00	\$0.00
24. Total Expenditures	\$766.50	\$6,898.50	\$7,665.00
25. Total Cost per Unit of Service (must match unit of service cost used in workplan)	\$0.11	\$0.99	\$1.10
All Financial Information Rounded to Nearest Dollar SCHC-RW8			

SALARIES PER SERVICE

Service: TRANSPORTATION
 Agency: COMPASS, Inc.
 Budget Period: March 1, 2010-February 28, 2011 Supplemental

Exhibit "B1"
 Page 1 of 1

	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
PERSONNEL	Admin/ Prog	Annual Salary	Pay Per Period	No. of Days	Hrs Per Day	Hourly Rate	Total Salary (5 x 6 x 7)	Percentage Charged	Admin	Program	Total
Positions/Salaries											
Senior Finance Manager	Admin	\$44,000.00	\$1,833.33	260	8	\$21.15	44,000.00	1.43%	629.70	0.00	629.70
Sub-Total Salaries									\$629.70	\$0.00	\$629.70

C1-RW8
 If not requesting 100% funding for the position attach a sheet detailing each position showing total salary, funding sources and percentage per source
 Use additional sheets if necessary.

	Ryan White Supplemental	Case Manage DOH	TESTING AND LINKAGE DOH	HOPE CSC	Outreach	Community Center	Total
1. Funds from Title 1 Govt. Sources	\$102,029.00	\$180,640.00	\$147,000.00	\$97,948.00			\$527,617.00
2. Foundations					\$20,000.00		\$20,000.00
3. Other Grants							\$0.00
4. Fund Raising					\$100,000.00	\$25,000.00	\$125,000.00
5. Contributions/ Legacies/Bequests					\$30,000.00	\$150,000.00	\$180,000.00
6. Membership Dues					\$30,000.00		\$30,000.00
7. Program Svc Fees/ Sales to Public							\$0.00
8. Investment Income							\$0.00
9. In-Kind							\$0.00
10. Miscellaneous							\$0.00
11. Total Revenues	\$102,029	\$180,640.00	\$147,000.00	\$97,948.00	\$180,000.00	\$175,000.00	\$882,617.00

EXPENDITURES	Ryan White Supplemental	Case Manage DOH	TESTING AND LINKAGE DOH	HOPE CSC	Outreach	Community Center	Total
12. Salaries	\$8,282.49	\$111,740.00	\$98,440.00	\$60,480.00	\$86,120.00	\$55,029.43	\$420,091.93
<i>Detail for employees billed</i>							
CEO	\$0.00	\$10,080.00	\$5,040.00	\$10,080.00	\$10,080.00	\$50,400.00	\$85,680.00
COO	\$0.00	\$6,600.00	\$3,300.00	\$0.00	\$0.00	\$0.00	\$9,900.00
SENIOR FINANCE MANAGER	\$8,282.49	\$6,600.00	\$11,000.00	\$4,400.00	\$4,400.00	\$4,629.43	\$39,311.93
CASE MANAGER COORDINATOR	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PREVENTION COORDINATOR	\$0.00	\$0.00	\$39,600.00	\$0.00	\$0.00	\$0.00	\$39,600.00
YOUTH COORDINATOR	\$0.00	\$0.00	\$0.00	\$40,000.00	\$0.00	\$0.00	\$40,000.00
OUTREACH COORDINATOR	\$0.00	\$4,500.00	\$4,500.00	\$0.00	\$36,000.00	\$0.00	\$45,000.00
COMMUNICATIONS COORDINATOR	\$0.00	\$3,960.00	\$0.00	\$0.00	\$35,640.00	\$0.00	\$39,600.00
SENIOR CASE MANAGER	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CASE MANAGER III	\$0.00	\$40,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$40,000.00
CASE MANAGER III	\$0.00	\$40,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$40,000.00
CASE MANAGER II	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CASE MANAGER I	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
CASE MANAGER I	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
PREVENTION SPECIALIST	\$0.00	\$0.00	\$35,000.00	\$0.00	\$0.00	\$0.00	\$35,000.00
YOUTH ASSISTANT	\$0.00	\$0.00	\$0.00	\$6,000.00	\$0.00	\$0.00	\$6,000.00
DOH ELIGIBILITY WORKER		\$15,000.00					
13. Employee Benefits:							
a. FICA	\$633.61	\$9,695.61	\$7,530.66	\$4,626.72	\$6,588.18	\$4,209.75	\$33,284.53
b. FL Unemployment	\$101.87	\$1,558.90	\$1,210.81	\$743.90	\$1,059.28	\$676.86	\$5,351.63
c. Workers' Comp.	\$124.24	\$1,901.10	\$1,476.60	\$907.20	\$1,291.80	\$825.44	\$6,526.38
d. Health Plan	\$939.66	\$15,187.06	\$4,728.00	\$4,992.00	\$9,792.00	\$1,999.20	\$37,637.92
e. Retirement	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14. Sub-Total Employee Benefits	\$1,799.38	\$28,342.67	\$14,946.07	\$11,269.82	\$18,731.26	\$7,711.26	\$82,800.46
15. Sub-Total Salaries/Benefits	\$10,081.87	\$140,082.67	\$113,386.07	\$71,749.82	\$104,851.26	\$62,740.69	\$502,892.39
16. Travel							
a. Travel/Transportation		\$4,000.00	\$2,712.96	\$1,000.00	\$3,000.00	\$4,661.76	\$10,712.96
b. Conferences/Registration/Travel	\$2,002.16	\$2,453.00	\$2,000.00	\$1,500.00	\$2,200.00	\$5,000.00	\$15,155.16
17. Sub-Total Travel	\$2,002.16	\$6,453.00	\$4,712.96	\$2,500.00	\$5,200.00	\$9,661.76	\$20,868.12

<i>EXPENDITURES</i>	Ryan White Supplemental	Case Manage DOH	TESTING AND LINKAGE DOH	HOPE CSC	Outreach	Community Center	Total
18. <i>Equipment</i>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19. <i>Supplies</i>							
a. <i>Office Supplies</i>	\$3,600.00	\$1,200.00	\$1,200.00	\$1,200.00	\$5,776.91	\$1,200.00	\$14,176.91
b. <i>Program Supplies</i>	\$0.00	\$600.00	\$2,500.00	\$1,200.00	\$9,514.71	\$0.00	\$13,814.71
c. <i>Computer Software</i>	\$0.00	\$1,200.00	\$1,200.00	\$0.00	\$4,000.00	\$0.00	\$6,400.00
20. <i>Sub-Total Supplies</i>	\$3,600.00	\$3,000.00	\$4,900.00	\$2,400.00	\$19,291.62	\$1,200.00	\$34,391.62
21. <i>Contractual</i>	\$40,324.93	\$2,264.43	\$1,980.97	\$4,057.70	\$1,617.12	\$404.28	\$50,245.15
22. <i>Other</i>							
A. <i>Communications/Utilities</i>							
1. <i>Telephone/Internet</i>	\$4,680.00	\$1,560.00	\$3,120.00	\$1,560.00	\$4,680.00	\$3,889.40	\$19,489.40
2. <i>Postage & Shipping</i>	\$1,800.00	\$1,200.00	\$600.00	\$600.00	\$4,030.00	\$5,174.70	\$13,404.70
3. <i>Utilities (Power/Water/Gas)</i>	\$12,600.00	\$3,000.00	\$6,000.00	\$3,000.00	\$6,000.00	\$5,002.76	\$35,602.76
<i>Sub-Total Communications/Utilities</i>	\$19,080.00	\$5,760.00	\$9,720.00	\$5,160.00	\$14,710.00	\$14,066.86	\$68,496.86

<i>EXPENDITURES</i>	Ryan White Supplemental	Case Manage DOH	TESTING AND LINKAGE DOH	HOPE CSC	Outreach	Community Center	Total
<i>B. Food Service</i>	\$0.00	\$0.00	\$0.00	\$1,000.00	\$10,000.00	\$0.00	\$11,000.00
<i>C. Rental</i>							
<i>1. Building</i>	\$300.04	\$100.00	\$200.00	\$100.00	\$600.00	\$0.00	\$1,300.04
<i>2. Equipment</i>	\$18,000.00	\$6,000.00	\$3,000.00	\$3,000.00	\$6,000.00	\$5,000.00	\$41,000.00
<i>Sub-Total Rental</i>	\$18,300.04	\$6,100.00	\$3,200.00	\$3,100.00	\$6,600.00	\$5,000.00	\$42,300.04
<i>D. Repair & Maintenance</i>							
<i>1. Building Maintenance</i>	\$5,040.00	\$1,680.00	\$1,200.00	\$840.00	\$1,680.00	\$2,400.00	\$10,440.00
<i>2. Equipment Maintenance</i>	\$3,600.00	\$1,800.00	\$600.00	\$600.00	\$1,800.00	\$0.00	\$8,400.00
<i>Sub-Total Repair & Maintenance</i>	\$8,640.00	\$3,480.00	\$1,800.00	\$1,440.00	\$3,480.00	\$2,400.00	\$18,840.00
<i>E. Specific Assistance to Individuals</i>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<i>F. Dues & Membership</i>	\$0.00	\$2,400.00	\$0.00	\$300.00	\$1,200.00	\$0.00	\$3,900.00
<i>G. Subscriptions</i>	\$0.00	\$0.00	\$0.00	\$0.00	\$500.00	\$0.00	\$500.00

<i>EXPENDITURES</i>	Ryan White Supplemental	Case Manage DOH	TESTING AND LINKAGE DOH	HOPE CSC	Outreach	Community Center	Total
H. <i>Training & Development</i>	\$0.00	\$2,500.00	\$0.00	\$500.00	\$1,000.00	\$0.00	\$4,000.00
I. <i>Printing</i>	\$0.00	\$1,200.00	\$600.00	\$1,200.00	\$5,000.00	\$2,676.45	\$10,676.45
J. <i>Copy Cost</i>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
K. <i>Advertising</i>	\$0.00	\$1,200.00	\$500.00	\$0.00	\$1,200.00	\$1,850.00	\$4,750.00
L. <i>Audit Fees</i>	\$0.00	\$3,200.00	\$3,200.00	\$1,600.00	\$1,120.00	\$0.00	\$9,120.00
M. <i>Office Furniture and Equipment</i>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
N. <i>Insurance</i>	\$0.00	\$3,000.00	\$3,000.00	\$1,500.00	\$750.00	\$0.00	\$8,250.00
O. <i>Misc. - fundraising event expenses</i>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$75,000.00	\$75,000.00
25. <i>Sub-Total Other</i>	\$46,020.04	\$28,840.00	\$22,020.00	\$15,800.00	\$45,560.00	\$100,993.31	\$259,233.35
28. <i>Total Expenditures</i>	\$102,029.00	\$180,640.10	\$147,000.00	\$97,947.52	\$180,000.00	\$175,000.04	\$882,616.66

EXHIBIT "C1"

Grant Year March 01, 2010 - February 28, 2011

Ryan White Part A GY10 Contract Dates, Amounts, Time

Provider/Service	Contract Dates Begin	End	Total Amount	Service Amount	Total Contr. Days	Avg. Day Exp.	Total Months	Avg. Mo. Exp.
Compass, Inc	3/1/10	2/28/11	102,029.00		365	279.5315	12	8,502.42
Medical Case Management				57,358.00		157.15		4,779.83
Medical Transportation				5,700.00		15.62		475.00
Mental Health Therapy				24,021.00		65.81		2,001.75
Food Bank				9,555.00		26.18		796.25
Emergency Financial Assistance				5,395.00		14.78		449.58

Compass, Inc

All Services	Month	Year	Days	Amount	Percentage	Cummulative
	March	2010	31	8,665.00	8.49%	8,665.00
	April	2010	30	8,386.00	8.22%	17,051.00
	May	2010	31	8,665.00	8.49%	25,716.00
	June	2010	30	8,386.00	8.22%	34,102.00
	July	2010	31	8,665.00	8.49%	42,767.00
	Aug	2010	31	8,665.00	8.49%	51,432.00
	Sept	2010	30	8,386.00	8.22%	59,818.00
	Oct	2010	31	8,665.00	8.49%	68,483.00
	Nov	2010	30	8,386.00	8.22%	76,869.00
	Dec	2010	31	8,665.00	8.49%	85,534.00
	Jan	2011	31	8,665.00	8.49%	94,199.00
	Feb	2011	28	7,830.00	7.69%	102,029.00
				102,029.00	100.00%	

EXHIBIT "C1"

Grant Year March 01, 2010 - February 28, 2011

Ryan White Part A GY10 Contract Dates, Amounts, Time

Compass, Inc

Medical Case Management	Month	Year	Days	Amount	Percentage	Cummulative
	March	2010	31	4,872.00	8.49%	4,872.00
	April	2010	30	4,714.00	8.22%	9,586.00
	May	2010	31	4,872.00	8.49%	14,458.00
	June	2010	30	4,714.00	8.22%	19,172.00
	July	2010	31	4,872.00	8.49%	24,044.00
	Aug	2010	31	4,872.00	8.49%	28,916.00
	Sept	2010	30	4,714.00	8.22%	33,630.00
	Oct	2010	31	4,872.00	8.49%	38,502.00
	Nov	2010	30	4,714.00	8.22%	43,216.00
	Dec	2010	31	4,872.00	8.49%	48,088.00
	Jan	2011	31	4,872.00	8.49%	52,960.00
	Feb	2011	28	4,398.00	7.69%	57,358.00
				57,358.00	100.00%	

Compass, Inc

Medical Transportation	Month	Year	Days	Amount	Percentage	Cummulative
	March	2010	31	484.00	8.49%	484.00
	April	2010	30	468.00	8.21%	952.00
	May	2010	31	484.00	8.49%	1,436.00
	June	2010	30	468.00	8.21%	1,904.00
	July	2010	31	484.00	8.49%	2,388.00
	Aug	2010	31	484.00	8.49%	2,872.00
	Sept	2010	30	468.00	8.21%	3,340.00
	Oct	2010	31	484.00	8.49%	3,824.00
	Nov	2010	30	468.00	8.21%	4,292.00
	Dec	2010	31	484.00	8.49%	4,776.00
	Jan	2011	31	484.00	8.49%	5,260.00
	Feb	2011	28	440.00	7.73%	5,700.00
				5,700.00	100.00%	

EXHIBIT "C1"

Ryan White Part A GY10 Contract Dates, Amounts, Time

Grant Year March 01, 2010 - February 28, 2011

Compass, Inc

Mental Health Therapy	Month	Year	Days	Amount	Percentage	Cummulative
	March	2010	31	2,040.00	8.49%	2,040.00
	April	2010	30	1,974.00	8.22%	4,014.00
	May	2010	31	2,040.00	8.49%	6,054.00
	June	2010	30	1,974.00	8.22%	8,028.00
	July	2010	31	2,040.00	8.49%	10,068.00
	Aug	2010	31	2,040.00	8.49%	12,108.00
	Sept	2010	30	1,974.00	8.22%	14,082.00
	Oct	2010	31	2,040.00	8.49%	16,122.00
	Nov	2010	30	1,974.00	8.22%	18,096.00
	Dec	2010	31	2,040.00	8.49%	20,136.00
	Jan	2011	31	2,040.00	8.49%	22,176.00
	Feb	2011	28	1,845.00	7.69%	24,021.00
				24,021.00	100.00%	

Compass, Inc

Food Bank	Month	Year	Days	Amount	Percentage	Cummulative
	March	2010	31	812.00	8.50%	812.00
	April	2010	30	785.00	8.22%	1,597.00
	May	2010	31	812.00	8.50%	2,409.00
	June	2010	30	785.00	8.22%	3,194.00
	July	2010	31	812.00	8.50%	4,006.00
	Aug	2010	31	812.00	8.50%	4,818.00
	Sept	2010	30	785.00	8.22%	5,603.00
	Oct	2010	31	812.00	8.50%	6,415.00
	Nov	2010	30	785.00	8.22%	7,200.00
	Dec	2010	31	812.00	8.50%	8,012.00
	Jan	2011	31	812.00	8.50%	8,824.00
	Feb	2011	28	731.00	7.62%	9,555.00
				9,555.00	100.00%	

EXHIBIT "C1"

Grant Year March 01, 2010 - February 28, 2011

Ryan White Part A GY10 Contract Dates, Amounts, Time

Compass, Inc

Emergency Financial Assistance	Month	Year	Days	Amount	Percentage	Cummulative
	March	2010	31	458.00	8.49%	458.00
	April	2010	30	443.00	8.21%	901.00
	May	2010	31	458.00	8.49%	1,359.00
	June	2010	30	443.00	8.21%	1,802.00
	July	2010	31	458.00	8.49%	2,260.00
	Aug	2010	31	458.00	8.49%	2,718.00
	Sept	2010	30	443.00	8.21%	3,161.00
	Oct	2010	31	458.00	8.49%	3,619.00
	Nov	2010	30	443.00	8.21%	4,062.00
	Dec	2010	31	458.00	8.49%	4,520.00
	Jan	2011	31	458.00	8.49%	4,978.00
	Feb	2011	28	417.00	7.73%	5,395.00
				5,395.00	100.00%	