

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS**

**AGENDA ITEM SUMMARY**

**Meeting Date:** March 15, 2011       **Consent**       **Regular**  
 **Ordinance**       **Public Hearing**

**Department**  
**Submitted By:**      Community Services  
**Submitted For:**      Ryan White Part A

**I. EXECUTIVE BRIEF**

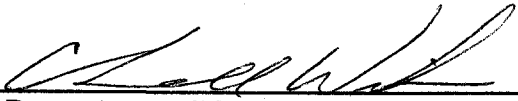
**Motion and Title:** Staff recommends motion to approve: Two (2) amendments to the Ryan White Part A HIV Health Support Services Contracts (Formula) for the period March 1, 2010, through February 28, 2011:


- A. Amendment No. 3 to contract (R2010-0949) with Comprehensive AIDS Program, Inc. to increase funding for Medical Case Management by \$107,000 for a new total contract amount not to exceed \$1,552,000; and
- B. Amendment No. 4 to contract (R2010-0950) with Comprehensive Community Care Network, Inc. to decrease funding for Mental Health Services by \$12,000, Laboratory/Diagnostic by \$70,000, and Nurse Care Coordination by \$25,000 for a new total contract amount not to exceed \$506,874.

**Summary:** Ryan White HIV Health Support service dollars are reviewed throughout the contract year and reallocated to best meet the needs of affected clients. A decrease of \$107,000 from Comprehensive Community Care Network, Inc. will be reallocated to Comprehensive AIDS Program, Inc. (\$107,000). These reallocations allowed additional clients to be served. No County funds are required. (Ryan White) Countywide (TKF).

**Background and Justification:** Under the new Part A Ryan White HIV/AIDS Treatment Extension Act of 2009, the Palm Beach County HIV CARE Council establishes priority service areas and assigns funding percentages. These changes have been approved by the CARE Council Priorities and Allocations Committee.

**Attachments:** Amendments

**Recommended By:**       2/28/11  
 Department Director      Date

**Approved By:**       3/8/11  
 Assistant County Administrator      Date

**II. FISCAL ANALYSIS IMPACT**

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

Fiscal Years	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>	<u>2015</u>
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	_____	_____	_____	_____
External Revenue	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
<b>NET FISCAL IMPACT</b>	<u>* 0</u>	<u>see below</u>	_____	_____	_____
<b># ADDITIONAL FTE POSITIONS (Cumulative)</b>	_____	_____	_____	_____	_____

Is Item Included in Current Budget: Yes X No \_\_\_\_\_  
 Budget Account No.: Fund 1010 Dept. 142 Unit. 1479 Obj. 8201  
 Program Code various

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

\*There is no additional funding associated with this agenda item. Funding of \$107,000 is a reallocation of dollars between agencies.

Departmental Fiscal Review: Tauna Malhotra

**III. REVIEW COMMENTS**

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

[Signature] 3/3/11  
 OFMB VA 3/2/11  
 2/3/11 3/1/11

[Signature] 3/7/11  
 Contract Administration  
 E. Jean 3/7/11

**B. Legal Sufficiency:** [Signature] 3/8/11  
 Assistant County Attorney

These Amendments comply with our review requirements.

**C. Other Department Review:**

\_\_\_\_\_  
 Department Director

This summary is not to be used as a basis for payment.

**AMENDMENT TO RYAN WHITE PART A  
HIV HEALTH SUPPORT SERVICES  
(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 \_\_\_\_, 2011 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 Medical Case Management.

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

- I. A new Work Plan Exhibit "A3" attached hereto shall replace the original Work Plan Exhibit "A2" in its entirety for Medical Case Management.
- II. New Budgets Exhibit "B3" attached hereto showing the new total budget for funding for Medical Case Management shall replace the original Budgets Exhibit "B2" in its entirety.
- III. New Schedule Exhibit "C3" attached hereto shall replace Schedule Exhibit "C2" in its entirety.
- IV. Increase funding for Medical Case Management by \$107,000 for a new total of \$1,307,000.
- V. Total contract not to exceed amount will be \$1,552,000.

**OTHER PROVISIONS**

All provisions in the Contract or exhibits to the Contract in conflict with this Third 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.

**PART A  
WORKPLAN**

**FORMULA**

**APPLICANT: Comprehensive AIDS Program**

**SERVICE: Medical Case Management**

**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 quarter hour of case management. CAP will provide a total of 74,685 units of case management to an estimated 550 clients.</p> <p>2. 550 HIV+ men, women and children will have better health outcomes and longer life as a result of linkage to core medical services, medications, treatment adherence, and follow-up for these services.</p> <p>3. 550 HIV+ men, women, and children will receive a referral and linkages to a medical provider and other medical and support services as determined by a careplan.</p> <p>unit=quarter hour of medical case management activity, including (but not limited to) face-to-face contact, telephone contact, indirect contact on behalf of the client, creation, maintenance, and quality assurance on client charts/documentation. Unit cost = \$17.50 per quarter hour 74,685 units of service or State, county, and CAREware trainings at \$490 per day per staff equals 28 units at \$17.50 per unit per day (other H) or actual cost \$20,000 of furniture, computers, technical upgrades, etc. (other M)</p>	<p>1. Upon contractual agreement, CAP will continue to provide medical case management activities to eligible Ryan White clients, according to the State of Florida HIV Case Management standards.</p> <p>2. Each client will receive an Intake Packet, needs assessment, financial assessment, a careplan &amp; appropriate referrals within one (1) week of request. (If there is a wait list, will receive referrals and place on the list with follow up every 30 days)</p>	<p>3/1/20010</p>	<p>2/28/2011*</p>	<p>Clients have a choice in which case management program they would like to be enrolled. Traditionally, CAP serves those clients who are asymptomatic, symptomatic, and diagnosed with AIDS.</p> <p>CAP meets with other providers for referral services, and uses the FACTORS system to prevent duplication of services and enhances overall approach.</p>

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

**BUDGET NARRATIVE SUMMARY**

**Exhibit B3**

**PROPOSED SERVICE:** MEDICAL CASE MANAGEMENT - FORMULA Page 1 of 6

**AGENCY NAME:** Comprehensive AIDS Program

**BUDGET PERIOD:** from 3/1/20010 to 2/28/2011\*

<b>Category</b>	<b>Administration</b>	<b>Program</b>	<b>Total</b>	<b>Cost per Unit</b>
A. Personnel	-	633,327	633,327	8.48
B. Fringe Benefits	-	231,335	231,335	3.10
C. Travel	-	34,369	34,369	0.46
D. Equipment	-	-	-	
E. Supplies	-	31,980	31,980	0.43
F. Contractual	-	4,000	4,000	0.05
G. Other	118,818	253,170	371,989	4.98
<b>Total</b>	<b>118,818</b>	<b>1,188,182</b>	<b>1,307,000</b>	<b>17.50</b>

**BUDGET NARRATIVE**

**Service: MEDICAL CASE MANAGEMENT - FORMULA**

**Agency: Comprehensive AIDS Program**

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

**to**

**Exhibit B3**

**Page 2 of 6**

**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	118,818	1,188,182	1,307,000
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	118,818	1,188,182	1,307,000

**BUDGET NARRATIVE**

**Service: MEDICAL CASE MANAGEMENT - FORMULA**

**Exhibit B3**

**Page 3 of 6**

**Agency: Comprehensive AIDS Program**

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

**to**

**2/28/2011\***

<b>Expenditures</b>	<b>Administration Amount</b>	<b>Program Amount</b>	<b>Total Service Costs</b>
12. Salaries (Must agree with Form C-1)		633,327	633,327
13. Employee Benefits			
a. FICA .0765	-	48,450	48,450
b. FI Unemployment \$7,000 x .0346 x FTE	-	4,951	4,951
c. Workers' Compensation .02	-	12,667	12,667
d. Health Plan \$646 x 12 per mo per FTE	-	158,587	158,587
e. Retirement .03	-	6,682	6,682
14. Sub-Total Employee Benefits	-	231,335	231,335
15. Sub-Total Salaries & Benefits	-	864,662	864,662
16. Travel			
a. Travel/Transportation	-	21,480	21,480
b. Conference/Registration/Travel	-	12,888	12,888
17. Sub-Total Travel		34,369	34,369

**BUDGET NARRATIVE**

**Service: MEDICAL CASE MANAGEMENT - FORMULA**

**Exhibit B3**

**Page 4 of 6**

**Agency: Comprehensive AIDS Program**

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

**to**

**2/28/2011\***

<b>Expenditures</b>	<b>Administration Amount</b>	<b>Program Amount</b>	<b>Total Service Costs</b>
18. Equipment (Attach a page showing detail description)	-	-	-
19. Supplies			
a. Office Supplies	-	21,480	21,480
b. Program Supplies (actual purchase)		10,500	10,500
20. Sub-Total Supplies	-	31,980	31,980
21. Contractual (Part-time Case Managers @ \$15per hour x 100 hrs)		4,000	4,000
22. Other			
a. Communications/Utilities			
1. Telephone	-	21,480	21,480
2. Postage & Shipping	-	3,069	3,069
3. Utilities (Power/Water/Gas)	-	21,480	21,480
Sub-Total Communications/Utilities	-	46,029	46,029



**BUDGET NARRATIVE**

**Service: MEDICAL CASE MANAGEMENT - FORMULA**

**Exhibit B3**

**Page 5 of 6**

**Agency: Comprehensive AIDS Program**

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

**to**

**2/28/2011\***

<b>Expenditures</b>	<b>Administration Amount</b>	<b>Program Amount</b>	<b>Total Service Costs</b>
B. Food Service			
C. Rental			
1. Building	-	96,150	\$96,150
2. Equipment			
Sub-Total Rental		\$96,150	\$96,150
D. Repair & Maintenance			
1. Building Maintenance	-	21,480	\$21,480
2. Equipment Maintenance	-	-	
Sub-Total Repair & Maintenance		\$21,480	\$21,480
E. Specific Assistance to Individuals			
F. Dues & Membership	-	307	\$307

**BUDGET NARRATIVE**

**Service: MEDICAL CASE MANAGEMENT - FORMULA**

**Exhibit B3**

**Page 6 of 6**

**Agency: Comprehensive AIDS Program**

**Budget Period: 3/1/20010**

**to**

**2/28/2011\***

<b>Expenditures</b>	<b>Administration Amount</b>	<b>Program Amount</b>	<b>Total Service Costs</b>
G. Subscriptions	-	409	409
H. Training & Development Includes Countywide & Statewide training required for all staff. \$490 per day per staff=28units per day	-	18,616	18,616
I. Printing	-	7,569	7,569
J. Copy Cost	-	7,569	7,569
K. Advertising/Recruitment/PR	-	5,319	5,319
L. Audit Fees	-	-	-
M. Office Furniture and Equipment (needed for any upgrades, new equipment, system needs, etc.)	-	17,500	17,500
N. Insurance/General Liability/Malpractice	-	32,221	32,221
N. Administrative expense allowed at 10%	118,818		118,818
23. Sub-Total Other	118,818	253,170	371,989
24. Total Expenditures	118,818	1,188,182	1,307,000
25a Total Cost per Unit of Service - (must match unit of service cost used in Workplan)	1.59	15.91	17.50
Total Units less statewide trainings and computer upgrades to be reimbursed			74,686

**SALARIES PER SERVICE**

Service: MEDICAL CASE MANAGEMENT - FORMULA  
 Agency: Comprehensive AIDS Program  
 Budget Period: 3/1/20010 to 2/28/2011\*

\*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											
Chief Program Director/CPO	Prog	110,514	4,251	166	8	66.41	88,411	20%		17,682	17,682
Client Services Manager	Prog	59,541	2,290	208	8	28.63	47,633	70%		33,343	33,343
4 Program Supervisors	Prog	145,955	5,614	208	8	70.17	116,764	70%		81,735	81,735
4 Program Specialists	Prog	97,241	3,740	208	8	46.75	77,793	70%		54,455	54,455
30 Case Managers/Techs	Prog	929,400	35,746	208	8	446.83	743,520	60%		446,112	446,112
Total Personnel (Line Item Budget Line A)		1,342,651	51,640				1,074,121			633,327	633,327

**TOTAL AGENCY BUDGET**

**Comprehensive AIDS Program of Palm Beach County, Inc.**

Agency Budget for Fiscal Year

3/1/2010

to

2/28/2011

REVENUES	RW PART A FORMULA	RW PART A SUPPL	RW PART A MAI	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
1. Funds from Gov.. Sources	1,552,000	401,513	526,240	186,942	2,143,634	146,000	377,943	5,334,272
2. Foundations								
3. Other Grants								
4. Fund Raising							60,000	60,000
5. Contributions/ Legacies/Bequests							203,000	203,000
6. Membership Dues								
7. Program Svc Fees/ Sales to Public							5,000	5,000
8. Investment Income							2,000	2,000
9. In-Kind								
10. Miscellaneous								
<b>11. Total Revenues</b>	<b>1,552,000</b>	<b>401,513</b>	<b>526,240</b>	<b>186,942</b>	<b>2,143,634</b>	<b>146,000</b>	<b>647,943</b>	<b>5,604,272</b>

All Financial Information Rounded to Nearest Dollar

**TOTAL AGENCY BUDGET**

**Comprehensive AIDS Program of Palm Beach County, Inc.**

Agency Budget for Fiscal Year 3/1/2010 to 2/28/2011

EXPENDITURES	RW PART A FORMULA	RW PART A SUPPL	RW PART A MAI	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
12. Salaries	653,630	208,342	272,973	85,710	775,613	84,665	181,993	2,262,926
Chief Program Director	19,705	5,927	20,384					
1 Client Services Managers	33,641	8,315	37,500					
4 Program Supervisors	82,465	20,383	28,500					
4 Program Support Specialists	54,941	13,580	17,625					
43 Case Managers/Techs	454,166	158,927	181,125					
HIV Prevention Manager	662	92						
Treatment Adherence Coordinator	8,050	1,118						
	653,630	208,342	285,134					

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

**TOTAL AGENCY BUDGET**

**Comprehensive AIDS Program of Palm Beach County, Inc.**

Agency Budget for Fiscal Year 3/1/2010 to 2/28/2011

EXPENDITURES	RW PART A FORMULA	RW PART A SUPPL	RW PART A MAI	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
12. Salaries	653,630	208,342	272,973	85,710	775,613	84,665	181,993	2,262,926
13. Employee Benefits								
a. FICA	50,004	15,938	20,882	6,557	59,334	6,477	13,922	173,115
b. Fl Unemployment	5,142	1,463	2,254	343	3,102	339	728	13,371
c. Workers' Comp	13,073	4,166	5,459	1,714	15,512	1,693	3,640	45,258
d. Health Plan	162,123	42,018	63,114	20,415	192,128	21,961	38,749	540,509
e. Retirement	7,291	3,189	8,189	2,571	23,268	2,540	5,460	52,509
14. Sub-Total Employee Benefits	237,633	66,774	99,899	31,600	293,345	33,010	62,500	824,761
15. Sub-Total Salaries/Benefits	891,263	275,116	372,872	117,310	1,068,958	117,675	244,493	3,087,687
16. Travel								
a. Travel/transportation	22,478	5,795	8,855	3,685	35,568	2,000	9,571	87,952
b. Conferences/ Registration/Travel	13,081	3,419	2,415	3,000	28,300		5,733	55,948
17. Sub-Total Travel	35,559	9,214	11,270	6,685	63,868	2,000	15,304	143,900

All Financial Information Rounded to Nearest Dollar

## TOTAL AGENCY BUDGET

Comprehensive AIDS Program of Palm Beach County, Inc.

Agency Budget for Fiscal Year

3/1/2010

to

2/28/2011

EXPENDITURES	RW PART A FORMULA	RW PART A SUPPL	RW PART A MAI	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
18. Equipment								
19. Supplies								
a. Office Supplies	22,702	5,824	5,233	1,000	455		7,633	42,847
b. Program Supplies	20,725	2,803	5,500	23,517	89,074	4,322	5,969	151,910
c. Computer Software								
20. Sub-Total Supplies	43,427	8,627	10,733	24,517	89,529	4,322	13,602	194,757
21. Contractual	4,200	2,500	3,000	5,500	45,000	8,435	8,945	77,580
22. Other								
a. Communications/Utilities								
1. Telephone	21,802	5,699	5,233				8,500	41,234
2. Postage & Shipping	3,115	814	1,208	1,200			3,833	10,170
3. Utilities (Power/Water/Gas)	21,802	5,699	5,233				7,000	39,734
Sub-Total Communications/Utilities	46,719	12,212	11,674	1,200			19,333	91,138

All Financial Information Rounded to Nearest Dollar

**TOTAL AGENCY BUDGET**

**Comprehensive AIDS Program of Palm Beach County, Inc.**

Agency Budget for Fiscal Year

3/1/2010

to

2/28/2011

EXPENDITURES	RW PART A FORMULA	RW PART A SUPPL	RW PART A MAI	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
B. Food Service								
C. Rental								
1. Building	99,571	25,734	38,640	7,200	61,700	6,000	130,780	369,625
2. Equipment	175							175
Sub-Total Rental	99,746	25,734	38,640	7,200	61,700	6,000	130,780	369,800
D. Repair & Maintenance								
1. Building Maintenance	21,802	5,699	5,233				5,000	37,734
2. Equipment Maintenance								
Sub-Total Repair & Maintenance	21,802	5,699	5,233				5,000	37,734
E. Specific Assistance to Individuals	172,727	1,419			615,209			789,355
F. Dues & Membership	312	81	121				1,283	1,797
G. Subscriptions	665	109	121				2,000	2,895

All Financial Information Rounded to Nearest Dollar



**TOTAL AGENCY BUDGET**

**Comprehensive AIDS Program of Palm Beach County, Inc.**

Agency Budget for Fiscal Year

3/1/2010

to

2/28/2011

EXPENDITURES	RW PART A FORMULA	RW PART A SUPPL	RW PART A MAI	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
H. Training & Development	22,398	5,456	3,945	1,000	1,300		2,917	37,016
I. Printing	8,682	2,150	2,415	3,500			1,667	18,414
J. Copy Cost	7,682	2,008	2,415				2,000	14,105
K. Advertising	5,399	1,411	805				2,000	9,615
L. Audit Fees							24,000	24,000
M. Office Furniture & Equipment	17,625	4,725	5,500		3,000		1,667	32,517
N. Insurance	32,704	8,548	9,660				61,707	112,619
O. Fundraising							24,000	24,000
P. Vehicle Operation								
Q. Promotional/PR							10,000	10,000
R. Fees/taxes/bank fees							2,000	2,000
S. Professional Fees							40,000	40,000
T. Indirect Costs	141,090	36,504	47,836	20,030	195,070	7,568	35,246	483,344
<b>25. Sub-Total Other</b>	<b>577,551</b>	<b>106,056</b>	<b>128,365</b>	<b>32,930</b>	<b>876,279</b>	<b>13,568</b>	<b>365,600</b>	<b>2,100,349</b>
<b>26. Sub-Total Expenditures</b>	<b>\$1,552,000</b>	<b>\$401,513</b>	<b>\$526,240</b>	<b>\$186,942</b>	<b>\$2,143,634</b>	<b>\$146,000</b>	<b>\$647,944</b>	<b>\$5,604,272</b>

All Financial Information Rounded to Nearest Dollar

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

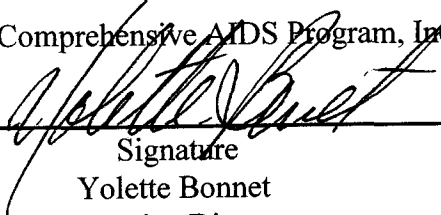
By: \_\_\_\_\_  
Deputy Clerk

By: \_\_\_\_\_  
Robert Weisman  
County Administrator  
Karen T. Marcus, Chair

\_\_\_\_\_  
Date

**WITNESS:**


  
\_\_\_\_\_  
Signature

Comprehensive AIDS Program, Inc.  
By:   
\_\_\_\_\_  
Signature  
Yolette Bonnet  
Executive Director

Robbin J. Rodriguez  
Witness Name

2/10/11  
Date

**APPROVED AS TO TERMS  
AND CONDITIONS**

  
\_\_\_\_\_  
Channell Wilkins, Director  
Community Services

**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 \_\_\_, 2011 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 decrease funding for Mental Health, Laboratory/Diagnosis, and Nurse Care Coordination.

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

- I. A new Work Plan Exhibit "A1" attached hereto shall replace the original Work Plan Exhibit "A" in its entirety for Mental Health services. A new Work Plan Exhibit "A1" attached hereto shall replace the original Work Plan Exhibit "A" in its entirety for Laboratory/Diagnosis services. A new Work Plan Exhibit "A3" attached hereto shall replace the original Work Plan Exhibit "A2" in its entirety for Nurse Care Coordination services.
- II. New Budgets Exhibit "B1" attached hereto showing the new total budget for funding for Mental Health services shall replace the original Budgets Exhibit "B" in its entirety. New Budgets Exhibit "B1" attached hereto showing the new total budget for funding for Laboratory/Diagnosis services shall replace the original Budgets Exhibit "B" in its entirety. New Budgets Exhibit "B3" attached hereto showing the new total budget for funding for Nurse Care Coordination services shall replace the original Budgets Exhibit "B2" in its entirety.
- III. New Schedule "C1" attached hereto for Mental Health services shall replace Schedule "C" in its entirety. New Schedule "C1" attached hereto for Laboratory/Diagnosis services shall replace Schedule "C" in its entirety. New Schedule "C3" attached hereto for Nurse Care Coordination services shall replace Schedule "C2" in its entirety.
- IV. Decrease funding for Mental Health services by \$12,000 for a new total of \$22,000. Decrease funding for Laboratory/Diagnosis services by \$70,000 for a new total of \$19,000. Decrease funding for Nurse Care Coordination services by \$25,000 for a new total of \$21,000.
- V. Total contract not to exceed amount will be \$506,874.

**OTHER PROVISIONS**

All provisions in the Contract or exhibits to the Contract in conflict with this Fourth 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

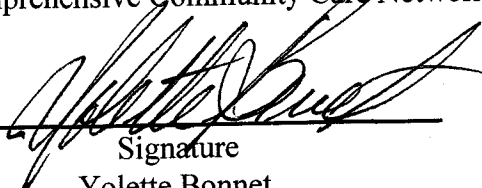
By: \_\_\_\_\_  
Robert Weisman  
County Administrator  
Karen T. Marcus, Chair

\_\_\_\_\_  
Date

**WITNESS:**

Comprehensive Community Care Network,  
Inc.

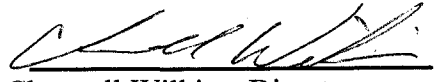
  
Signature

By:   
Signature  
Yolette Bonnet  
Chief Executive Officer

Robbin J. Rodriguez  
Witness Name

2/10/11  
Date

**APPROVED AS TO TERMS  
AND CONDITIONS**

  
Channell Wilkins, Director  
Community Services

### Exhibit A1 WORKPLAN

APPLICANT: CCCnet

SERVICE: Mental Health Services-  
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 one hour of group or individual mental health assessment, referral, therapy and coordination of counseling and support groups by a licensed professional. Units may include psychiatric consultation as required. CCCnet proposes to provide a total of 227 units of service to an estimated 18 clients. Mental Health services are provided by Florida licensed mental health counselors, clinical social workers, and/or family/marriage therapists or psychiatrists.</p> <p>2. 18 HIV+ men, women, children and/or their families will receive therapeutic intervention from stress and mental health issues related to HIV.</p> <p>cost=actual cost + 10% handling fee</p>	<p>1. Upon contractual agreement, CCCnet will continue to provide mental health services by sub-contract with licensed and insured master and doctorate level therapists.</p> <p>2-a. A client will be assessed and linked to a licensed therapist within one week of receiving a referral from a case manager or health care provider.</p> <p>2-b. Each client will receive therapeutic sessions according to CARE Council standards, and an individual careplan, with a minimum of at least one session and a maximum of 18 sessions over 12 months.</p>	<p>3/1/2010</p>	<p>2/28/2011*</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 - Exhibit B1**

**PROPOSED SERVICE:** MENTAL HEALTH THERAPY COUNSELING - formula

**AGENCY NAME:** Comprehensive Community Care Network, Inc.

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

Category	Administration	Program	Total	**AVERAGE Cost Per Unit
A. Personnel	-	8,285	8,285	
B. Fringe Benefits	-	926	926	
C. Travel	-	25	25	
D. Equipment	-	-	-	
E. Supplies	-	-	-	
F. Contractual	-	10,765	10,765	
G. Other	2,000	-	2,000	
<b>Total</b>	2,000	20,000	22,000	Varies by provider

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

\*\* Varies according to type of service

**BUDGET NARRATIVE Exhibit B1**

Service: MENTAL HEALTH THERAPY COUNSELING - 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	2,000	20,000	22,000
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	2,000	20,000	22,000

**BUDGET NARRATIVE Exhibit B1**

**Service:** MENTAL HEALTH THERAPY COUNSELING - formula

**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)		8,285	8,285
13. Employee Benefits			
a. FICA .0765		634	634
b. Fl Unemployment \$7,000 X .0346 X FTE		36	36
c. Workers' Compensation .02		99	99
d. Health Plan \$606 x 12 x FTE		156	156
e. Retirement .03			
14. Sub-Total Employee Benefits		926	926
15. Sub-Total Salaries & Benefits		9,210	9,210
16. Travel			
a. Travel/Transportation		25	25
b. Conference/Registration/Travel			
17. Sub-Total Travel		25	25



**BUDGET NARRATIVE Exhibit B1**

**Service:** MENTAL HEALTH THERAPY COUNSELING - formula

**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 (actual purchase)			
20. Sub-Total Supplies			
21. Contractual (Counselors, therapists, psychiatrists, and program coordination ranging from \$60 to \$200 per hr.)		10,765	10,765
22. Other			
a. Communications/Utilities			
1. Telephone			
2. Postage & Shipping			
3. Utilities (Power/Water/Gas)			
Sub-Total Communications/Utilities			

**BUDGET NARRATIVE Exhibit B1**

**Service:** MENTAL HEALTH THERAPY COUNSELING - formula

**Agency:** CCCnet

**Budget Period:** 3/1/2010 to 2/28/2011\*

<b>Expenditures</b>	<b>Administration Amount</b>	<b>Program</b>	<b>Total Service Costs</b>
B. Food Service			
C. Rental			
1. Building and general expenses			
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 Exhibit B1**

**Service:** MENTAL HEALTH THERAPY COUNSELING - formula

**Agency:** CCCnet

**Budget Period:** 3/1/2010 to 2/28/2011\*

<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. Insurance/General Liability/Professional/Malpractice			
O. Administrative expenses allowed at 10%			
	2,000		2,000
23. Sub-Total Other	2,000		2,000
24. Total Expenditures	2,000	20,000	22,000
25. Total Cost per Unit of Service - (must match unit of service cost used in Workplan)	8.81	88.11	96.92
Total Units			227

**All Financial Information Rounded to Nearest Dollar**

**SALARIES PER SERVICE -Exhibit B1**

Service: MENTAL HEALTH THERAPY COUNSELING - formula  
 Agency: Comprehensive Community Care Network, Inc.  
 Budget Period: 3/1/2010 to 2/28/2011\*

\*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											
Chief Program Officer	Prog	107,302	4,127	205	8	64.48	105,754	5%		5,288	5,288
Behavioral Health Program Manager	Prog	38,012	1,462	205	8	18.28	29,971	10%		2,997	2,997
Total Personnel (Line Item Budget Line A)		145,314	5,589				135,725			8,285	8,285

**PART A  
WORKPLAN**

APPLICANT: CCCnet

SERVICE: Lab Diagnostic Testing

AREA TO BE SERVED: PALM BEACH COUNTY

<u>OBJECTIVE(S)</u>	<u>ACTIVITIES</u>	<u>START DATE</u>	<u>END DATE</u>	<u>NON-DUPLICATING STATEMENT</u>
<p>1. Objective: Identify units of tangible services and # of unduplicated clients to be served. Define a Unit of Service</p> <p>2. Impact Statement: When the objective is accomplished, what impact will it have?</p>	<p>Describe the sequential steps to be taken to accomplish the objective</p>			<p>Indicate any other program in your agency or other agencies in the community which provides similar services. Explain how you will avoid duplication of services, or why additional units of services are needed.</p>
<p>1. A unit of service is a lab test. The cost of tests vary according to type of test performed. CCCnet anticipates providing required lab tests to an unduplicated 4 clients. Labs will include standard lab testing to diagnos and monitor HIV and interrelated conditions associated with the medical care of persons with HIV.</p> <p>2. 4 HIV+ men and women with HIV will have access to critical laboratory tests, as prescribed by the primary physician and following recommended treatment protocols at each medical visit.</p> <p>cost= actual cost plus 10% handling fee.</p>	<p>1. Upon contractual agreement, CCCnet will continue to provide lab tests for eligible HIV+ clients via its state licensed lab.</p> <p>2. CCCnet will determine patient eligibility for RW program funding and verify approved labs charged to account.</p>	<p>3/1/2010</p>	<p>2/28/11*</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 medical records to CCnet and notification of primary treatment site with signed patient consent. A nurse coordinator will oversee patient communications and interagency services in order 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:** LABORATORY DIAGNOSTIC TESTING

**AGENCY NAME:** Comprehensive Community Care Network

**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	-	17,273	17,273	
G. Other	1,727	-	1,727	
<b>Total</b>	1,727	17,273	19,000	Varies by test

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

\*\*Varies according to type of service

## BUDGET NARRATIVE

Service: LABORATORY DIAGNOSTIC TESTINGAgency: CCCnetBudget 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	1,727	17,273	19,000
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	1,727	17,273	19,000

**BUDGET NARRATIVE**

**Service:** LABORATORY DIAGNOSTIC TESTING

**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 \$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: LABORATORY DIAGNOSTIC TESTINGAgency: CCCnetBudget 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			
20. Sub-Total Supplies			
21. Contractual		17,273	17,273
22. Other			
a. Communications/Utilities			
1. Telephone			
2. Postage & Shipping			
3. Utilities (Power/Water/Gas)			
Sub-Total Communications/Utilities			

**BUDGET NARRATIVE**

**Service:** LABORATORY DIAGNOSTIC TESTING

**Agency:** CCCnet

**Budget 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			
F. Dues & Membership			

**BUDGET NARRATIVE**

**Service:** LABORATORY DIAGNOSTIC TESTING

**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. Administrative expense allowed at 10%			
	1,727		1,727
23. Sub-Total Other	1,727		1,727
24. Total Expenditures	1,727	17,273	19,000
25. Total Cost per client	431.83	4,318.25	4,750.08
Total Clients			4

All Financial Information Rounded to Nearest Dollar

**SALARIES PER SERVICE**

Service: LABORATORY DIAGNOSTIC TESTING  
 Agency: Comprehensive Community Care Network  
 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 A3  
WORKPLAN**

APPLICANT: CCCnet

SERVICE: Nurse Care Coordination

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 80 RW eligible patients.</p> <p>2. 80 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 Exhibit B3**

**PROPOSED SERVICE:** NURSE CARE COORDINATION - formula

**AGENCY NAME:** Comprehensive Community Care Network

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

<b>Category</b>	<b>Administration</b>	<b>Program</b>	<b>Total</b>	<b>Cost Per Unit</b>
A. Personnel	-	11,270	11,270	
B. Fringe Benefits	-	1,458	1,458	
C. Travel	-	-	-	
D. Equipment	-	-	-	
E. Supplies	-	-	-	
F. Contractual	-	6,364	6,364	
G. Other	1,908	-	1,908	
<b>Total</b>	1,908	19,092	21,000	VARIES BY PROVIDER

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

**BUDGET NARRATIVE - Exhibit B3**

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	1,908	19,092	21,000
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	1,908	19,092	21,000

**BUDGET NARRATIVE - Exhibit B3**

**Service:** NURSE CARE COORDINATION - formula

**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>
12. Salaries (Must agree with Form C-1)		11,270	11,270
13. Employee Benefits			
a. FICA .0765		862	862
b. FI Unemployment		97	97
c. Workers' Compensation		135	135
d. Health Plan		364	364
e. Retirement			
14. Sub-Total Employee Benefits		1,458	1,458
15. Sub-Total Salaries & Benefits		12,728	12,728
16. Travel			
a. Travel/Transportation			
b. Conference/Registration/Travel			
17. Sub-Total Travel			



**BUDGET NARRATIVE - Exhibit B3**

**Service:** NURSE CARE COORDINATION - formula

**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                      HCN - ELECTRONIC MEDICAL RECORDS		6,364	6,364
22. Other			
a. Communications/Utilities			
1. Telephone			
2. Postage & Shipping			
3. Utilities (Power/Water/Gas )			
Sub-Total Communications/Utilities			

**BUDGET NARRATIVE - Exhibit B3**

**Service:** NURSE CARE COORDINATION - formula

**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 - Exhibit B3**

**Service:** NURSE CARE COORDINATION - formula

**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			
O. Administrative expense allowed at 10%	1,908		1,908
23. Sub-Total Other	1,908		1,908
24. Total Expenditures	1,908	19,092	21,000
25. Total Cost per Unit			
Total Units			

**All Financial Information Rounded to Nearest Dollar**

**SALARIES PER SERVICE - Exhibit B3**

Service: NURSE CARE COORDINATION - formula  
 Agency: Comprehensive Community Care Network  
 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											
Center Manager	Prog	84,994	3,269	182	8	40.86	59,496	5%		2,975	2,975
Nurse	Prog	78,000	3,000	182	8	37.50	54,600	10%		5,460	5,460
Medical Assistant	Prog	32,760	1,260	90	8	15.75	11,340	25%		2,835	2,835
Total Personnel (Line Item Budget Line A)		195,754	7,529				125,436			11,270	11,270

FTE Prog 0.4000

**TOTAL AGENCY BUDGET**

**Comprehensive Community Care Network, Inc.**

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

<b>REVENUES</b>	<b>RW PART A FORMULA</b>	<b>RW PART A SUPPLM</b>	<b>HOPWA</b>	<b>PBC/BCC Tax Dollars</b>	<b>Other * Federal</b>	<b>Other * State</b>	<b>Other * Local</b>	<b>Total</b>
1. Funds from Gov.. Sources	506,874	218,729	2,651,000					3,376,603
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
<b>11. Total Revenues</b>	<b>506,874</b>	<b>218,729</b>	<b>2,651,000</b>				<b>1,510,500</b>	<b>4,887,103</b>
								<b>4,887,103</b>

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

<b>EXPENDITURES</b>	<b>RW PART A FORMULA</b>	<b>RW PART A SUPPLM</b>	<b>HOPWA</b>	<b>PBC/BCC Tax Dollars</b>	<b>Other * Federal</b>	<b>Other * State</b>	<b>Other * Local</b>	<b>Total</b>
12. Salaries	116,075	3,114	159,029				593,800	872,018
Chief Program Officer	6,190							6,190
Client Services Manager								
Behavioral Health Manager	3,692							3,692
Center Manager	23,735	654						24,389
Nurse Practioner	54,675	1,200						55,875
Nurse Coordinator								
Physician								
Medical Assistant	27,783	1,260						29,043
	116,075	3,114	159,029				593,800	872,018

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

**TOTAL AGENCY BUDGET**  
**Comprehensive Community Care Network, Inc.**  
**Agency Budget for Fiscal Year 3/1/10 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	116,075	3,114	159,029				593,800	872,018
13. Employee Benefits								
a. FICA@ .0765	8,880	238	12,166				45,426	66,709
b. FI Unemployment@.0364x7000xfte	532	55	900				1,673	3,160
c. Workers' Comp	1,392	37	3,181				11,876	16,486
d. Health Plan	8,373	192	33,349				135,918	177,832
e. Retirement	2,896		4,771				17,814	25,481
14. Sub-Total Employee Benefits	22,073	522	54,366				212,707	289,668
15. Sub-Total Salaries/Benefits	138,148	3,636	213,395				806,507	1,161,686
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	220,055	54,269					22,727	297,051
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	4,500						154,000	158,500
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	46,079	19,885	148,950				87,543	302,457
<b>25. Sub-Total Other</b>	<b>148,646</b>	<b>160,824</b>	<b>2,417,125</b>				<b>645,266</b>	<b>3,371,861</b>
<b>26. Sub-Total Expenditures</b>	<b>\$506,874</b>	<b>\$218,729</b>	<b>\$2,651,000</b>				<b>\$1,510,500</b>	<b>\$4,887,103</b>

All Financial Information Rounded to Nearest Dollar