PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

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Meeting Date: Febr	======================================	[X] []				======================================
Department Submitted By: Cor Submitted For: Rya	mmunity Service an White Part A	es		_		=======================================
ŧ	<u>I. E.</u>	KECUT	IVE BRIEF			
Motion and Title: S White Part A HIV He decreasing by \$145,3	alth Support Ser	vices C	ontract with F	our	ndC	endment No. 5 to Ryar are, Inc. (R2012–0599) eed \$560,810.
throughout the contra Unspent program do Financial Assistance Medical Transportation Services (\$19,000), valued amount of \$15,870, database system to required by the feder	act year and real ollars in the amou (\$24,581), Hom on (\$75,470), Ou were returned by are necessary to more accurately eral Health Resol are one time fund	llocated unt of the and the age of allow reflect to the age of allow reflect to the age of allow the age of allow the age of age of a age	I to best mee \$161,258, init Community It Medical Carency. Addition the Ryan Weservices rendered Services this agency.	t the ially Base (\$ onal Vhite Adm	e ne co ed \$3,0 adr e H l an ninis	e dollars are reviewed eeds of affected clients ntracted for Emergency Health Care (\$39,207) 200), and Mental Health ministrative funds, in the IV/AIDS Program clien and health outcomes data stration. The additional are federal funds and no
2009, the Palm Bead assigns funding percentage as a second percentage as a	ch County HIV Contages. The Good all (RFP) and see process for this good and Beach County	ARE Carantee electing grant cy nce with yellow the contraction of the	council establi , Palm Beach and contract cle has been h the service p	shesting comportion	s pr unt wi nple ities	eatment Extension Act or riority service areas and y, is responsible for the the the selected service ted agencies have been and funding allocations has issued the FY2012
Attachments: Amen	dment No. 5					=======================================
Recommended By:	Department Dire	ector				1/22/13 Date
Approved By:	Assistant/Count	ty Adm	inistrator			1/28/13 Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2013	2014	2015	2016	2017
Capital Expenditures					
Operating Costs	(145,388)				
External Revenue	0				
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT	(145,388)				
# ADDITIONAL FTE POSITIONS (Cumulative)					
ls Item Included In Current Budget Account No.: Fund <u>1010</u> Dept <u>142</u> Unit				ogram Per	iod <u>GY12</u>
B. Recommended Sour Funding source is the \$15,870 additional fur unspent Formula dollar	Department of nding associated	Health and Hud with this iten	uman Servic n. The decre	es. There ease of \$1	
C. Departmental Fiscal		a Malhotra, Di	rector, Finai	ncial & Sup	oport Svcs
	III. REVIEW	V COMMENTS	<u> </u>		
A. OFMB Fiscal and/or	Contract Deve	lopment and	Control Co	mments:	
OFMB 113	1/22/13 His	Columnact E	Developmen	t and Cont	1)251
B. Legal Sufficiency:					
Chief Assistant Coun	ty Attorney	<u>7</u>			
C. Other Department R	eview:				
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. R2012 – 0599, dated April 17, 2012) made and entered into at West Palm Beach Florida, on this _____ day of _____, 2013 by and between PALM BEACH COUNTY BOARD OF COUNY COMMISSIONERS, a political subdivision of the State of Florida hereinafter referred to as "COUNTY" and FoundCare, Inc. hereinafter referred to as the AGENCY, a not-for-profit corporation, entitled to do business in the State of Florida, whose address is 2330 South Congress Avenue, Palm Springs, FL 33406.

WITNESSETH:

WHEREAS, the need exists to amend the contract to add funding for a onetime Quality Management expense and decrease funding for Emergency Financial Assistance, Home and Community Based Health Care, Medical Transportation, Outpatient Medical Care, Mental Health Services.

NOW THEREFORE, the above named parties hereby mutually agree that the Contract entered into on April 17, 2012 is hereby amended as follows:

- I. Add funding for a **Quality Management** onetime expense to enhance the electronic medical record system. The total reimbursable Quality Management not to exceed amount is \$15,870.
- II. Decrease funding for Emergency Financial Assistance, Home and Community Based Health Care, Medical Transportation, Outpatient Medical Care, and Mental Health Services as follows:
 - Decrease Emergency Financial Assistance by \$24,581 not to exceed \$19,012.
 - Decrease **Home and Community Based Health Care** by \$39,207 not to exceed \$22,407.
 - Decrease **Medical Transportation** by \$75,470 not to exceed \$53,005.
 - Decrease Outpatient Medical Care by \$3,000 not to exceed \$95,598.
 - Decrease Mental Health Services by \$19,000 not to exceed \$5,480.
- III. New Work Plan, Exhibits "A5" attached hereto, shall be added to the work plans Exhibits "A4" in its entirety.
- IV. New Budget, Exhibits "B5" attached hereto, showing the new total budgets for funding shall be added to the New Budget Exhibits "B4" in its entirety.
- V. New Schedule Exhibits "C5" attached hereto shall be added to the Schedule Exhibits "C4" in its entirety.
- VI. Total contract not to exceed amount will be \$560,810.

OTHER PROVISIONS

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

PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS
By:Steven L. Abrams Chairman Date
FoundCare, Inc. By: Signature Yolette Bonnet Chief Executive Officer Date
APPROVED AS TO TERMS AND CONDITIONS Channell Wilkins, Director Palm Beach County

WORK PLAN-Amendment 5 Formula Service: Quality Management

APPLICANT:

FoundCare, Inc.

AREA TO BE SERVED Palm Beach County

OBJECTIVE(S)	ACTIVITIES	START DATE	END DATE	NON-DUPLICATING STATEMENT
 Objective: Identify units of tangible services and # of unduplicated clients to be served. Define a unit of service. Impact Statement: When the objective is accomplished what impact will it have? 	Describe the sequential steps to be taken to accomplish the objective.	DATE	DATE	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.
1. Objective: FoundCare Health Center will contract with Health Choice Network to create a software programming solution to import data from Ryan White patient electronic health records into CAREWare to meet County data reporting requirements. Cost: \$15,870.	Contract with Health Choice Network. (HCN) Coordinate with HCN and County staff to assure the patch meets County requirements.	March 1, 2012	February 28, 2013	1. Currently there is no patch between the Vitera Intergy electronic health record used by FoundCare and CAREWare used by the County.

Jef V

2. Impact: FoundCare will be able to report data in the County's required system and format.			

WORK PLAN-Amendment 5 Formula

Service: Home and Community Based Health Services

APPLICANT: FoundCare, Inc.

AREA TO BE SERVED: Palm Beach County

OE	BJECTIVE(S)	ACTIVITIES	START DATE	END DATE	NON-DUPLICATING STATEMENT
1.	Objective: Identify units of tangible services and # of unduplicated clients to be served. Define a unit of service. Impact Statement: When the objective is accomplished what impact will it have?	Describe the sequential steps to be taken to accomplish the objective.			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.
1.	Unit of service is 1 hour of home and community based health service delivered to an eligible client. The cost per unit varies based on the level of service: paraprofessional home health aides are less expensive than skilled nursing care. Additionally, FoundCare offers durable	Upon notification of grant award, review/renew contracts with licensed home health agencies as needed. Initiate services at beginning of grant period	March 1 2012 Monthly March 1, 2012	February 28, 2013 February 28, 2013	FoundCare brokers home health services for Ryan White clients throughout the county, and receives referrals from other agencies for these services.

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medical equipment when necessary. FoundCare anticipates offering these services to an unduplicated 15 clients during the grant year.		
2. Impact: 15 men/women/children living with HIV/AIDS will be able to remain in their own home as a result of home and community based health services geared toward helping individuals remain in the least restrictive environment while they recover from illness.		

Agency - Program:

CCC Network - Home Health Care - Formula

Fiscal Year:

RW-GY12

Contract #:

R-2012-0599

CSC Program Allocation:

\$22,407

Budget Status: Reviewed By:

Approved tpack

Salary Accounts

Account #	Title	Original Program Budget	Original CSC Budget	Amended CSC Budget	
	Salary Totals:	0	0	0	ĺ

Account #	Title	Original Program Budget	Original CSC Budget	Amended CSC Budget
140.3101	Professional Services	0	0	(
140.3103	Medical/Health Care and Nutrition Services	0	0	(
140.3118	Dental Services	0	0	(
140.3125	Legal Services	0	0	(
140.3126	Interpreter Services	0	0	(
140.3127	Health Disabilities	56,013	56,013	20,370
140.3140	Consultant Services	0	0	(
140.3201	Audit Services	0	0	(
140.3203	Accounting and Consulting Services	0	0	(
140.3401	Other Contractual Services	0	0	(
140.3419	Contracted Food	0	0	(
140.3421	Training	0	0	(
140.3431	Laboratory Testing	0	0	(
140.3438	Emergency Assistance	0	0	(
140.4001	Travel Per Diem and Mileage	0	0	(
140.4101	Communication Services	0	0	(
140.4200	Child Transportation Services	0	0	
140.4201	Other Transportation	0	0	(
140.4205	Postage/Shipping	0	0	(
140.4301	Utilities	0	0	(
140.4401	Rent	0	0	(
140.4405	Rent-Other Equipment	0	0	(
140.4601	Repair and Maintenance	0	0	(
140.4701	Printing and Graphics	0	0	(
140.4909	Licenses, Permits and Certifications	0	0	(
140.4932	Parent Activity	0	0	(
140.4945	Advertising	0	0	(
140.5101	Office Supplies	0	0	(
140.5111	Office Furniture And Equipment	o	0	(
140.5121	Data Processing Software/Accessories	0	0	(
140.5201	Materials/Supplies Operating	0	0	(
140.5202	Janitorial Supplies	0	0	(
140.5230	Medicine and Drugs	0	0	(
140.5231	Medical-Surgical Supplies	0	0	(
140.5233	Laboratory Supplies	0	0	(
140.5242	Food Prep and Serving Supplies	0	0	(
140.5243	Personal Care Items	0	0	(
140.5244	Food and Dietary	0	0	. (
140.5401	Books, Publications and Subscriptions	0	0	(
140.5402	Educational Training Materials	0	0	(
140.5412	Dues and Memberships	0	0	(
140.6401	Machinery and Equipment	0	0	(
140.6405	Data Processing Equipment	0	0	(
140.6406	Data Processing Software	0	0	(

Washing of State	Grand Totals:	61,614	61,614	22,407
	Expense Totals:	61,614	61,614	22,407
820.2501	Unemployment Compensation Prgm	0	0	0
820.2401	Workers' Compensation Prgm	0	0	0
820.2301	Insurance-Life and Health Prgm	0	0	0
820.2201	Retirement Contributions-FRS Pram	0	0	0
820.2112	Other Benefits Prgm	0	0	0
820.2105	FICA Medicare Prgm	0	0	0
820.2101	FICA-Taxes Prgm	0	0	0
820.1201	Salaries and Wages Regular Prgm	0	0	0
800.9515	Admin Costs-Indirect	5,601	5,601	2,037
800.8000	Other Administrative	0	0	0
800.6401	Machinery and Equipment Admin	0	0	0
800.5242	Food Prep and Serving Supplies Admin	0	0	0
800.5201	Materials/Supplies Operating Admin	0	0	0
800.5101	Office Supplies Admin	0	0	0
800.4401	Rent Admin	0	0	0
800.4301	Utilities Admin	0	0	0
800.4101	Communication Services Admin	0	0	0
800.4001	Travel And Per Diem Admin	0	0	0
800.3203	Accounting and Consulting Service Admin	0	0	0
800.3201	Audit Services Admin	0	0	0
800.2501	Unemployment Compensation Admin	0	0	0
800.2301	Workers' Compensation Admin	0	0	0
800.2201 800.2301	Retirement Contributions-FRS Admin Insurance-Life and Health Admin	0	0	0
800.2112	Other Benefits Admin Patierment Contributions EDS Admin	0	0	0
800.2105	FICA Medicare Admin	0	0	0
800.2101	FICA-Taxes Admin	0	0	0
800.1201	Salaries and Wages Regular Admin	0	0	0
140.8000	<u>Unit Cost - Direct Services</u>	0	0	0

^{*} To add a detail level program funder click on any general ledger account.

Program FundersNo Funders have been added to this budget.

Comment L	.og
History:	New
Add Comment:	
Email Comment:	
	* Email will only be sent for approvals and rejections unless it was checked in the Approval Chain Setup.
	Back

WORK PLAN Amendment 5 Formula

Service: Emergency Financial Assistance

APPLICANT: FoundCare, Inc.

AREA TO BE SERVED: Palm Beach County

OBJECTIVE(S) 1. Objective: Identify units of tangible services and # of unduplicated clients to be served. Define a unit of service. 2. Impact Statement: When the objective is accomplished what impact will it have?	ACTIVITIES Describe the sequential steps to be taken to accomplish the objective.	START DATE	END DATE	NON-DUPLICATING STATEMENT 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.
Unit of service is 1 access to emergency assistance, limited to no more than \$1,000. Cost per unit varies depending on the type of assistance provided. FoundCare anticipates providing emergency financial assistance to 23 people living with HIV/AIDS	Upon notification of grant award, review/renew contracts with licensed home health agencies as needed.	March 1, 2012	February 28, 2013	FoundCare pays for emergency financial assistance services on behalf of clients after assuring that all other available resources have been applied to and denied.

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during the grant year.				
2. Impact: 23 men/women/children living with HIV/AIDS will be able to sustain their health through the use of emergency financial assistance that provides stable housing/utilities/medications or insurance.	Initiate services at beginning of grant period	Monthly March 1, 2012	February 28, 2013	

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Agency - Program:

CCC Network - Emergency Financial Assistance - Formula

Fiscal Year: Contract #: RW-GY12

CSC Program Allocation:

R-2012-0599

Budget Status:

\$19,012

Reviewed By:

Approved tpack

Interpreter Services

Consultant Services

Accounting and Consulting Services

Other Contractual Services

Health Disabilities

Audit Services

Contracted Food

Laboratory Testing

<u>Training</u>

Salary Accounts

140.3127

140.3140

140.3201

140.3203

140.3401

140.3419

140.3421

140.3431

140.3438

Account #	Title	Original Program Budget	Original CSC Budget	Amended CSC Budget
	Salary Totals:	0	0	0

Expense Accounts Original Original Amended Account # Title Program CSC CSC **Budget Budget Budget** 140.3101 Professional Services 0 0 0 140.3103 Medical/Health Care and Nutrition Services 0 0 0 140.3118 0 0 0 Dental Services 0 140.3125 0 0 Legal Services 140.3126 0 0 0

0

0

0

0

0

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0

39,630

0

0

0

0

0

0

0

0

39,630

0

0

0

0

0

0

0

0

17,284

	Grand Totals:	43,593	43,593	19,012
	Expense Totals:	43,593	43,593	19,012
820.2501	Unemployment Compensation Prgm	0	0	0
820.2401	Workers' Compensation Prgm	0	0	0
820.2301	Insurance-Life and Health Prgm	0	0	0
820.2201	Retirement Contributions-FRS Prgm	0	0	0
820.2112	Other Benefits Prgm	0	0	0
820.2105	FICA Medicare Prgm	0	0	0
820.2101	FICA-Taxes Prgm	0	0	0
820.1201	Salaries and Wages Regular Prgm	0	0	0
800.9515	Admin Costs-Indirect	3,963	3,963	1,728
800.8000	Other Administrative	0	0	0
800.6401	Machinery and Equipment Admin	0	0	0
800.5242	Food Prep and Serving Supplies Admin	0	0	0
800.5201	Materials/Supplies Operating Admin	0	0	0
800.5101	Office Supplies Admin	0	0	0
800.4401	Rent Admin	0	0	0
800.4301	Utilities Admin	0	0	0
800.4101	Communication Services Admin	0	0	0
800.4001	Travel And Per Diem Admin	0	0	0
800.3203	Accounting and Consulting Service Admin	0	0	0
800.3201	Audit Services Admin	0	0	0
800.2501	Unemployment Compensation Admin	0	0	0
800.2401	Workers' Compensation Admin	0	0	0
800.2301	Insurance-Life and Health Admin	0	0	0
800.2201	Retirement Contributions-FRS Admin	0	0	0
800.2112	Other Benefits Admin	0	0.	0
800.2105	FICA Medicare Admin	0	0	0
800.2101	FICA-Taxes Admin	0	0	C
800.1201	<u>Unit Cost - Direct Services</u> Salaries and Wages Regular Admin	0	0	C

^{*} To add a detail level program funder click on any general ledger account.

Program FundersNo Funders have been added to this budget.

Comment I	Log
History:	New
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Comment:	
Email Comment:	
	* Email will only be sent for approvals and rejections unless it was checked in the Approval Chain Setup.
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WORK PLAN-Amendment 5 Formula

Service: Outpatient/Ambulatory Medical Care

APPLICANT:	FoundCare, Inc.	AREA TO BE SERVED Palm Beach County

OBJECTIVE(S)	ACTIVITIES	START DATE	END DATE	NON-DUPLICATING STATEMENT
 Objective: Identify units of tangible services and # of unduplicated clients to be served. Define a unit of service. Impact Statement: When the objective is accomplished what impact will it have? 	Describe the sequential steps to be taken to accomplish the objective.			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.
		:		
1. Objective: FoundCare Health Center will provide up to 580 units of outpatient primary and specialty ambulatory care to 97 uninsured patients per years.	1. HIV patients will receive confirmation testing, diagnostic lab, immunizations, prescriptions, diagnosis and ongoing monitoring of HIV/AIDS as well as general primary care conditions.	March 1, 2012	February 28, 2013	1. FoundCare Health Center is the sole provider of medical services within FoundCare, Inc.,, Patients receiving primary care at an alternate location will only receive infectious disease consultation in coordination with primary

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2. Impact: FoundCare Health
Center will provide comprehensive
primary and specialty care
management to improve and
maintain the health of uninsured
patients with HIV/AIDS diagnosis.

2. Uninsured patients will receive access to primary care, diagnostic labs, prescriptions, and linkage to required social services with a minimum of quarterly or as needed medical visits per year.

care provider.

2.Uninsured patients will be assessed for insurance eligibility or eligibility for other community services. FoundCare will continue to work collaboratively with existing or new organizations to implement a well coordinated health care plan that minimizes or prevents duplication of services.

Agency - Program: CCC Network - Outpatient Primary Care - Formula

Fiscal Year: RW-GY12
Contract #: R2012-0599
CSC Program Allocation: \$95,958
Budget Status: Approved
Reviewed By: tpack

Salary Accounts

Account #	Title	Original Program Budget	Original CSC Budget	Amended CSC Budget
	Salary Totals:	0	0	0

Expense Accounts **Original** Original **Amended** Account # Title **CSC** Program Budget Budget Budget 140.3101 0 0 0 Professional Services 140.3103 0 0 0 Medical/Health Care and Nutrition Services 140.3118 0 0 0 Dental Services 140.3125 0 0 0 <u>Legal Services</u> 0 0 140.3126 Interpreter Services 0 140.3127 Health Disabilities 0 0 0 0 0 0 140.3140 Consultant Services 0 0 140.3201 0 Audit Services 140.3203 0 0 0 Accounting and Consulting Services 0 0 0 140.3401 Other Contractual Services 0 0 140.3419 0 Contracted Food 0 0 0 140.3421 **Training** 140.3431 0 0 0 <u>Laboratory Testing</u> 0 0 140.3438 0 **Emergency Assistance** 140.4001 0 0 0 Travel Per Diem and Mileage 0 0 0 140.4101 Communication Services 0 140.4200 Child Transportation Services 0 0 0 0 140.4201 0 Other Transportation 0 0 0 140.4205 Postage/Shipping 0 <u>Utilities</u> 0 0 140.4301 0 0 0 140,4401 <u>Rent</u> 0 0 0 140.4405 Rent-Other Equipment Repair and Maintenance 0 0 0 140.4601 140.4701 0 0 0 Printing and Graphics Licenses, Permits and Certifications 0 0 140.4909 0 0 0 140.4932 0 Parent Activity 0 0 0 140.4945 <u>Advertising</u> 0 0 0 140.5101 Office Supplies 0 0 0 140.5111 Office Furniture And Equipment 0 0 0 140.5121 Data Processing Software/Accessories 0 0 0 140.5201 Materials/Supplies Operating 0 0 0 140.5202 Janitorial Supplies 0 0 0 140.5230 Medicine and Drugs 140.5231 0 0 0 Medical-Surgical Supplies 0 140.5233 0 0 Laboratory Supplies 0 0 0 140.5242 Food Prep and Serving Supplies 0 0 0 140.5243 Personal Care Items 0 0 0 140.5244 Food and Dietary 0 0 0 140.5401 Books, Publications and Subscriptions 0 0 140.5402 0 **Educational Training Materials** 140.5412 Dues and Memberships 0 0 0 0 0 0 140.6401 Machinery and Equipment 0 0 0 140.6405 Data Processing Equipment 0 0 140.6406 0 Data Processing Software

	Grand Totals:	28,800	28,800	95,598
	Expense Totals:	28,800	28,800	95,598
820.2501	Unemployment Compensation Prgm	138	138	0
820.2401	Workers' Compensation Prgm	418	418	0
820.2301	Insurance-Life and Health Prgm	2,523	2,523	0
820.2201	Retirement Contributions-FRS Pram	626	626	0
820.2112	Other Benefits Pram	0	0	0
820.2105	FICA Medicare Prgm	0	0	0
820.2101	FICA-Taxes Prgm	1,597	1,597	0
820.1201	Salaries and Wages Regular Prgm	20,880	20,880	0
800.9515	Admin Costs-Indirect	2,618	2,618	8,691
800.8000	Other Administrative	0	0	0
800.6401	Machinery and Equipment Admin	0	0	0
800.5242	Food Prep and Serving Supplies Admin	0	0	0
800.5201	Materials/Supplies Operating Admin	0	0	0
800.5101	Office Supplies Admin	0	0	0
800.4401	Rent Admin	0	0	0
800.4301	Utilities Admin	0	0	0
800.4101	Communication Services Admin	0	0	0
800.4001	Travel And Per Diem Admin	0	0	0
800.3203	Accounting and Consulting Service Admin	0	0	0
800.3201	Audit Services Admin	0	0	0
800.2501	Unemployment Compensation Admin	0	0	0
800.2401	Workers' Compensation Admin	0	0	0
800.2301	Insurance-Life and Health Admin	0	0	0
800.2201	Retirement Contributions-FRS Admin	0	0	0
800.2112	Other Benefits Admin	0	0	0
800.2105	FICA Medicare Admin	0	0	0
800.2101	FICA-Taxes Admin	0	0	0
140.8000 800.1201	<u>Unit Cost - Direct Services</u> Salaries and Wages Regular Admin	0	0	86,907 0

^{*} To add a detail level program funder click on any general ledger account.

Program FundersNo Funders have been added to this budget.

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History:	New
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	* Email will only be sent for approvals and rejections unless it was checked in the Approval Chain Setup.
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WORK PLAN – Amendment 5 Formula

Service: Medical Transportation

APPLICANT: FoundCare, Inc.

AREA TO BE SERVED: Palm Beach County

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OBJECTIVE(S) 1. Objective: Identify units of tangible services and # of unduplicated clients to be served. Define a unit of service. 2. Impact Statement: When the objective is accomplished what impact will it have?	ACTIVITIES Describe the sequential steps to be taken to accomplish the objective.	START DATE	END DATE	NON-DUPLICATING STATEMENT 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.
 Unit of service is a bus pass (1 day or 31 day) or cab voucher to assist clients in accessing medical appointments. Price varies upon the type of pass or voucher and distance traveled. 	Upon notification of grant award prepare to continue offering medical transportation services	March 1, 2012	March 1, 2012	FoundCare works with clients to determine other transportation resources. When cost-effective, FoundCare helps clients access 31 day bus passes through PalmTran to meet their transportation needs to

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1	00	•

Impact: 295 men/women/o living with HIV/AIDS will be to access their medical appointments through the a bus pass (1 day or 31 day cab voucher.	e able beginning of grant per use of	iod Monthly March 1, 2012	February 28, 2013	access medical appointments. Cab vouchers are available on a very limited basis as funds allow.
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Agency - Program:

CCC Network - Transportation - Formula

Fiscal Year:

RW-GY12

Contract #:

R2012-0599

CSC Program Allocation: **Budget Status:**

\$53,005

Reviewed By:

Approved tpack

Salary Accounts

Account #	Title	Original Program Budget	Original CSC Budget	Amended CSC Budget
	Salary Totals:	0	0	0

	Salary Total	s: 0	0	0
Expense Acc	counts			
Account #	Title	Original Program Budget	Original CSC Budget	Amended CSC Budget
140.3101	Professional Services	0	0	C
140.3103	Medical/Health Care and Nutrition Services	0	0	C
140.3118	Dental Services	0	0	C
140.3125	<u>Legal Services</u>	0	0	C
140.3126	Interpreter Services	0	0	C
140.3127	Health Disabilities	0	0	C
140.3140	Consultant Services	0	0	C
140.3201	Audit Services	0	0	C
140.3203	Accounting and Consulting Services	0	0	O
140.3401	Other Contractual Services	0	0	C
140.3419	Contracted Food	0	0	0
140.3421	Training	0	0	0
140.3431	Laboratory Testing	0	0	. 0
140.3438	Emergency Assistance	0	0	0
140.4001	Travel Per Diem and Mileage	0	0	0
140.4101	Communication Services	0	0	0
140.4200	Child Transportation Services	0	0	0
140.4201	Other Transportation	75,602	75,602	48,186
140.4205	Postage/Shipping	0	0	0
140.4301	<u>Utilities</u>	0	0	0
140.4401	Rent	0	0	0
140.4405	Rent-Other Equipment	0	0	0
140.4601	Repair and Maintenance	0	0	0
140.4701	Printing and Graphics	0	0	0
140.4909	Licenses, Permits and Certifications	0	0	0
140.4932	Parent Activity	0	0	. 0
140.4945	Advertising	0	0	0
140.5101	Office Supplies	0	0	0
140.5111	Office Furniture And Equipment	0	0	0
140.5121	Data Processing Software/Accessories	0	0	0
140.5201	Materials/Supplies Operating	0	0	0
140.5202	Janitorial Supplies	0	0	0
140.5230	Medicine and Drugs	0	0	0
140.5231	Medical-Surgical Supplies	0	0	0
140.5233	Laboratory Supplies	0	0	0
140.5242	Food Prep and Serving Supplies	0	0	0
140.5243	Personal Care Items	0	0	0
140.5244	Food and Dietary	0	0	0
140.5401	Books, Publications and Subscriptions	0	0	0
140.5402	Educational Training Materials	0	0	0
140.5412	Dues and Memberships	. 0	0	0
140.6401	Machinery and Equipment	0	0	0
140.6405	Data Processing Equipment	0	0	0
140.6406	Data Processing Software	0	0	0

140.8000	Unit Cost - Direct Services	o	0	o
800.1201	Salaries and Wages Regular Admin	0	0	0
800.2101	FICA-Taxes Admin	0	0	0
800.2105	FICA Medicare Admin	0	0	0
800.2112	Other Benefits Admin	0	0	0
800.2201	Retirement Contributions-FRS Admin	0	0	0
800.2301	Insurance-Life and Health Admin	0	0	0
800.2401	Workers' Compensation Admin	0	0	0
800.2501	Unemployment Compensation Admin	0	0	0
800.3201	Audit Services Admin	0	0	0
800.3203	Accounting and Consulting Service Admin	0	0	0
800.4001	Travel And Per Diem Admin	0	0	0
800.4101	Communication Services Admin	0	0	0
800.4301	Utilities Admin	0	0	0
800.4401	Rent Admin	0	0	0
800.5101	Office Supplies Admin	0	0	0
800.5201	Materials/Supplies Operating Admin	0	0	0
800.5242	Food Prep and Serving Supplies Admin	0	0	0
800.6401	Machinery and Equipment Admin	0	0	0
800.8000	Other Administrative	0	0	0
800.9515	Admin Costs-Indirect	7,561	7,561	4,819
820.1201	Salaries and Wages Regular Prgm	0	0	0
820.2101	FICA-Taxes Prgm	0	0	0
820.2105	FICA Medicare Prgm	0	0	0
820.2112	Other Benefits Prgm	0	0	0
820.2201	Retirement Contributions-FRS Prgm	0	0	0
820.2301	Insurance-Life and Health Prgm	0	0	0
820.2401	Workers' Compensation Pram	0	0	0
820.2501	Unemployment Compensation Prqm	0	0	0
	Expense Totals:	83,163	83,163	53,005

^{*} To add a detail level program funder click on any general ledger account.

Program Funders

No Funders have been added to this budget.

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	* Email will only be sent for approvals and rejections unless it was checked in the Approval Chain Setup.
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Grand Totals:

83,163

83,163

53,005

WORK PLAN-Amendment 5 Formula Service: Mental Health Services

APPLICANT: FoundCare, Inc. AREA TO BE SERVED: Palm Beach County

1.	Objective: Identify units of tangible services and # of unduplicated clients to be served. Define a unit of service. Impact Statement: When the objective is accomplished what impact will it have?	ACTIVITIES Describe the sequential steps to be taken to accomplish the objective.	START DATE	END DATE	NON-DUPLICATING STATEMENT 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.
1.	Unit of service is 1 hour of mental health therapy delivered in an individual or group setting.	Upon notification of grant award, continue agreements with licensed	March 1, 2012	March 1, 2012	FoundCare screens clients for Ryan White eligibility for mental health services and refers to other community
2.	Cost per unit varies based upon modality and therapist. FoundCare is proposing to offer approximately 88 hours of therapy to a minimum of 4people	therapists. Initiate services at beginning of grant period	Monthly March 1, 2012	February 28, 2013	resources when they are available. Unfortunately, there are very limited sources for outpatient mental health counseling for people living

living with HIV/AIDS.	Conduct group and/or individual therapy sessions	Monthly March 1,	February 28, 2013	with HIV/AIDS.
3. Impact: A minimum of 4 men/women/children living with HIV/AIDS will achieve alleviation of mental health symptoms as a result of participation in group or individual therapy.	to serve a minimum of 15 eligible clients during the grant year.	2012		

Agency - Program:

CCC Network - Mental Health Counseling - Formula

Fiscal Year:

RW-GY12

Contract #:

R2012-0599

CSC Program Allocation: Budget Status:

\$5,480

Reviewed By:

Approved tpack

Salary Accounts

Account #	Title	Original Program Budget	Original CSC Budget	Amended CSC Budget
	Salary Totals:	0	0	0

Expense Accounts Original Original Amended Account # Title Program Budget Budget **Budget** 140.3101 Professional Services 4,981 17,267 17,267 140.3103 Medical/Health Care and Nutrition Services 0 0 0 140.3118 0 0 0 Dental Services 0 0 0 140.3125 Legal Services 140.3126 0 0 0 Interpreter Services Health Disabilities 140.3127 0 0 0 0 0 0 140.3140 Consultant Services 140.3201 0 0 0 Audit Services 0 0 140.3203 0 Accounting and Consulting Services 0 0 0 140.3401 Other Contractual Services 0 140.3419 Contracted Food 0 0 140.3421 **Training** 0 0 0 0 0 0 140.3431 Laboratory Testing 0 0 0 140.3438 **Emergency Assistance** 0 0 0 140,4001 Travel Per Diem and Mileage 0 0 0 140.4101 Communication Services 0 0 0 140.4200 Child Transportation Services 140.4201 0 0 0 Other Transportation 0 0 0 140.4205 Postage/Shipping 140.4301 0 0 0 **Utilities** 0 0 0 140.4401 <u>Rent</u> 0 0 140.4405 Rent-Other Equipment 0 0 0 0 140.4601 Repair and Maintenance 140,4701 0 0 0 Printing and Graphics 0 0 0 140.4909 Licenses, Permits and Certifications 0 0 0 140.4932 Parent Activity 140.4945 0 0 0 <u>Advertising</u> 140.5101 Office Supplies 0 0 0 0 0 0 140.5111 Office Furniture And Equipment 0 0 0 140.5121 Data Processing Software/Accessories 0 0 0 140.5201 Materials/Supplies Operating 0 0 0 140.5202 Janitorial Supplies 0 0 0 140.5230 Medicine and Drugs 0 0 140.5231 Medical-Surgical Supplies 0 Laboratory Supplies 0 0 0 140.5233 140.5242 0 0 0 Food Prep and Serving Supplies 0 140.5243 Personal Care Items 0 0 0 0 0 140.5244 Food and Dietary 0 0 0 140.5401 Books, Publications and Subscriptions 0 0 0 140.5402 **Educational Training Materials** 0 140.5412 Dues and Memberships 0 0 140.6401 0 0 0 Machinery and Equipment 0 0 0 140.6405 Data Processing Equipment 0 140.6406 Data Processing Software 0 0

	Grand Totals:	18,994	18,994	5,480
	Expense Totals:	18,994	18,994	5,480
820.2501	Unemployment Compensation Prgm	0	0	0
820.2401	Workers' Compensation Prgm	0	0	0
820.2301	Insurance-Life and Health Prgm	0	0	0
820.2201	Retirement Contributions-FRS Prgm	0	0	0
820.2112	Other Benefits Prgm	0	0	0
820.2105	FICA Medicare Prgm	0	0	0
820.2101	FICA-Taxes Prgm	0	0	0
820.1201	Salaries and Wages Regular Prgm	0	0	0
800.9515	Admin Costs-Indirect	1,727	1,727	499
800.8000	Other Administrative	0	0	0
800.6401	Machinery and Equipment Admin	0	0	0
800.5242	Food Prep and Serving Supplies Admin	0	0	O
800.5201	Materials/Supplies Operating Admin	0	0	O
800.5101	Office Supplies Admin	0	0	0
800.4401	Rent Admin	0	0	0
800.4301	Utilities Admin	0	0	0
800.4101	Communication Services Admin	0	0	O
800.4001	Travel And Per Diem Admin	0	0	O
800.3203	Accounting and Consulting Service Admin	0	0	O
800.3201	Audit Services Admin	0	0	C
800.2501	Unemployment Compensation Admin	0	0	C
800.2401	Workers' Compensation Admin	0	0	C
800.2301	Insurance-Life and Health Admin	0	0	C
800.2201	Retirement Contributions-FRS Admin	0	0	C
800.2112	Other Benefits Admin	0	0	(
800.2105	FICA Medicare Admin	0	0	
800.2101	FICA-Taxes Admin	0	0	
800.1201	Salaries and Wages Regular Admin	0	0	0

^{*} To add a detail level program funder click on any general ledger account.

Program FundersNo Funders have been added to this budget.

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	* Email will only be sent for approvals and rejections unless it was checked in the Approval Chain Setup.
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WORK PLAN Amendment 5 Formula

Service: Food Bank/Home Delivered Meals

APPLICANT: FoundCare, Inc.

AREA TO BE SERVED: Palm Beach County

OI	BJECTIVE(S)	ACTIVITIES	START DATE	END DATE	NON-DUPLICATING STATEMENT
	Objective: Identify units of tangible services and # of unduplicated clients to be served. Define a unit of service. Impact Statement: When the objective is accomplished what impact will it have?	Describe the sequential steps to be taken to accomplish the objective.			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.
1.	Unit of service is 1 food voucher. FoundCare anticipates providing 6,328 food vouchers to an unduplicated 240 clients during the grant year.	Upon notification of grant award prepare to continue offering food program services.	March 1, 2012	February 28, 2013	FoundCare maintains an emergency pantry in each office that is strictly for "hunger" situations and is financed with other resources. This is the only ongoing food
2.	Impact: 240 men/women/children living with HIV/AIDS will be able	Initiate services at beginning of grant period	Monthly March 1,	February 28, 2013	program for people living with HIV/AIDS within the agency.

to meet their nutritional needs as a result of food program support. Given guidance from their healthcare provider as a result of a regular nutritional assessment, these individuals will be able to select healthy food choices.	2012	Other agencies maintain similar voucher programs for their clients. FoundCare does provide food vouchers to eligible clients of other agencies when there is availability.
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Agency - Program:

CCC Network - Food Bank / Home Delivered Meals - Formula

Fiscal Year:

RW-GY12

Contract #:

R-2012-0599

CSC Program Allocation: Budget Status:

\$174,042

Approved

Reviewed By:

tpack

Salary Accounts

Account #	Title	Original Program Budget	Original CSC Budget	Amended CSC Budget
	Salary Totals:	0	0.	0

	Title	Program Budget	CSC Budget	CSC Budget
140.3101	<u>Professional Services</u>	0	0	0
140.3103	Medical/Health Care and Nutrition Services	. 0	0	C
140.3118	<u>Dental Services</u>	0	0	C
140.3125	<u>Legal Services</u>	0	0	C
140.3126	Interpreter Services	0	0	C
140.3127	<u>Health Disabilities</u>	0	0	C
140.3140	Consultant Services	0	0	C
140.3201	Audit Services	0	0	C
140.3203	Accounting and Consulting Services	0	0	C
140.3401	Other Contractual Services	0	0	C
140.3419	Contracted Food	0	0	C
140.3421	Training	0	0	C
140.3431	Laboratory Testing	0	0	C
140.3438	Emergency Assistance	0	0	C
140.4001	Travel Per Diem and Mileage	0	0	C
140.4101	Communication Services	0	0	C
140.4200	Child Transportation Services	0	0	C
140.4201	Other Transportation	0	0	C
140.4205	Postage/Shipping	0	0	C
140.4301	<u>Utilities</u>	0	0	C
140.4401	Rent	0	0	C
140.4405	Rent-Other Equipment	0	0	C
140.4601	Repair and Maintenance	0	0	C
140.4701	Printing and Graphics	0	0	C
140.4909	Licenses, Permits and Certifications	0	0	C
140.4932	Parent Activity	0	0	C
140.4945	Advertising	0	0	C
140.5101	Office Supplies	0	0	O
140.5111	Office Furniture And Equipment	0	0	O
140.5121	Data Processing Software/Accessories	. 0	0	О
140.5201	Materials/Supplies Operating	0	0	0
140.5202	Janitorial Supplies	0	0	C
140.5230	Medicine and Drugs	0	0	0
140.5231	Medical-Surgical Supplies	0	0	0
140.5233	Laboratory Supplies	0	0	0
140.5242	Food Prep and Serving Supplies	0	0	0
140.5243	Personal Care Items	0	0	O
140.5244	Food and Dietary	117,850	117,850	158,226
140.5401	Books, Publications and Subscriptions	0	0	0
140.5402	Educational Training Materials	0	0	0
140.5412	Dues and Memberships	0	0	C
140.6401	Machinery and Equipment	0	0	C
440.6405	Data Processing Equipment	0	0	0
140.6405	1	0	O1	U

	Grand Tota	ls: 129,628	129,628	174,042
	Expense Total	is: 129,628	129,628	174,042
820.2501	Unemployment Compensation Prgm	0	0	С
820.2401	Workers' Compensation Prgm	0	0	C
820.2301	Insurance-Life and Health Prgm	0	0	C
820.2201	Retirement Contributions-FRS Prqm	0	0	C
820.2112	Other Benefits Prgm	0	0	
820.2105	FICA Medicare Prgm	0	0	
820.2101	FICA-Taxes Prgm	0	0	0
820.1201	Salaries and Wages Regular Prgm	0	0	
800.9515	Admin Costs-Indirect	11,778	11,778	15,816
800.8000	Other Administrative	0	0	0
800.6401	Machinery and Equipment Admin	0	0	
800.5242	Food Prep and Serving Supplies Admin	0	0	
800.5201	Materials/Supplies Operating Admin	0	0	
800.5101	Office Supplies Admin	0	0	
800.4401	Rent Admin	0	0	
800.4301	Utilities Admin	0	0	
800.4101	Communication Services Admin	0	0	
800.4001	Travel And Per Diem Admin	0	0	
800.3203	Accounting and Consulting Service Admin	0	0	
800.3201	Audit Services Admin	0	0	
800.2501	Unemployment Compensation Admin	0	0	
800.2401	Workers' Compensation Admin	0	0	
800.2301	Insurance-Life and Health Admin	0	0	(
800.2201	Retirement Contributions-FRS Admin	0	0	(
800.2112	Other Benefits Admin	0	0	
800.2105	FICA Medicare Admin	0	0	(
800.2101	FICA-Taxes Admin	0		(
140.8000 800.1201	<u>Unit Cost - Direct Services</u> <u>Salaries and Wages Regular Admin</u>	0		(

st To add a detail level program funder click on any general ledger account.

Program FundersNo Funders have been added to this budget.

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	* Email will only be sent for approvals and rejections unless it was checked in the Approval Chain Setup.
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WORK PLAN Amendment 5 FoundCare, Inc. Service: Housing Services

APPLICANT: FoundCare, Inc.

AREA TO BE SERVED: Palm Beach County

OBJECTIVE(S) 1. Objective: Identify units of tangible services and # of unduplicated clients to be served. Define a unit of service. 2. Impact Statement: When the objective is accomplished what impact will it have?	ACTIVITIES Describe the sequential steps to be taken to accomplish the objective.	START DATE	END DATE	NON-DUPLICATING STATEMENT 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.
 Unit of service is 1 day in emergency or transitional housing. FoundCare anticipates providing 662 days Impact: 15 men/women/children living with HIV/AIDS will be able to continue access to medical care as a result of a stable 	Upon notification of grant award designate housing counselor for the program, seek out venues for emergency/transitional housing and publicize program.	July 1, 2012	February 28, 2013	FoundCare offers housing assistance to those who are in a stable situation; however, there are no identified resources for people living with HIV/AIDS who need emergency/transitional housing.

[Type text]

262

housing situation due to emergency and transitional housing support.	Initiate services at beginning of grant period	Monthly July 1, 2012		

Agency - Program:

CCC Network - Housing Services

Fiscal Year:

RW-GY12

Contract #:

R2012-

CSC Program Allocation: Budget Status:

\$56,994 **Approved**

Reviewed By:

tpack

Salary Accounts

Account #	Title	Original Program Budget	Original CSC Budget	Amended CSC Budget
	Salary Totals:	0	0	0

	Salary Totals:	0	0	0
Expense Acc	counts			
Account #	Title	Original Program Budget	Original CSC Budget	Amended CSC Budget
140.3101	Professional Services	0	0	0
140.3103	Medical/Health Care and Nutrition Services	0	0	0
140.3118	Dental Services	0	0	0
140.3125	Legal Services	0	0	0
140.3126	Interpreter Services	0	0	0
140.3127	Health Disabilities	0	0	0
140.3140	Consultant Services	0	0	0
140.3201	Audit Services	0	0	0
140.3203	Accounting and Consulting Services	0	0	0
140.3401	Other Contractual Services	0.	0	0
140.3419	Contracted Food	0	0	0
140.3421	Training	0	0	0
140.3431	Laboratory Testing	0	0	0
140.3438	Emergency Assistance	36,715	36,715	36,715
140.4001	Travel Per Diem and Mileage	800	800	800
140.4101	Communication Services	0	o	0
140.4200	Child Transportation Services	0	0	0
140.4201	Other Transportation	0	0	0
140.4205	Postage/Shipping	0	0	0
140.4301	<u>Utilities</u>	0	0	0
140.4401	Rent	0	0	0
140.4405	Rent-Other Equipment	0	0	0
140.4601	Repair and Maintenance	0	0	0
140.4701	Printing and Graphics	0	0	0
140.4909	Licenses, Permits and Certifications	0	0	0
140.4932	Parent Activity	0	0	0
140.4945	Advertising	0	0	0
140.5101	Office Supplies	750	750	750
140.5111	Office Furniture And Equipment	0	0	0
140.5121	Data Processing Software/Accessories	0	0	0
140.5201	Materials/Supplies Operating	0	0	0
140.5202	Janitorial Supplies	0	0	0
140.5230	Medicine and Drugs	0	0	0
140.5231	Medical-Surgical Supplies	0	0	0
140.5233	<u>Laboratory Supplies</u>	0	0	0
140.5242	Food Prep and Serving Supplies	0	0	0
140.5243	Personal Care Items	0	0	0
140.5244	Food and Dietary	0	0	0
140.5401	Books, Publications and Subscriptions	0	0	0
140.5402	Educational Training Materials	. 0	0	0
140.5412	<u>Dues and Memberships</u>	0	0	0
140.6401	Machinery and Equipment	0	0	0
140.6405	Data Processing Equipment	0	0	0
140.6406	Data Processing Software	0	0	0

	Grand Totals:	56,994	56,994	56,994
	Expense Totals:	56,994	56,994	56,994
820.2501	Unemployment Compensation Prgm	218	218	218
820.2401	Workers' Compensation Prgm	291	291	291
820.2301	Insurance-Life and Health Prgm	520	520	520
820.2201	Retirement Contributions-FRS Prgm	120	120	120
820.2112	Other Benefits Prgm	0	0	0
820.2105	FICA Medicare Prgm	0	0	0
820.2101	FICA-Taxes Prgm	881	881	881
820.1201	Salaries and Wages Regular Prgm	11,518	11,518	11,518
800.9515	Admin Costs-Indirect	5,181	5,181	5,181
800.8000	Other Administrative	0	0	0
800.6401	Machinery and Equipment Admin	0	0	0
800.5242	Food Prep and Serving Supplies Admin	0	0	0
800.5201	Materials/Supplies Operating Admin	0	0	0
800.5101	Office Supplies Admin	0	0	0
800.4401	Rent Admin	0	0	0
800.4301	<u>Utilities Admin</u>	0	0	0
800.4101	Communication Services Admin	0	0	0
800.4001	Travel And Per Diem Admin	0	0	0
800.3203	Accounting and Consulting Service Admin	0	0	0
800.3201	Audit Services Admin	0	0	0
800.2501	Unemployment Compensation Admin	0	0	0
800.2401	Workers' Compensation Admin	0	.0	0
800.2301	Insurance-Life and Health Admin	0	0	0
800.2201	Retirement Contributions-FRS Admin	0	0	0
800.2112	Other Benefits Admin	0	0	(
800.2105	FICA Medicare Admin	0	0	0
800.2101	FICA-Taxes Admin	<u>0</u>	0	(
140.8000 800.1201	<u>Unit Cost - Direct Services</u> <u>Salaries and Wages Regular Admin</u>	0	0	

^{*} To add a detail level program funder click on any general ledger account.

Program Funders

No Funders have been added to this budget.

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WORK PLAN-Amendment 5 Formula

Service: Residential Substance Abuse Treatment

APPLICANT: FoundCare, Inc.

AREA TO BE SERVED: Palm Beach County

	BJECTIVE(S)	ACTIVITIES	START DATE	END DATE	NON-DUPLICATING STATEMENT
	Objective: Identify units of tangible services and # of unduplicated clients to be served. Define a unit of service. Impact Statement: When the objective is accomplished what impact will it have?	Describe the sequential steps to be taken to accomplish the objective.			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.
1.	Unit of service is 1 day in state- licensed residential substance abuse treatment.	Upon notification of grant award, maintain current agreements with non-profit licensed treatment	March 1, 2012	March 1, 2012	FoundCare screens clients for Ryan White eligibility for treatment services and uses other community resources
2.	FoundCare is proposing to offer up to 181 days of residential	providers.	Monthly		(such as CAP's SAMHSA grant) when they are available.
	treatment services for up to 4 client s	Initiate services at beginning of grant period	March 1, 2012	February 28, 2013	Unfortunately, there are very limited sources for residential

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3. Impact: Up to 4 persons living with HIV/AIDS will achieve alleviation of substance abuse disorder symptoms as a result of participation in residential substance abuse treatment, and will return to normal functioning.	Enroll and follow up on one individual in residential substance abuse treatment.	Monthly March 1, 2012	February 28, 2013	substance abuse treatment for youth or non-minority adults living with HIV/AIDS, so these services are critically needed.
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Agency - Program:

CCC Network - Substance Abuse Residential - Formula

Fiscal Year:

RW-GY12

Contract #:

R2012-0599

CSC Program Allocation:

\$18,093

Budget Status:

Approved

Reviewed By:

tpack

Salary Accounts

Account #	Title	Original Program Budget	Original CSC Budget	Amended CSC Budget
	Salary Totals:	0	0	0

	Salary Total	ls: 0	0	0
Expense Acc	counts			
Account #	Title	Original Program Budget	Original CSC Budget	Amended CSC Budget
140.3101	<u>Professional Services</u>	2,182	2,182	16,448
140.3103	Medical/Health Care and Nutrition Services	0	0	0
140.3118	Dental Services	0	0	0
140.3125	Legal Services	. 0	0	0
140.3126	Interpreter Services	0	0	0
140.3127	<u>Health Disabilities</u>	0	0	0
140.3140	Consultant Services	0	0	0
140.3201	Audit Services	0	0	0
140.3203	Accounting and Consulting Services	0	0	0
140.3401	Other Contractual Services	0	0	0
140.3419	Contracted Food	0	0	0
140.3421	Training	0	0	0
140.3431	Laboratory Testing	0	0	0
140.3438	Emergency Assistance	0	0	0
140.4001	Travel Per Diem and Mileage	0	0	0
140.4101	Communication Services	0	0	0
140.4200	Child Transportation Services	0	0	0
140.4201	Other Transportation	0	0	0
140.4205	Postage/Shipping	0	0	0
140.4301	Utilities	0	0	0
140.4401	Rent	0	0	0
140.4405	Rent-Other Equipment	0	0	0
140.4601	Repair and Maintenance	0	0	0
140.4701	Printing and Graphics	0	0	0
140.4909	Licenses, Permits and Certifications	0	0	0
140.4932	Parent Activity	0	0	0
140.4945	Advertising	0	0	0
140.5101	Office Supplies	0	0	0
140.5111	Office Furniture And Equipment	0	0	0
140.5121	Data Processing Software/Accessories	0	0	0
140.5201	Materials/Supplies Operating	0	0	0
140.5202	Janitorial Supplies	0	0	0
140.5230	Medicine and Drugs	0	0	0
140.5231	Medical-Surgical Supplies	0	0	0
140.5233	Laboratory Supplies	0	0	0
140.5242	Food Prep and Serving Supplies	0	0	0
140.5243	Personal Care Items	0	0	0
140.5244	Food and Dietary	0	0	0
140.5401	Books, Publications and Subscriptions		0	0
140.5402	Educational Training Materials	0	0	0
140.5412	Dues and Memberships	0	0	0
140.6401	Machinery and Equipment	0	0	0
140.6405	Data Processing Equipment	0	0	0
140.6406	Data Processing Software	0	0	0

140.8000	<u>Unit Cost - Direct Services</u>	0	0	0
800.1201	Salaries and Wages Regular Admin	0	0	0
800.2101	FICA-Taxes Admin	0	0	0
800.2105	FICA Medicare Admin	0	0	0
800.2112	Other Benefits Admin	0	0	0
800.2201	Retirement Contributions-FRS Admin	0	0	0
800.2301	Insurance-Life and Health Admin	0	0	0
800.2401	Workers' Compensation Admin	0	0	0
800.2501	Unemployment Compensation Admin	0	0	0
800.3201	Audit Services Admin	0	0	0
800.3203	Accounting and Consulting Service Admin	0	0	0
800.4001	Travel And Per Diem Admin	0	0	0
800.4101	Communication Services Admin	0	0	0
800.4301	<u>Utilities Admin</u>	0	0	0
800.4401	Rent Admin	0	0	0
800.5101	Office Supplies Admin	0	0	0
800.5201	Materials/Supplies Operating Admin	0	0	0
800.5242	Food Prep and Serving Supplies Admin	0	0	0
800.6401	Machinery and Equipment Admin	0	0	0
800.8000	Other Administrative	0	0	0
800.9515	Admin Costs-Indirect	218	218	1,645
820.1201	Salaries and Wages Regular Prgm	0	0	0
820.2101	FICA-Taxes Prgm	0	0	0
820.2105	FICA Medicare Prgm	0	0	0
820.2112	Other Benefits Prgm	0	0	0
820.2201	Retirement Contributions-FRS Prgm	0	0	0
820.2301	Insurance-Life and Health Prgm	0	0	0
820.2401	Workers' Compensation Prgm	. 0	0	0
820.2501	Unemployment Compensation Prgm	0	0	0
	Expense Totals:	2,400	2,400	18,093

^{*} To add a detail level program funder click on any general ledger account.

Program Funders

No Funders have been added to this budget.

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Grand Totals:

2,400

2,400

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18,093

WORK PLAN-Amendment 5 Formula Service: Oral Health Services

APPLICANT:

FoundCare, Inc.

AREA TO BE SERVED Palm Beach County

 OBJECTIVE(S) Objective: Identify units of tangible services and # of unduplicated clients to be served. Define a unit of service. Impact Statement: When the objective is accomplished what impact will it have? 	ACTIVITIES Describe the sequential steps to be taken to accomplish the objective.	START DATE	END DATE	NON-DUPLICATING STATEMENT 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.
Objective: A unit of service is a dental visit. FoundCare Health Center will provide up to 106 visits for eligible patients.	1. HIV patients will receive diagnostic, preventative and therapeutic services provided by the FoundCare dental practitioners, dental specialist, dental hygienist and auxiliary staff. After initial diagnosis a dental	March 1, 2012	February 28, 2013	1. FoundCare Health Center is the sole provider of oral health services within FoundCare, Inc.,, Patients receiving dental care will be coordinated with infectious disease and in coordination with primary care provider.

2. Impact: Patients receiving oral health services at FoundCare Health Center will be in coordination with primary and specialty care and improved health care outcomes as evidenced with reduced rates new oral health disease.	treatment plan will be developed for up to 100 patients with HIV/AIDS diagnosis. FoundCare anticipates an average of 2-3 oral health visits per year. 2. Uninsured patients will receive access to oral health services 2-3 times per year.	2.Uninsured patients will be assessed for insurance eligibility or eligibility for other community services. FoundCare will continue to work collaboratively with existing or new organizations to implement a well coordinated health care plan that minimizes or prevents duplication of services.

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Agency - Program:

CCC Network - Oral Health Care - Formula

Fiscal Year:

RW-GY12

Contract #:

R2012-0599

CSC Program Allocation:

\$14,309

Budget Status:

Approved

Reviewed By:

tpack

Salary Accounts

Account #	Title	Original Program Budget	Original CSC Budget	Amended CSC Budget
	Salary Totals:	0	0	0

·	Salary Tot	als: 0	0	0
Expense Acc	counts			
Account #	Title	Original Program Budget	Original CSC Budget	Amended CSC Budget
140.3101	Professional Services	0	0	0
140.3103	Medical/Health Care and Nutrition Services	0	0	0
140.3118	Dental Services	727	727	13,008
140.3125	Legal Services	0	0	0
140.3126	Interpreter Services	0	0	0
140.3127	Health Disabilities	0	0	0
140.3140	Consultant Services	0	0	0
140.3201	Audit Services	0	0	0
140.3203	Accounting and Consulting Services	0	0	0
140.3401	Other Contractual Services	0	0	0
140.3419	Contracted Food	0	0	0
140.3421	Training	0	0	0
140.3431	Laboratory Testing	0	0	0
140.3438	Emergency Assistance	0	0	0
140.4001	Travel Per Diem and Mileage	0	0	0
140.4101	Communication Services	0	0	0
140.4200	Child Transportation Services	0	0	0
140.4201	Other Transportation	0	. 0	0
140.4205	Postage/Shipping	0	0	0
140.4301	Utilities	0	0	0
140.4401	Rent	0	0	0
140.4405	Rent-Other Equipment	0	0	0
140.4601	Repair and Maintenance	0	0	0
140.4701	Printing and Graphics	0	0	0
140.4909	Licenses, Permits and Certifications	0	0	0
140.4932	Parent Activity	0	0	0
140.4945	Advertising	0	0	0
140.5101	Office Supplies	0	0	0
140.5111	Office Furniture And Equipment	0	0	0
140.5121	Data Processing Software/Accessories	0	0	0
140.5201	Materials/Supplies Operating	0	0	0
140.5202	Janitorial Supplies	0	0	0
140.5230	Medicine and Drugs	0	0	0
140.5231	Medical-Surgical Supplies	0	0	0
140.5233	Laboratory Supplies	0	0	0
140.5242	Food Prep and Serving Supplies	0	0	0
140.5243	Personal Care Items	0	0	0
140.5244	Food and Dietary	0	0	0
140.5401	Books, Publications and Subscriptions	0	0	0
140.5402	Educational Training Materials	0	0	0
140.5412	Dues and Memberships	0	0	0
140.6401	Machinery and Equipment	0	0	0
140.6405	Data Processing Equipment	0	0	0
140.6406	Data Processing Software	0	0	<u></u>
	Enter 1 1 4 4 4 4 4 1 1 1 1 1 1 1 1 1 1 1 1			0

	Grand Totals:	800	800	14,309
	Expense Totals:	800	800	14,309
820.2501	Unemployment Compensation Prgm	0	0	0
820.2401	Workers' Compensation Prgm	0	0	0
820.2301	Insurance-Life and Health Prgm	0	0	0
820.2201	Retirement Contributions-FRS Prgm	0	0	0
820.2112	Other Benefits Prgm	0	0	0
820.2105	FICA Medicare Prgm	0	0	C
820.2101	FICA-Taxes Prgm	0	0	0
820.1201	Salaries and Wages Regular Prgm	0	0	2,002
800.9515	Admin Costs-Indirect	73	73	1,301
800.8000	Other Administrative	0	0	C
800.6401	Machinery and Equipment Admin	0	0	<u> </u>
800.5242	Food Prep and Serving Supplies Admin	0	0	
800.5201	Materials/Supplies Operating Admin	0	0	(
800.5101	Office Supplies Admin	0	0	(
800.4401	Rent Admin	0	0	
800.4301	Utilities Admin	0	0	
800.4101	Communication Services Admin	0	0	
800.4001	Travel And Per Diem Admin	0	0	(
800.3203	Accounting and Consulting Service Admin	0	0	(
800.3201	Audit Services Admin	0	0	
800.2501	Unemployment Compensation Admin	0	0	
800.2401	Workers' Compensation Admin	0	0	(
800.2301	Insurance-Life and Health Admin	0	0	(
800.2201	Retirement Contributions-FRS Admin	0	0	(
800.2112	Other Benefits Admin	0	0	(
800.2105	FICA Medicare Admin	0	0	(
800.2101	FICA-Taxes Admin	0	0	(
140.8000 800.1201	<u>Unit Cost - Direct Services</u> <u>Salaries and Wages Regular Admin</u>	0	0	1

^{*} To add a detail level program funder click on any general ledger account.

Program FundersNo Funders have been added to this budget.

History:	New						
Add Comment:				<i>*</i>			
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EXHIBIT "A-5" SECTION Page 1 of 2

WORK PLAN-Amendment 5 Formula Service: Nursing Care Coordination

APPLICANT:

FoundCare, Inc.

AREA TO BE SERVED Palm Beach County

OBJECTIVE(S) 1. Objective: Identify units of tangible services and # of unduplicated clients to be served. Define a unit of service. 2. Impact Statement: When the objective is accomplished what impact will it have?	ACTIVITIES Describe the sequential steps to be taken to accomplish the objective.	START DATE	END DATE	NON-DUPLICATING STATEMENT 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.
	1. HIV patients will receive nursing care coordination for the preparation and follow up for a minimum of 4 medical visits per year as part of ongoing monitoring of HIV/AIDS as well as general primary care	March 1, 2012	February 28, 2013	1. FoundCare Health Center is the sole provider of medical services within FoundCare, Inc.,, Patients receiving primary care at an alternate location will only receive infectious disease consultation in coordination with primary

2062

2. Impact: FoundCare Health
Center will provide nursing care
coordination as part of
comprehensive primary and
specialty care management to
improve and maintain the health of
uninsured patients with HIV/AIDS
diagnosis for up to 100 patients.

conditions.

2. 100 patients will receive access to primary care, diagnostic labs, prescriptions, and linkage to required social services with a minimum of quarterly or as needed medical visits per year and the visits will be coordinated by the nurse care coordinator.

care provider.

2.Patients will be assessed for insurance eligibility or eligibility for other community services. FoundCare will continue to work collaboratively with existing or new organizations to implement a well coordinated health care plan that minimizes or prevents duplication of services.

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Agency - Program:

CCC Network - Nurse Care Coordination - Formula

Fiscal Year:

RW-GY12

Contract #:

R2012-0599

CSC Program Allocation: **Budget Status:**

\$20,000

Reviewed By:

Approved tpack

Salary Accounts

Account #	Title	Original Program Budget	Original CSC Budget	Amended CSC Budget
	Salary Tota	ils: 0	0	0

	Salary lotals	: 0	0	C
Expense Acc	counts			
Account #	Title	Original Program Budget	Original CSC Budget	Amended CSC Budget
140.3101	Professional Services	0	0	
140.3103	Medical/Health Care and Nutrition Services	0	0	
140.3118	Dental Services	0	0	(
140.3125	Legal Services	0	0	(
140.3126	Interpreter Services	0	0	(
140.3127	Health Disabilities	o	0	
140.3140	Consultant Services	0	0	(
140.3201	Audit Services	0	0	
140.3203	Accounting and Consulting Services	0	0	
140.3401	Other Contractual Services	2,955	2,955	
140.3419	Contracted Food	0	2,555	
140.3421	Training	0	0	
140.3431	Laboratory Testing	0	0	
140.3438	Emergency Assistance	0	0	
140.4001	Travel Per Diem and Mileage	0	0	0
140.4101	Communication Services	0	0	
140.4200	Child Transportation Services	0	0	0
140.4201	Other Transportation	0	0	0
140.4205	Postage/Shipping	0	0	0
140.4301	Utilities	0	0	0
140.4401	Rent	0	0	0
140.4405	Rent-Other Equipment	0	0	0
140.4601	Repair and Maintenance	0	0	0
140.4701	Printing and Graphics	0	0	0
140.4909	Licenses, Permits and Certifications	0	0	0
140.4932	Parent Activity	0	0	0
140.4945	Advertising	0	0	0
140.5101	Office Supplies	0	0	
140.5111	Office Furniture And Equipment	0	0	0
140.5121	Data Processing Software/Accessories	0	0	0
140.5201	Materials/Supplies Operating	0	0	0
140.5202	Janitorial Supplies	0	0	0
140.5230	Medicine and Drugs	0	0	0
140.5231	Medical-Surgical Supplies	0	0	0
140.5233	Laboratory Supplies	0	0	0
140.5242	Food Prep and Serving Supplies	0	0	0
140.5243	Personal Care Items	0	0	0
140.5244	Food and Dietary	0	0	0
140.5401	Books, Publications and Subscriptions	. 0	0	0
140.5402	Educational Training Materials	0	0	
140.5412	Dues and Memberships	0	0	
140.6401	Machinery and Equipment	0	0	0
140.6405	Data Processing Equipment	0	0	0
140.6406	Data Processing Software	0	0	0
		1		

	Grand Totals:	16,000	16,000	20,000
	Expense Totals:	16,000	16,000	20,000
820.2501	Unemployment Compensation Prqm	92	92	0
820.2401	Workers' Compensation Prgm	177	177	0
820.2301	Insurance-Life and Health Prgm	1,680	1,680	0
820.2201	Retirement Contributions-FRS Prgm	132	132	0
820.2112	Other Benefits Pram	0	0	0
820.2105	FICA Medicare Prgm	0	0	0
820.2101	FICA-Taxes Prgm	676	676	0
820.1201	Salaries and Wages Regular Prgm	8,833	8,833	0
800.9515	Admin Costs-Indirect	1,455	1,455	1,819
800.8000	Other Administrative	0	0	C
800.6401	Machinery and Equipment Admin	0	0	C
800.5242	Food Prep and Serving Supplies Admin	0	0	C
800.5201	Materials/Supplies Operating Admin	0	0	C
800.5101	Office Supplies Admin	0	0	0
800.4401	Rent Admin	0	0	0
800.4301	Utilities Admin	0	0	C
800.4101	Communication Services Admin	0	0	
800.4001	Travel And Per Diem Admin	0	0	(
800.3203	Accounting and Consulting Service Admin	0	0	
800.3201	Audit Services Admin	0	0	
800.2501	Unemployment Compensation Admin	0	0	
800.2401	Workers' Compensation Admin	0	0	. (
800.2301	Insurance-Life and Health Admin	0	0	
800.2201	Retirement Contributions-FRS Admin	0	0	0
800.2112	Other Benefits Admin	0	0	(
800.2105	FICA Medicare Admin	0	0	(
800.2101	FICA-Taxes Admin	0	0	(
140.8000 800.1201	<u>Unit Cost - Direct Services</u> Salaries and Wages Regular Admin	0	0	18,181

^{*} To add a detail level program funder click on any general ledger account.

Program Funders

No Funders have been added to this budget.

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EXHIBIT "A-5" SECTION Page 1 of 2

WORK PLAN –Amendment 5 Formula Service: Laboratory Diagnostic Testing

APPLICANT: FoundCare, Inc. AREA TO BE SERVED Palm Beach County

OBJECTIVE(S)	ACTIVITIES	START DATE	END DATE	NON-DUPLICATING STATEMENT
 Objective: Identify units of tangible services and # of unduplicated clients to be served. Define a unit of service. Impact Statement: When the objective is accomplished what impact will it have? 	Describe the sequential steps to be taken to accomplish the objective.	DATE	DATE	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.
1. Objective: FoundCare Health Center will provide diagnostic lab testing at the negotiated discount rate for up to 60 uninsured patients at a minimum of 4 times per year.	1. HIV patients will receive confirmation testing, diagnostic lab that is necessary in the course of diagnosis and ongoing monitoring of HIV/AIDS as well as general primary care conditions.	March 1, 2012	February 28, 2013	1. FoundCare Health Center is the sole provider of medical services within FoundCare, Inc.,, Patients receiving primary care at an alternate location will only receive infectious disease consultation in coordination with primary

	care provider.
2. Impact: FoundCare Health Center will provide diagnostic laboratory testing in conjunction with comprehensive primary and specialty care management to improve and maintain the health of uninsured patients with HIV/AIDS diagnosis for up to 50 uninsured patients.	2.Uninsured patients will be assessed for insurance eligibility or eligibility for other community services. FoundCare will continue to work collaboratively with existing or new organizations to implement a well coordinated health care plan that minimizes or prevents duplication of services.

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Agency - Program:

CCC Network - Lab/Diagnostic - Formula

Fiscal Year:

RW-GY12

Contract #:

R2012-0599

CSC Program Allocation: Budget Status:

\$66,000

Reviewed By:

Approved tpack

Salary Accounts

Account #	Title		Original Program Budget	Original CSC Budget	Amended CSC Budget
	,	Salary Totals:	0	0	0

Expense Accounts Original Original Amended Account # Title CSC Program CSC **Budget** Budget **Budget** 140.3101 Professional Services 0 0 0 140.3103 Medical/Health Care and Nutrition Services 0 0 0 140.3118 Dental Services 0 0 0 140.3125 Legal Services 0 0 0 140.3126 Interpreter Services 0 0 0 140.3127 **Health Disabilities** 0 0 0 140.3140 Consultant Services 0 0 0 140.3201 Audit Services 0 0 0 140.3203 Accounting and Consulting Services 0 0 0 140.3401 Other Contractual Services 0 0 0 140.3419 Contracted Food 0 0 0 140.3421 <u>Training</u> 0 0 0 140.3431 <u> Laboratory Testing</u> 48,000 48,000 60,000 140.3438 Emergency Assistance 0 0 0 140.4001 Travel Per Diem and Mileage 0 0 0 140.4101 Communication Services 0 0 0 140.4200 Child Transportation Services 0 0 .0 140.4201 Other Transportation 0 0 0 140.4205 Postage/Shipping 0 0 0 140.4301 **Utilities** 0 0 0 140.4401 <u>Rent</u> 0 0 0 140.4405 Rent-Other Equipment 0 0 0 140.4601 Repair and Maintenance 0 0 0 140.4701 Printing and Graphics 0 0 0 140,4909 Licenses, Permits and Certifications 0 0 0 140.4932 Parent Activity 0 0 0 <u>Advertising</u> 140.4945 0 0 0 140.5101 Office Supplies 0 0 0 140.5111 Office Furniture And Equipment 0 0 0 140.5121 Data Processing Software/Accessories 0 0 0 140.5201 Materials/Supplies Operating 0 0 0 140.5202 Janitorial Supplies 0 0 0 140.5230 Medicine and Drugs 0 0 0 140.5231 Medical-Surgical Supplies 0 0 0 140.5233 <u>Laboratory Supplies</u> 0 0 0 Food Prep and Serving Supplies 140.5242 0 0 0 140.5243 Personal Care Items 0 0 0 140.5244 Food and Dietary 0 0 0 140.5401 Books, Publications and Subscriptions 0 0 0 140.5402 **Educational Training Materials** 0 0 0 140.5412 Dues and Memberships 0 0 0 140.6401 Machinery and Equipment 0 0 0 140.6405 0 <u>Data Processing Equipment</u> 0 0 140.6406 Data Processing Software 0 0 0

	Grand Totals:	52,800	52,800	66,000
	Expense Totals:	52,800	52,800	66,000
820.2501	Unemployment Compensation Prgm	0	0	0
820.2401	Workers' Compensation Prgm	0	0	0
820.2301	Insurance-Life and Health Prgm	0	0	0
820.2201	Retirement Contributions-FRS Prgm	0	0	0
820.2112	Other Benefits Prgm	0	0	0
820.2105	FICA Medicare Prgm	0	0	0
820.2101	FICA-Taxes Prgm	0	0	0
820.1201	Salaries and Wages Regular Prgm	0	0	0
800.9515	Admin Costs-Indirect	4,800	4,800	6,000
800.8000	Other Administrative	0	0	0
800.6401	Machinery and Equipment Admin	0	0	0
800.5242	Food Prep and Serving Supplies Admin	0	0	0
800.5201	Materials/Supplies Operating Admin	0	0	0
800.5101	Office Supplies Admin	0	0	0
800.4401	Rent Admin	0	0	0
800.4301	<u>Utilities Admin</u>	0	0	0
800.4101	Communication Services Admin	0	0	0
800.4001	Travel And Per Diem Admin	0	0	0
800.3203	Accounting and Consulting Service Admin	o	0	0
800.3201	Audit Services Admin	0	0	0
800.2501	Unemployment Compensation Admin	0	0	0
800.2401	Workers' Compensation Admin	0	0	0
800.2301	Insurance-Life and Health Admin	0	0	0
800.2201	Retirement Contributions-FRS Admin	0	0	0
800.2112	Other Benefits Admin	0	0	0
800.2105	FICA Medicare Admin	0	0	0
800.2101	FICA-Taxes Admin	0	0	0
800.1201	Unit Cost - Direct Services Salaries and Wages Regular Admin	0	0	0

st To add a detail level program funder click on any general ledger account.

Program FundersNo Funders have been added to this budget.

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EXHIBIT C-5

Ryan White Part A GY12 Contract Dates, Amounts, Time

Grant Year March 01, 201

Foundcare, Inc

	Month	Year	Days	Amount	Percentage	Cummulative
Substance Abuse Residential	March	2012	31	1,537.00	8.49%	1,537.00
	April	2012	30	1,487.00	8.22%	3,024.00
	May	2012	31	1,537.00	8.49%	4,561.00
	June	2012	30	1,487.00	8.22%	6,048.00
	July	2012	31	1,537.00	8.49%	7,585.00
	Aug	2012	31	1,537.00	8.49%	9,122.00
	Sept	2012	30	1,487.00	8.22%	10,609.00
	Oct	2012	31	1,537.00	8.49%	12,146.00
	Nov	2012	30	1,487.00	8.22%	13,633.00
	Dec	2012	31	1,537.00	8.49%	15,170.00
	Jan	2013	31	1,537.00	8.49%	16,707.00
	Feb	2013	28	1,386.00	7.79%	18,093.00
				18,093.00	100.00%	

EXHIBIT "C 5"
Grant Year March 01, 2012 - Feb 29, 2013

Found Care Inc	Housing Services						
	<u> </u>	Month	Year	Days	Amount	Percentage	Cummulative
		March	2012	31	4,749.50	8.52%	4,749.50
		April	2012	30	4,749.50	8.25%	9,499.00
		May	2012	31	4,749.50	8.52%	14,248.50
		June	2012	30	4,749.50	8.25%	18,998.00
		July	2012	31	4,749.50	8.52%	23,747.50
		Aug	2012	31	4,749.50	8.25%	28,497.00
		Sept	2012	30	4,749.50	8.52%	33,246.50
		Oct	2012	31	4,749.50	8.25%	37,996.00
		Nov	2012	30	4,749.50	8.52%	42,745.50
		Dec	2012	31	4,749.50	8.25%	47,495.00
		Jan	2013	31	4,749.50	8.52%	52,244.50
		Feb	2013	28	4,749.50	7.63%	56,994.00
					56,994.00	100.00%	-

Found Care Inc	Food Bank/Home Del. Meals						
		Month	Year	Days	Amount	Percentage	Cummulative
		March	2012	31	14,822.00	8.52%	14,822.00
		April	2012	30	14,344.00	8.24%	29,166.00
		May	2012	31	14,822.00	8.52%	43,988.00
		June	2012	30	14,344.00	8.24%	58,332.00
		July	2012	31	14,822.00	8.52%	73,154.00
		Aug	2012	31	14,822.00	8.52%	87,976.00
		Sept	2012	30	14,344.00	8.24%	102,320.00
		Oct	2012	31	14,822.00	8.52%	117,142.00
		Nov	2012	30	14,344.00	8.24%	131,486.00
		Dec	2012	31	14,822.00	8.52%	146,308.00
		Jan	2013	31	14,822.00	8.52%	161,130.00
		Feb	2013	28	12,912.00	7.40%	174,042.00
					174,042.00	100.00%	

Foundcare, Inc.

Mental Health Counseling

Month	Year	Days	Amount	Percentage	Cummulative
March	2012	31	467.00	8.52%	467.00
April	2012	30	452.00	8.25%	919.00
May	2012	31	467.00	8.52%	1,386.00
June	2012	30	452.00	8.25%	1,838.00
July	2012	31	467.00	8.52%	2,305.00
Aug	2012	31	467.00	8.52%	2,772.00
Sept	2012	30	452.00	8.25%	3,224.00
Oct	2012	31	467.00	8.52%	3,691.00
Nov	2012	30	452.00	8.25%	4,143.00
Dec	2012	31	467.00	8.52%	4,610.00
Jan	2013	31	467.00	8.52%	5,077.00
Feb	2013	28	403.00	7.35%	5,480.00
			5,480.00	100.00%	

Foundcare, Inc.

Medical Transportation

Month	Year	Days	Amount	Percentage	Cummulative
March	2012	31	4,514.00	8.52%	4,514.00
April	2012	30	4,369.00	8.24%	8,883.00
May	2012	31	4,514.00	8.52%	13,397.00
June	2012	30	4,369.00	8.24%	17,766.00
July	2012	31	4,514.00	8.52%	22,280.00
Aug	2012	31	4,514.00	8.52%	26,794.00
Sept	2012	30	4,369.00	8.24%	31,163.00
Oct	2012	31	4,514.00	8.52%	35,677.00
Nov	2012	30	4,369.00	8.24%	40,046.00
Dec	2012	31	4,514.00	8.52%	44,560.00
Jan	2013	31	4,514.00	8.52%	49,074.00
Feb	2013	29	3,931.00	7.40%	53,005.00
			53,005.00	100.00%	

EXHIBIT "C: 5

Grant Year March 01, 2012 - Feb 29, 2013

Ryan White Part A GY12 Contract Dates, Amounts, Time

Foundcare , In Home and Community Based Health Care

Month	Year	Days	Amount	Percentage	Cummulative
March	2012	31	1,908.00	8.52%	1,908.00
April	2012	30	1,847.00	8.24%	3,755.00
May	2012	31	1,908.00	8.52%	5,663.00
June	2012	30	1,847.00	8.24%	7,510.00
July	2012	31	1,908.00	8.52%	9,418.00
Aug	2012	31	1,908.00	8.52%	11,326.00
Sept	2012	30	1,847.00	8.24%	13,173.00
Oct	2012	31	1,908.00	8.52%	15,081.00
Nov	2012	30	1,847.00	8.24%	16,928.00
Dec	2012	31	1,908.00	8.52%	18,836.00
Jan	2013	31	1,908.00	8.52%	20,744.00
Feb	2013	29	1,663.00	7.40%	22,407.00
			22,407.00	100.00%	

Foundcare ,Inc. Laboratory Diagnostic Testing

Month	Year	Days	Amount	Percentage	Cummulative
March	2012	31	5,621.00	8.52%	5,621.00
April	2012	30	5,440.00	8.24%	11,061.00
May	2012	31	5,621.00	8.52%	16,682.00
June	2012	30	5,440.00	8.24%	22,122.00
July	2012	31	5,621.00	8.52%	27,743.00
Aug	2012	31	5,621.00	8.52%	33,364.00
Sept	2012	30	5,440.00	8.24%	38,804.00
Oct	2012	31	5,621.00	8.52%	44,425.00
Nov	2012	30	5,440.00	8.24%	49,865.00
Dec	2012	31	5,621.00	8.52%	55,486.00
Jan	2013	31	5,621.00	8.52%	61,107.00
Feb	2013	29	4,893.00	7.40%	66,000.00
			66,000.00	100.00%	

Ryan White Part A GY12 Contract Dates, Amounts, Time

EXHIBIT "C.5

Ryan White Part A GY12 Contract Dates, Amounts, Time

Grant Year March 01, 2012 - Feb 29, 2013

20,000.00

100.00%

Comprehensive	Outpatient Primary Care						
		Month	Year	Days	Amount	Percentage	Cummulative
		March	2012	31	8,142.00	8.52%	8,142.00
		April	2012	30	7,879.00	8.24%	16,021.00
		May	2012	31	8,142.00	8.52%	24,163.00
		June	2012	30	7,879.00	8.24%	32,042.00
		July	2012	31	8,142.00	8.52%	40,184.00
		Aug	2012	31	8,142.00	8.52%	48,326.00
		Sept	2012	30	7,879.00	8.24%	56,205.00
		Oct	2012	31	8,142.00	8.52%	64,347.00
		Nov	2012	30	7,879.00	8.24%	72,226.00
		Dec	2012	31	8,142.00	8.52%	80,368.00
		Jan	2013	31	8,142.00	8.24%	88,510.00
		Feb	2013	29	7,088.00	7.68%	95,598.00
					95,598.00	100.00%	
Foundcare , Inc.							
	Nurse Care Coordination						
		Month	Year	Days	Amount	Percentage	Cummulative
		March	2012	31	1,703.00	8.52%	1,703.00
		April	2012	30	1,648.00	8.24%	3,351.00
		May	2012	31	1,703.00	8.52%	5,054.00
		June	2012	30	1,648.00	8.24%	6,702.00
		July	2012	31	1,703.00	8.52%	8,405.00
					4 700 00		40 400 00
		Aug	2012	31	1,703.00	8.52%	10,108.00
		Aug Sept	2012 2012	31 30	1,703.00 1,648.00	8.52% 8.24%	10,108.00 11,756.00
		•					•
		Sept	2012	30	1,648.00	8.24%	11,756.00
		Sept Oct	2012 2012	30 31	1,648.00 1,703.00	8.24% 8.52%	11,756.00 13,459.00
		Sept Oct Nov	2012 2012 2012	30 31 30	1,648.00 1,703.00 1,648.00	8.24% 8.52% 8.24%	11,756.00 13,459.00 15,107.00
		Sept Oct Nov Dec	2012 2012 2012 2012	30 31 30 31	1,648.00 1,703.00 1,648.00 1,703.00	8.24% 8.52% 8.24% 8.52%	11,756.00 13,459.00 15,107.00 16,810.00

Ryan White Part A GY12 Contract Dates, Amounts, Time

EXHIBIT "C 5

Ryan White Part A GY12 Contract Dates, Amounts, Time

Grant Year March 01, 2012 - Feb 29, 2013

Foundcare, Inc.

Emergency Financial Assistance Days Percentage Cummulative Month Year Amount 2012 8.52% March 31 1,619.00 1,619.00 April 2012 30 1,567.00 8.25% 3,186.00 2012 31 8.52% 4,805.00 May 1,619.00 June 2012 30 1,567.00 8.25% 6,372.00 2012 31 8.52% July 1,619.00 7,991.00 2012 31 1,619.00 8.25% 9,610.00 Aug 2012 30 1,567.00 8.52% 11,177.00 Sept Oct 2012 31 1,619.00 8.25% 12,796.00 30 Nov 2012 1,567.00 8.52% 14,363.00 Dec 2012 31 1,619.00 8.25% 15,982.00 31 Jan 2013 8.52% 17,601.00 1,619.00 Feb 2013 29 1,411.00 7.63% 19,012.00

Foundcare, Inc.

Oral Health Care Percentage Cummulative Month Year Days Amount March 2012 31 8.52% 1,219.00 1,219.00 April 2012 30 1,179.00 8.24% 2,398.00 May 2012 31 1,219.00 8.52% 3,617.00 2012 30 1,179.00 8.24% 4,796.00 June 2012 31 1,219.00 8.52% 6,015.00 July Aug 2012 31 1,219.00 8.52% 7,234.00 2012 30 8,413.00 Sept 1,179.00 8.24% Oct 2012 31 8.52% 9,632.00 1,219.00 Nov 2012 30 1,179.00 8.24% 10,811.00 Dec 2012 31 1,219.00 8.52% 12,030.00 2013 31 13,249.00 Jan 1,219.00 8.52% Feb 2013 29 1,060.00 7.40% 14,309.00 14,309.00 100.00%

19,012.00

100.00%

Ryan White Part A GY12 Contract Dates, Amounts, Time

Foundcare , Inc	Quality Management					
	Month	Year	Days	Amount	Percentage	Cummulative
	March	2012	31	0.00	0.00%	0.00
	April	2012	30	0.00	0.00%	0.00
	May	2012	31	0.00	0.00%	0.00
	June	2012	30	0.00	0.00%	0.00
	July	2012	31	0.00	0.00%	0.00
	Aug	2012	31	0.00	0.00%	0.00
	Sept	2012	30	0.00	0.00%	0.00
	Oct	2012	31	0.00	0.00%	0.00
	Nov	2012	30	0.00	0.00%	0.00
	Dec	2012	31	0.00	0.00%	0.00
	Jan	2013	31	0.00	0.00%	0.00
	Feb	2013	29	15,870.00	100.00%	15,870.00
				15,870.00	100.00%	

Ryan White Part A GY12 Contract Dates, Amounts, Time

EXHIBIT "C (2)

Grant Year March 01, 2012 - Feb 29, 2013

	Contract Dates		Total Service		Total Contr.	Avg. Day	Total	Avg. Mo.	
Provider/Service	Begin		End	Amount	Amount	Days	Ехр.	Months	Exp.
ound Care Inc.	3/1/12		2/28/13	\$560,810		364	1,540.69	12	46,734.17
Substance Abuse Counseling Residential					\$18,093	,/	\$50		\$1,508
Substance Abuse Counseling Residential Food Bank/Home Del. Meals					\$174,042		\$478		
Oral Health Care									\$14,504 \$1,103
					\$14,309	<u> </u>	\$39		\$1,192
Mental Health Counseling					\$5,480	<u> </u>	\$15		\$457
Medical Transportation					\$53,005	<u>v</u>	\$146		\$4,417
Home and Community Based Health Care	. V				\$22,407	V	\$62		\$1,867
✓ Laboratory Diagnostic Testing					\$66,000	V	\$181		\$5,500
✓Outpatient Primary Care ✓					\$95,598	أسما	\$263		\$7,967
Nurse Care Coordination		•			\$20,000		\$55		\$1,667
Émergency Financial Assistance					\$19,012	V	\$52		\$1,584
Housing Services					\$56,994		\$157		\$4,750
Quality Management					\$15,870		\$44		\$1,323
All Services				-					
	Month	Year	Days	Amount	Percentage	Cummulative			
	March	2012	31	47,761.00	8.52%				
	April	2012	30	46,221.00	8.24%	•			
	May	2012	31	47,761.00	8.52%	•			
	.lune	2012	30	46 221 00	8 24%	•			

June 2012 30 46,221.00 8.24% 187,964.00 July 47,761.00 8.52% 235,725.00 2012 31 Aug 2012 31 47,761.00 8.52% 283,486.00 Sept 2012 30 46,221.00 8.24% 329,707.00 8.52% 377,468.00 47,761.00 Oct 2012 31 8.24% 423,689.00 2012 30 46,221.00 Nov 8.52% 471,450.00 2012 31 47,761.00 Dec Jan 2013 31 47,761.00 8.52% 519,211.00 Feb 2013 28 41,599.00 7.36% 560,810.00

560,810.00 100.00%



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/28/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRO	DUÇE	ER .		,0	<u> </u>	CONTA	CT TORRES	. Monage - 1	- h	······································		
NS	T T	Insurance Group				CONTACT Josette Toussaint NAME: PHONE (305)556-1489						
		Northwest 154th Suite				(A/C, No. Ext): \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
1		CIMEBU IDICH BUILE	- 45	• 0		E-MAIL ADDRESS: josettet@nsigroup.org						
Mi	ami	Lakes FL 33	016	,		PRODUCER CUSTOMER ID # 00059377						
	IRED	L Dakes FL 33	OTO			INSURER(S) AFFORDING COVERAGE						
									onal Ins. Co		ILLIN	
Co	mnr	ehensive AIDS Program			10 Tm = DD1 010			ampshire			23841	
		S. Congress Avenue		. P.	C, Inc, DBA CAP				ational Insuran		40134	
1 ~~	50	b. congress Avenue				INSURE	Ro Natio	nal Unio	n Fire Ins. CO	PA	19445	
D=	٦m	Springs FL 33	400			INSUR	RE:					
						INSUR	RF:					
		RAGES CERTIFY THAT THE POLICE	TIF	CAT	ENUMBER:12-13 Mas	ter			REVISION NUMBER:			
		S TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RE										
										ECT TO	O WHICH THIS	
, -	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	COLORG AND CONDITIONS OF SUCH	PUL	CIES	ILLIMITE SHOWN MAY HAVE	BEEN	REDUCED BY	Y PAID CLAIMS	S.	10 ALI	- ITIE TERMO,	
INSR LTR		TYPE OF INSURANCE	INSR	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	TS		
1		NERAL LIABILITY							EACH OCCURRENCE	\$	1,000,000	
1	X	COMMERCIAL GENERAL LIABILITY	1						DAMAGE TO RENTED PREMISES (Ea occurrence)	8	300,000	
A		CLAIMS-MADE X OCCUR					6/1/2012	6/1/2013	MED EXP (Any one person)	\$	10,000	
i	<u></u>							PERSONAL & ADV INJURY	5	1,000,000		
1	L.		1	ļ	06LX0003074749000			GENERAL AGGREGATE	s	3,000,000		
	GE	N'L AGGREGATE LIMIT APPLIES PER:	1						PRODUCTS - COMP/OP AGG	+	3,000,000	
	X	POLICY PRO- LOC						ĺ		\$		
	AU.	TOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
A		ALL OWNED AUTOS			06CA0032237679000		6/1/2012	6/1/2013	BODILY INJURY (Per person)	\$		
		SCHEDULED AUTOS					_, _,	, , , , , , ,	BODILY INJURY (Per accident	\$		
1	x	HIRED AUTOS						ļ	PROPERTY DAMAGE	\$		
1	X	NON-OWNED AUTOS							(Per accident)			
	-	Non-SWILD AGGG	ŀ	1						\$		
	x	UMBRELLA LIAB OCCUR								\$		
		EXCESS LIAB CLAIMS-MADE	}						EACH OCCURRENCE	\$	1,000,000	
1		CDAINS-MADE	1						AGGREGATE	\$	1,000,000	
В	x	DEDUCTIBLE	1		01UD0000347349000		6/1/2012	6/1/2013		\$		
c	-	RETENTION \$ 10,000	├		0100000347349000		0/1/2012	0/1/2013	L WC STATUL TOTAL	\$		
16	AN	D EMPLOYERS' LIABILITY		ł	,		Ì		WC STATU- OTH TORY LIMITS ER	-		
	OF	PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	1,000,000	
	(Ma	indatory in NH)		ł	NCPGA000011212064		6/1/2012	6/1/2013	E.L. DISEASE - EA EMPLOYE	5	1,000,000	
-		es, describe under SCRIPTION OF OPERATIONS below	-	 					E.L. DISEASE - POLICY LIMIT	\$	1,000,000	
A		ofessional Liability			06LX0003074749000		6/1/2012	6/1/2013	Liability Limit-AGGREGATE		\$3,000,000	
×		r Occurence	l	<u> </u>			<u> </u>		Liability Limit-OCCURENCE		\$1,000,000	
DES	CRIP	TION OF OPERATIONS / LOCATIONS / VEHIC	CLES	(Attaci	n ACORD 101, Additional Remark	s Schedu	le, if more space	s is required)				
For	ind(Beach County Board of Count Care is listed as additions	ny Co	ommı Davir	ssioners and Department to (nent (Jenera	of Communi	ty Service	s are named as Add	ition	al Insured.	
*30	d.a	ays notice of cancellation	Exc	ept	10 days notice of or	ancell	ation for	nonpaymen	t of premium.			
<u></u>								-	-			
CE	RTI	FICATE HOLDER				CAN	CELLATION					
					-							
l .						i SHO	DULD ANY OF	THE AROVE O	DESCRIBED POLICIES RE	CANCE	I LED BEEODE	

Palm Beach County Board of County Commissioners and Department of Community Services 810 Datura Street West Palm Beach, FL 33401 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

G Nenezian/JOSETT

Genz Les

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found



Memo To:

Whom It May Concern

From:

Yolette Bonnet, Chief Executive Officer

Subject:

Non-Owned Auto Insurance Coverage

Date:

April 17, 2012

Please be advised that FoundCare, Inc. and/or Comprehensive AIDS Program of Palm Beach County, Inc. does not own any corporate automobiles and therefore maintains liability insurance coverage for non owned autos only. Our Certificate of Insurance indicates policy information reflecting the same.

4/20/12 Date

X∕olette Borfnet

Chief Executive Officer