

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2013	2014	2015	2016	2017
Capital Expenditures					
Operating Costs	34,500				
External Revenue	(34,500)				
Program Income					
In-Kind Match (County)					
NET FISCAL IMPACT	0				

# ADDITIONAL FTE POSITIONS (Cumulative)					
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Is Item Included In Current Budget? Yes X No _____

Budget Account No.:

Fund 1010 Dept 142 Unit 1475 Object Var Program Code Var Program Period Var

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

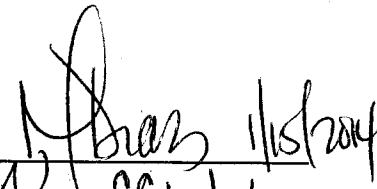
Funding source is the Department of Health and Human Services. The funding of \$34,500 is a reallocation of dollars originally given to the other contracts.

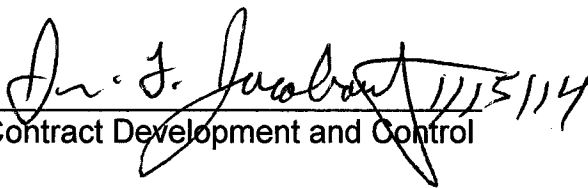
C. Departmental Fiscal Review: _____

Taruna Malhotra, Director, Financial & Support Svcs

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Development and Control Comments:


 OFMB K/D 1/1/14
 cc 1/14/14


 Contract Development and Control 1/15/14

B. Legal Sufficiency:


 Chief Assistant County Attorney 1/2/14

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**

THIS AMENDMENT TO THE RYAN WHITE PART A HIV HEALTH SUPPORT SERVICES CONTRACT (Document No. R2013 0521, dated May 7, 2013) made and entered into at West Palm Beach Florida, on this 19 day of Dec, 2013 by and between PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS, a political subdivision of the State of Florida hereinafter referred to as "COUNTY" and **Compass, Inc.** hereinafter referred to as the AGENCY, a not-for-profit corporation, entitled to do business in the State of Florida, whose address is **201 North Dixie Highway, Lake Worth, FL 33460.**

WITNESSETH:

WHEREAS, the need exists to amend the contract to add funding for, **Mental Health Services, Non Medical Case Management, Food Bank/Home Delivered Meals and Emergency Financial Assistance.**

NOW THEREFORE, the above named parties hereby mutually agree that the Contract entered into on May 7, 2013 is hereby amended as follows:

- I. New Work Plan Exhibits "A1" attached hereto shall replace the Work Plan Exhibits "A" in its entirety.
- II. New Budget Exhibits "B1" attached hereto showing the new total budgets for funding shall replace the New Budget Exhibits "B" in its entirety.
- III. Increase funding for **Mental Health Services, Non Medical Case Management, Food Bank/Home Delivered Meals and Emergency Financial Assistance** as follows:
 - Increase **Mental Health Services** by \$13,500 not to exceed \$81,505.
 - Increase **Non Medical Case Management** by \$10,000 not to exceed \$45,280
 - Increase **Food Bank/Home Delivered Meals** by \$8,000 not to exceed \$34,658.
 - Increase **Emergency Financial Assistance** by \$3,000 not to exceed \$10,283.
- IV. Total contract not to exceed amount will be \$493,890.

OTHER PROVISIONS

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


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

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


ATTEST:
Sharon R. Bock
Clerk and Comptroller

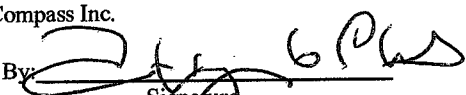
PALM BEACH COUNTY
BOARD OF COUNTY
COMMISSIONERS

By: _____
Deputy Clerk


By: 
Robert Weisman
County Administrator


12/17/13
Date

WITNESS:

Signature
Marsharee Chronick
Witness Name

AGENCY:
Compass Inc.
By: 
Signature
Anthony Plakas
Chief Executive Officer

11/18/13
Date

**APPROVED AS TO FORM AND
LEGAL SUFFICIENCY**

Chief Assistant County Attorney

**APPROVED AS TO TERMS
AND CONDITIONS**

Channell Wilkins,
Director
Palm Beach County
Department of Community Services

#	Agency	Service	# to be served	# of units	Unit Cost, if applicable	Objective/s	Activities	Non-Duplicating Statement: Indicate any other program in your agency or other agency in the community which provide similar services. Explain how you will avoid duplication of services, or why additional units of services are needed.	Impact Statement: When the objective is accomplished, what impact will it have?
1	Compass	Mental Health Services	55	4234.026	19.25	To provide either individual, group, and/or family mental health services to all eligible clients.	<ol style="list-style-type: none"> 1. Refer clients to mental health therapist for evaluation and plan development. Responsible person(s): Case Manager and Program Supervisor 2. Ensure that clients are provided services in a timely manner, and that treatment plans are developed with the client to meet the needs of the client. Responsible person(s): Mental Health Therapist and Program Supervisor 3. Review counseling treatment plans including need for ongoing services every 3 mo. and update. Responsible person(s): Mental Health Therapist 	The Comprehensive AIDS Program Currently, all agencies refer clients to each other for resources. URN numbers and case management specific software linking all Ryan White providers will further ensure no duplication of services.	The impact of providing mental health services is to empower clients to handle all types of situations, and to cope with HIV Spectrum Disease. Counseling provided is considered crisis counseling as well as short-term counseling.
2	Compass	Medical Case Management	250	16871.87	15	To provide comprehensive case management for those Ryan White clients who meet the HRSA criteria for this type of case management.	<ol style="list-style-type: none"> 1. Provide initial intakes and triage clients for services. Responsible person(s): Case manager 2. Develop 90 day service plan, link clients to medical care, evaluate need for ongoing case management, provide education needed to maintain medical adherence, refer clients to appropriate services. Responsible person(s): Case Manager 3. Review at least 20 client records on a monthly basis for quality assurance, using a quality assurance tool. Responsible: Program Supervisor 	The Comprehensive AIDS Program Currently, all agencies refer clients to each other for resources. URN numbers and case management specific software linking all Ryan White providers will further ensure no duplication of services.	The impact of providing medical case management services allows clients to be able to access needed resources and information they need to access health care resources and understand the importance of medical adherence to maintain and/or improve their health and minimize opportunities to transmit HIV.

Work Plan
March 1, 2013 - February 28, 2014

3	Compass	Non Medical Case Management Supportive Services	113	3773.333	12	<p>To provide supportive case management services for those Ryan White clients who meet the HRSA criteria for this type of case management.</p>	<ol style="list-style-type: none"> 1. Find insurance for services based on client qualification. Provide appropriate referral for psychosocial needs including social, legal, financial, food and medical transportation. 2. Educate the client on HIV topics. 3. Promote a healthy lifestyle. <p>Responsible person(s): Case Manager</p> <ol style="list-style-type: none"> 4. Review at least 20 records monthly for quality assurance, using a quality assurance tool. Responsible persons: Program Supervisor 	<p>The Comprehensive AIDS Program</p> <p>Currently, all agencies refer clients to each other for resources. URN numbers and case management specific software linking all Ryan White providers will further ensure no duplication of services.</p>	<p>The impact of providing non-medical case management services include the provision of advice and assistance in obtaining medical, social, and community, legal, financial and other needed services.</p>
4	Compass	Non Medical Case Management Determining Eligibility	350	5118	12	<p>To conduct initial eligibility screenings and redeterminations for all clients seeking Ryan White services.</p>	<ol style="list-style-type: none"> 1. Conduct initial eligibility and eligibility re-determination every six months. 2. Provide clients with a list of required eligibility documents. 3. Collect and complete the necessary eligibility documents and determine the client's eligibility status. 4. Scan appropriate documents into CAREWare within 5 business days. 5. Complete a needs assessment to determine if a referral to non-medical or medical case management is needed, or note in CAREWare if a client does not want these services. 6. Contact clients to provide appointment reminders at least 2 weeks prior to the re-determination date. 7. Present the client with a list of services and agency locations for the services the client is deemed eligible. <p>Responsible person(s): Eligibility Worker</p> <ol style="list-style-type: none"> 8. Review at least 20 records monthly for quality assurance. Responsible person: Program Supervisor 	<p>The Comprehensive AIDS Program</p> <p>Currently, all agencies refer clients to each other for resources. URN numbers and case management specific software linking all Ryan White providers will further ensure no duplication of services.</p>	<p>The impact of providing eligibility screening services include maintaining consistency for clients and providers by completing the initial and redetermination screenings of all persons living with HIV/AIDS who seek Ryan White services. Clients will be screened and based on the outcome of this screening, will be impacted by being presented with and referred to agencies that provide the necessary services for which the client has been deemed eligible.</p>

Work Plan
March 1, 2013 - February 28, 2014

5	Compass	Food Bank/Home Delivered Meals	55	31507.27	25	<p>To provide food voucher assistance to eligible clients. (Additional food assistance may be provided during the holiday months of November and December.)</p>	<ol style="list-style-type: none"> 1. Assess program eligibility and ensure that clients are provided with services in accordance with standards set forth by the Palm Beach County HIV CARE Council. Responsible person(s): Case Manager, Program Supervisor 2. Reassess client situation monthly to verify continued eligibility. Responsible person(s): Case Manager, Program Supervisor 3. Review all records on a semi-annual basis for quality assurance using a quality assurance tool. Responsible person(s): Program Supervisor 	<p>The Comprehensive AIDS Program</p> <p>Currently, all agencies refer clients to each other for resources. URN numbers and case management specific software linking all Ryan White providers will further ensure no duplication of services.</p>	<p>The impact of providing food bank is to enhance the nutritional health of Ryan White eligible clients.</p>
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Work Plan
March 1, 2013 - February 28, 2014

6	Compass	Medical Transportation Services	35	6972.727	1	To provide transportation assistance to eligible clients in the form of bus passes, taxi vouchers, ticket to ride vouchers, etc.	<ol style="list-style-type: none"> 1. Continue to contract with Palm Tran and Yellow Cab to provide transportation services. Responsible person(s): Program Supervisor 2. Assess program eligibility and ensure that clients are provided with services in accordance with standards set forth by the Palm Beach County HIV CARE Council. Responsible person(s): Case Manager, Program Supervisor 3. Reassess client situation monthly to verify continued eligibility. Responsible person(s): Case Manager, Program Supervisor 4. Obtain necessary documentation (Request for Transportation Assistance forms and cab voucher duplicates). Responsible person(s): Case Manager 5. Update policies and procedures to ensure that the most cost effective mode of transportation is utilized given the needs of the client. Responsible person(s): Program Supervisor 6. Review all records on a semi-annual basis for quality assurance using a quality assurance tool. Responsible person(s): Program Supervisor 	The Comprehensive AIDS Program Currently, all agencies refer clients to each other for resources. URN numbers and case management specific software linking all Ryan White providers will further ensure no duplication of services.	The impact of providing transportation services will ensure that clients have access/are linked to medical and social support services.
7	Compass	Emergency Financial Assistance	45	9348.182	1	To provide short term, emergency financial assistance to assist clients in making payments to service providers.	<ol style="list-style-type: none"> 1. Complete financial assessment documenting needs and eligibility, including original bill. Responsible person(s): Case manager 2. Complete 3 required forms of documentation, including, Emergency referral application, Utility guarantee, internal RFP for bookkeeping purposes and guarantee of payment. Responsible persons: Case Managers, Program Supervisor, Bookkeeper. 3. Review all records on a semi-annual basis for quality assurance using a quality assurance tool. Responsible person(s): Program Supervisor 	The Comprehensive AIDS Program Currently, all agencies refer clients to each other for resources. URN numbers and case management specific software linking all Ryan White providers will further ensure no duplication of services.	The impact of providing emergency financial assistance services will prevent client homelessness or institutionalization and reduce barriers to clients remaining in medical care.
8									
9									
10									

Echibit B1

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Agency - Program: Compass - Non Medical Case Management - Formula
 Fiscal Year: RW-GY13
 Contract #: R2013-0521
 CSC Program Allocation: \$45,280
 Budget Status: Approved
 Reviewed By: teaton

Salary Accounts

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

Expense Accounts

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	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	0
140.8000	Unit Cost - Direct Services	35,280	35,280	45,280

140.9000	Capital Improvements	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	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	0	0	0
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
ESG	Personnel/Benefits	0	0	0
ESG	Telephone	0	0	0
ESG	Security Deposits	0	0	0
ESG	Utility Deposits	0	0	0
ESG	Rental Assistance	0	0	0
ESG	Equipment	0	0	0
ESG	Insurance	0	0	0
ESG	Utilities	0	0	0
ESG	Food	0	0	0
ESG	Supplies	0	0	0
ESG	Maintenance	0	0	0
ESG	Building Maintenance	0	0	0
ESG	Utilities/Metered Postage	0	0	0
ESG	Utility Assistance	0	0	0
ESG	Rent Assist/Utility Assist/Utility Dep	0	0	0
ESG	Hotel/Motel Vouchers	0	0	0
ESG	Emergency Rent & Utilities	0	0	0
ESG	Maintenance & Repairs	0	0	0
ESG	Security & Maintenance	0	0	0
ESG	Equipment Rental	0	0	0
ESG	Ind Housing Stab Case Management	0	0	0
ESG	Security	0	0	0
HRC	Mobilization Authorized	0	0	0
HRC	Lewis Center Op	0	0	0
HRC	Administration	0	0	0
HRC	Hotel/Motel	0	0	0
HRC	Leasing/Utility	0	0	0
HRC	Family Reunification	0	0	0
HRC	Job Training	0	0	0
HRC	Job Placement	0	0	0
	Expense Totals:	35,280	35,280	45,280
	Grand Totals:	35,280	35,280	45,280

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

Program Funders

No Funders have been added to this budget.

Narrative Log

Date	User	Narrative
		New Budget for 2013-2014 Non Medical Case Management \$35,280 to one continuous "fifteen minute" period, each unit will be reimbursed \$12.00. The average case load shall be 120 clients. The amount is \$35,280.

Email

Comment:

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Exhibit B1

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Agency - Program: Compass - Mental Health Counseling - Formula
 Fiscal Year: RW-GY13
 Contract #: R2013-0521
 CSC Program Allocation: \$81,505
 Budget Status: Approved
 Reviewed By: teaton

Salary Accounts

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

Expense Accounts

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	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	0
140.8000	Unit Cost - Direct Services	68,005	68,005	81,505

140.9000	Capital Improvements	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	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	0	0	0
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
ESG	Personnel/Benefits	0	0	0
ESG	Telephone	0	0	0
ESG	Security Deposits	0	0	0
ESG	Utility Deposits	0	0	0
ESG	Rental Assistance	0	0	0
ESG	Equipment	0	0	0
ESG	Insurance	0	0	0
ESG	Utilities	0	0	0
ESG	Food	0	0	0
ESG	Supplies	0	0	0
ESG	Maintenance	0	0	0
ESG	Building Maintenance	0	0	0
ESG	Utilities/Metered Postage	0	0	0
ESG	Utility Assistance	0	0	0
ESG	Rent Assist/Utility Assist/Utility Dep	0	0	0
ESG	Hotel/Motel Vouchers	0	0	0
ESG	Emergency Rent & Utilities	0	0	0
ESG	Maintenance & Repairs	0	0	0
ESG	Security & Maintenance	0	0	0
ESG	Equipment Rental	0	0	0
ESG	Ind Housing Stab Case Management	0	0	0
ESG	Security	0	0	0
HRC	Mobilization Authorized	0	0	0
HRC	Lewis Center Op	0	0	0
HRC	Administration	0	0	0
HRC	Hotel/Motel	0	0	0
HRC	Leasing/Utility	0	0	0
HRC	Family Reunification	0	0	0
HRC	Job Training	0	0	0
HRC	Job Placement	0	0	0
	Expense Totals:	68,005	68,005	81,505
	Grand Totals:	68,005	68,005	81,505

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

Program Funders

No Funders have been added to this budget.

Narrative Log

Date	User	Narrative
		New 2013-2014 Budget for Mental Health Services Each unit is e continuous "fifteen minute" period, each unit will be reimbursed and Twenty-Five Cents (\$19.25). The total reimbursable Mental not-to-exceed amount is \$68,005

Email

Comment:

* Email will only be sent for approvals and rejections unless it was checked in the Approval Chain

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Agency - Program: Compass - Emergency Financial Assistance - Formula
Fiscal Year: RW-GY13
Contract #: R2013-0521
CSC Program Allocation: \$10,283
Budget Status: Approved
Reviewed By: teaton

Salary Accounts

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

Expense Accounts

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	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	0
140.8000	Unit Cost - Direct Services	7,283	7,283	10,283

140.9000	<u>Capital Improvements</u>	0	0	0
800.1201	<u>Salaries and Wages Regular Admin</u>	0	0	0
800.2101	<u>FICA-Taxes Admin</u>	0	0	0
800.2105	<u>FICA Medicare Admin</u>	0	0	0
800.2112	<u>Other Benefits Admin</u>	0	0	0
800.2201	<u>Retirement Contributions-FRS Admin</u>	0	0	0
800.2301	<u>Insurance-Life and Health Admin</u>	0	0	0
800.2401	<u>Workers' Compensation Admin</u>	0	0	0
800.2501	<u>Unemployment Compensation Admin</u>	0	0	0
800.3201	<u>Audit Services Admin</u>	0	0	0
800.3203	<u>Accounting and Consulting Service Admin</u>	0	0	0
800.4001	<u>Travel And Per Diem Admin</u>	0	0	0
800.4101	<u>Communication Services Admin</u>	0	0	0
800.4301	<u>Utilities Admin</u>	0	0	0
800.4401	<u>Rent Admin</u>	0	0	0
800.5101	<u>Office Supplies Admin</u>	0	0	0
800.5201	<u>Materials/Supplies Operating Admin</u>	0	0	0
800.5242	<u>Food Prep and Serving Supplies Admin</u>	0	0	0
800.6401	<u>Machinery and Equipment Admin</u>	0	0	0
800.8000	<u>Other Administrative</u>	0	0	0
800.9515	<u>Admin Costs-Indirect</u>	0	0	0
820.1201	<u>Salaries and Wages Regular Prgm</u>	0	0	0
820.2101	<u>FICA-Taxes Prgm</u>	0	0	0
820.2105	<u>FICA Medicare Prgm</u>	0	0	0
820.2112	<u>Other Benefits Prgm</u>	0	0	0
820.2201	<u>Retirement Contributions-FRS Prgm</u>	0	0	0
820.2301	<u>Insurance-Life and Health Prgm</u>	0	0	0
820.2401	<u>Workers' Compensation Prgm</u>	0	0	0
820.2501	<u>Unemployment Compensation Prgm</u>	0	0	0
ESG	<u>Personnel/Benefits</u>	0	0	0
ESG	<u>Telephone</u>	0	0	0
ESG	<u>Security Deposits</u>	0	0	0
ESG	<u>Utility Deposits</u>	0	0	0
ESG	<u>Rental Assistance</u>	0	0	0
ESG	<u>Equipment</u>	0	0	0
ESG	<u>Insurance</u>	0	0	0
ESG	<u>Utilities</u>	0	0	0
ESG	<u>Food</u>	0	0	0
ESG	<u>Supplies</u>	0	0	0
ESG	<u>Maintenance</u>	0	0	0
ESG	<u>Building Maintenance</u>	0	0	0
ESG	<u>Utilities/Metered Postage</u>	0	0	0
ESG	<u>Utility Assistance</u>	0	0	0
ESG	<u>Rent Assist/Utility Assist/Utility Dep</u>	0	0	0
ESG	<u>Hotel/Motel Vouchers</u>	0	0	0
ESG	<u>Emergency Rent & Utilities</u>	0	0	0
ESG	<u>Maintenance & Repairs</u>	0	0	0
ESG	<u>Security & Maintenance</u>	0	0	0
ESG	<u>Equipment Rental</u>	0	0	0
ESG	<u>Ind Housing Stab Case Management</u>	0	0	0
ESG	<u>Security</u>	0	0	0
HRC	<u>Mobilization Authorized</u>	0	0	0
HRC	<u>Lewis Center Op</u>	0	0	0
HRC	<u>Administration</u>	0	0	0
HRC	<u>Hotel/Motel</u>	0	0	0
HRC	<u>Leasing/Utility</u>	0	0	0
HRC	<u>Family Reunification</u>	0	0	0
HRC	<u>Job Training</u>	0	0	0
HRC	<u>Job Placement</u>	0	0	0
	Expense Totals:	7,283	7,283	10,283
	Grand Totals:	7,283	7,283	10,283

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

Program Funders

No Funders have been added to this budget.

Narrative Log

Date	User	Narrative
		New 2013-2014 Budget for Emergency Financial Assistance Will actual cost of the Emergency Financial Assistance as evidenced by receipts, copies of checks, invoices, or other documents accepted Beach County Department of Community Services plus a Emergency Assistance administrative fee not to exceed ten percent (10%). Emergency Financial Assistance not-to-exceed amount is \$7,283

Email

Comment:

* Email will only be sent for approvals and rejections unless it was checked in the Approval Chain

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Agency - Program: Compass - Food Bank / Home Delivered Meals - Formula
 Fiscal Year: RW-GY13
 Contract #: R2013-0521
 CSC Program Allocation: \$34,658
 Budget Status: Approved
 Reviewed By: teaton

Salary Accounts

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

Expense Accounts

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	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	0
140.8000	Unit Cost - Direct Services	26,658	26,658	34,658

140.9000	Capital Improvements	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	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	0	0	0
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
ESG	Personnel/Benefits	0	0	0
ESG	Telephone	0	0	0
ESG	Security Deposits	0	0	0
ESG	Utility Deposits	0	0	0
ESG	Rental Assistance	0	0	0
ESG	Equipment	0	0	0
ESG	Insurance	0	0	0
ESG	Utilities	0	0	0
ESG	Food	0	0	0
ESG	Supplies	0	0	0
ESG	Maintenance	0	0	0
ESG	Building Maintenance	0	0	0
ESG	Utilities/Metered Postage	0	0	0
ESG	Utility Assistance	0	0	0
ESG	Rent Assist/Utility Assist/Utility Dep	0	0	0
ESG	Hotel/Motel Vouchers	0	0	0
ESG	Emergency Rent & Utilities	0	0	0
ESG	Maintenance & Repairs	0	0	0
ESG	Security & Maintenance	0	0	0
ESG	Equipment Rental	0	0	0
ESG	Ind Housing Stab Case Management	0	0	0
ESG	Security	0	0	0
HRC	Mobilization Authorized	0	0	0
HRC	Lewis Center Op	0	0	0
HRC	Administration	0	0	0
HRC	Hotel/Motel	0	0	0
HRC	Leasing/Utility	0	0	0
HRC	Family Reunification	0	0	0
HRC	Job Training	0	0	0
HRC	Job Placement	0	0	0
	Expense Totals:	26,658	26,658	34,658
	Grand Totals:	26,658	26,658	34,658

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

Program Funders

No Funders have been added to this budget.

Narrative Log

Date	User	Narrative
		New 2013-2014 Budget for Food Bank Will be reimbursed at act Bank/Home Delivered Meals administrative fee not to exceed ter Reimbursement will be based solely upon the utilization of the se Reimbursements must be accompanied by a utilization report an evidenced by copies of paid receipts, copies of checks or invoice: documents acceptable by Palm Beach County Department of Cor The total reimbursable Food Bank/Home Delivered Meals not-to-\$26,658.

Email

Comment:

* Email will only be sent for approvals and rejections unless it was checked in the Approval Chain

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CERTIFICATE OF LIABILITY INSURANCE

Copy

OP ID: S

DATE (MM/DD/YYYY)

08/21/2013

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(ies) 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).

PRODUCER Casswood Insurance Agency, Ltd. Five Executive Park Drive Clifton Park, NY 12065-5694 Dori Shields	Phone: 518-373-8700	CONTACT NAME: Dori Shields	
	Fax: 518-373-8799	PHONE (A/C, No, Ext): 800-972-2242	
		FAX (A/C, No): 866-558-7841	
		E-MAIL ADDRESS: dori@casswood.com	
		PRODUCER CUSTOMER ID #: COMPA-1	
INSURED Compass, Inc. 201 N Dixie Highway Lake Worth, FL 33460	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Philadelphia Insurance Co		
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			PHPK727199	07/01/2013	07/01/2014	EACH OCCURRENCE \$ 1,000.00
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	X					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100.00
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5.00
	<input checked="" type="checkbox"/> SS PROF \$1M/2M						PERSONAL & ADV INJURY \$ 1,000.00
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2,000.00
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2,000.00
A	AUTOMOBILE LIABILITY			PHPK727199	07/01/2013	07/01/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000.00
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						\$
<input checked="" type="checkbox"/> NON-OWNED AUTOS			\$				
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
	DEDUCTIBLE						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
A	Property Section			PHPK727199	07/01/2013	07/01/2014	E.L. DISEASE - POLICY LIMIT \$
							Personal 195,000
							Property 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The Certificate Holder is named as additional insured as respects liability coverage.

CERTIFICATE HOLDER

CANCELLATION

PALMBCH

Palm Beach County
Dept. of Community Services
810 Datura St
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

Jeffrey W. Woodcock, C.R., Chairman

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COMMUNITY CENTERED

July 1, 2013

Tony Plakas
Chief Executive Officer

Ana Lucia Zagazeta
Marketing Director

Julie Seaver
Community Center Director

Marsharee Chronicle
Health Services Director

Jimmy Zoellner
Development Director

Anna Balla
Ryan White Grant Compliance
Palm Beach County Department of Community Services
810 Datura Street Suite 200
West Palm Beach, FL 33401

Dear Anna,

Compass, Inc. maintain general liability insurance and automobile liability insurance. Compass, Inc. is currently insured by Philadelphia Insurance Co., policy number PHPK727199, EFFECTIVE 8/1/13 through 8/1/14. A copy of this certificate of insurance has been provided for your file. The automobile liability insurance covers both hired and non-owned autos. However, Compass does not have any company owned, nor company leased autos. If you have any further questions or concerns regarding this matter, please feel free to contact me at (561) 533-9699.

Board of Trustees

Mark Lindsay

Marc Pickering, MSW

Michael Grattendick

J. Michael Woods, M.Ed.

Crista Mockenhaupt

Thank you,

Julie Seaver
Center Operations Director