

MHSD CONTRACT BUDGET

Input Detail

PROPOSER NAME:	Plaquemines Community C.A.R.E. Centers Foundation, Inc
ADDRESS (LINE 1):	8480 Hwy 23 Suite 100
ADDRESS (LINE 2):	Belle Chasse, LA 70037
ADDRESS (LINE 3):	
CONTACT PERSON:	Mandy Carter, Clinical Director
PHONE NUMBER:	(504)208-1290
BUDGET PERIOD (BEGIN DATE):	July 1, 2011
BUDGET PERIOD (END DATE):	October 15, 2011

INSTRUCTIONS:

Your use of this Budget spreadsheet is dependent on the type of reimbursement you receive under your Contract with the MHSD. The types of reimbursement are as follows:

1 **Cost Reimbursement.** Contractor receives reimbursement for operating expenses incurred as the result of providing services under its contract with the MHSD. As an example, (1) programs that fund salaries of clinical psychiatrists/therapists at Behavioral Health Centers, (2) programs that provide outreach/supportive services to the homeless, and (3) programs that provide crisis transportation service to mentally ill, among others.

Attachments to be completed are: Salaries, Related Benefits, Travel, Operating Expenses, Supplies, and Other (as necessary).

MHSD CONTRACT BUDGET Salaries Detail

CONTRACTOR NAME: Plaquemines Community C.A.R.E. Centers Foundation, Inc

BUDGET PERIOD: July 1, 2011 THROUGH October 15, 2011

Ref	Position/Title	Annual Salary	# Months Employed	% FTE (for MHSD)	Allocation of Salary (to MHSD)	Comments
Ex.	Chief Administrative Officer	\$ 50,000.00	10.0	80.0%	\$ 33,333.33	CAO annual salary of \$50,000. Will be employed for the full 12 months of the fiscal year. Estimated that 80% of time will be spent providing services under this Contract.
1	Team Leader/ Program Manager	\$ 62,400.00	3.5	100.0%	\$ 18,200.00	Team Leader/Program Manager to communicate and report to Contract Manager. Under Contract Manager, oversees and coordinates team members, attends meeting as needed, and assists with reporting requirements.
2	Team Leader	\$ 58,240.00	3.5	100.0%	\$ 16,986.67	Supervise and manage team. Meet with team to assign duties and debrief. Maintain all required paperwork.
3	Counselor	\$ 54,080.00	3.5	100.0%	\$ 15,773.33	Provide resources to families and other groups. Provide individual, family, and group counseling to disaster survivors. Maintain all required paperwork.
4	Counselor	\$ 54,080.00	3.5	100.0%	\$ 15,773.33	Provide resources to families and other groups. Provide individual, family, and group counseling to disaster survivors. Maintain all required paperwork.
5	Counselor	\$ 54,080.00	3.5	100.0%	\$ 15,773.33	Provide resources to families and other groups. Provide individual, family, and group counseling to disaster survivors. Maintain all required paperwork.
6	Counselor	\$ 54,080.00	3.5	100.0%	\$ 15,773.33	Provide resources to families and other groups. Provide individual, family, and group counseling to disaster survivors. Maintain all required paperwork.
7	Outreach Specialist	\$ 41,600.00	3.5	100.0%	\$ 12,133.33	Supply outreach, referral and educational assistance to disaster victims. Assist individuals and families in identifying and implementing a recovery plan. Maintain all required paperwork.
8	Outreach Specialist	\$ 41,600.00	3.5	100.0%	\$ 12,133.33	Supply outreach, referral and educational assistance to disaster victims. Assist individuals and families in identifying and implementing a recovery plan. Maintain all required paperwork.
9	Outreach Specialist	\$ 41,600.00	3.5	100.0%	\$ 12,133.33	Supply outreach, referral and educational assistance to disaster victims. Assist individuals and families in identifying and implementing a recovery plan. Maintain all required paperwork.
10	Outreach Specialist	\$ 41,600.00	3.5	100.0%	\$ 12,133.33	Supply outreach, referral and educational assistance to disaster victims. Assist individuals and families in identifying and implementing a recovery plan. Maintain all required paperwork.
11	Outreach Specialist	\$ 41,600.00	3.5	100.0%	\$ 12,133.33	Supply outreach, referral and educational assistance to disaster victims. Assist individuals and families in identifying and implementing a recovery plan. Maintain all required paperwork.
12	Outreach Specialist	\$ 41,600.00	-	100.0%	\$ -	Supply outreach, referral and educational assistance to disaster victims. Assist individuals and families in identifying and implementing a recovery plan. Maintain all required paperwork.
13	Contract Manager	\$ 54,480.00	3.5	23.0%	\$ 3,654.70	Oversee all aspects of Contract. Work directly with team leaders. Attend all scheduled meetings. Update budget and submit monthly invoice. Ensure quality and accuracy of data reports. Be available to team members as needed.
14	Part-time Administrative Assistant	\$ 20,592.00	3.5	100.0%	\$ 6,006.00	Assists Contract Manager, Team Leaders, and Team Members as needed. Maintain staff records for review/approval of Contract Manager. Assists in clerical duties for program.
15		\$ -	-	0.0%	\$ -	
	TOTAL	\$ 661,632.00			\$ 168,607.37	

MHSD CONTRACT BUDGET Related Benefits Detail

CONTRACTOR NAME: uemines Community C.A.R.E. Centers Foundation.

BUDGET PERIOD: July 1, 2011 THROUGH October 15, 2011

Reference	Position/Title	Allocation of Salary (to MHSD)	FICA Employer Share	Medicare Taxes Employer Share	FUTA Taxes Employer Share	Worker's Comp. Insurance	Benefits Life Insurance	Benefits Health Insurance	Benefits Disability Insurance	Benefits Accrued Vacation Pay	Benefits 401K Contrib.	Benefits Other	Total Benefits & Taxes	Total Allocated Salary, Benefits & Taxes
Ex.	Chief Administrative Officer	\$ 33,333	\$ 2,067	\$ 483	\$ 56	\$ 150	\$ 1,667	\$ 2,500	\$ 667	\$ 1,282	\$ 1,000	\$ -	\$ 9,871	\$ 43,205
1	Team Leader/ Program Manager	\$ 18,200	\$ 1,128	\$ 264	\$ 56	\$ 150	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,598	\$ 19,798
2	Team Leader	\$ 16,987	\$ 1,053	\$ 246	\$ 56	\$ 150	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,505	\$ 18,492
3	Counselor	\$ 15,773	\$ 978	\$ 229	\$ 56	\$ 150	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,413	\$ 17,186
4	Counselor	\$ 15,773	\$ 978	\$ 229	\$ 56	\$ 150	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,413	\$ 17,186
5	Counselor	\$ 15,773	\$ 978	\$ 229	\$ 56	\$ 150	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	#####	\$ 17,186
6	Counselor	\$ 15,773	\$ 978	\$ 229	\$ 56	\$ 150	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,413	\$ 17,186
7	Outreach Specialist	\$ 12,133	\$ 752	\$ 176	\$ 56	\$ 150	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,134	\$ 13,268
8	Outreach Specialist	\$ 12,133	\$ 752	\$ 176	\$ 56	\$ 150	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,134	\$ 13,268
9	Outreach Specialist	\$ 12,133	\$ 752	\$ 176	\$ 56	\$ 150	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,134	\$ 13,268
10	Outreach Specialist	\$ 12,133	\$ 752	\$ 176	\$ 56	\$ 150	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,134	\$ 13,268
11	Outreach Specialist	\$ 12,133	\$ 752	\$ 176	\$ 56	\$ 150	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,134	\$ 13,268
12	Outreach Specialist	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13	Contract Manager	\$ 3,655	\$ 227	\$ 53	\$ 29	\$ 150	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 459	\$ 4,114
14	Part-time Administrative Assistant	\$ 6,006	\$ 372	\$ 87	\$ 48	\$ 150	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 658	\$ 6,664
15		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	TOTAL	\$ 168,607	\$ 10,454	\$ 2,445	\$ 693	\$ 1,950	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 15,542	\$ 184,149

Initials/Date: _____

**MHSD CONTRACT BUDGET
Travel Detail**

CONTRACTOR NAME: Plaquemines Community C.A.R.E. Centers Foundation, Inc

BUDGET PERIOD: July 1, 2011 THROUGH October 15, 2011

Ref	Description	# of Miles	Rate Per Mile	Mileage Expense	Other Travel	Total Expense	Comments
Ex.	Travel - Mileage Expense	10,400.00	\$ 0.48	\$ 4,992.00	\$ -	\$ 4,992.00	10 patients/week x 2 trips per patient (to/from) x 10 miles trip.
1	Mileage reimbursement	23,100.00	\$ 0.48	\$ 11,088.00	\$ -	\$ 11,088.00	.48/mile; 600 miles/month/person for all eleven team members
2		-	\$ 0.48	\$ -	\$ -	\$ -	
3		-	\$ 0.48	\$ -	\$ -	\$ -	
4		-	\$ 0.48	\$ -	\$ -	\$ -	
5		-	\$ 0.48	\$ -	\$ -	\$ -	
6		-	\$ 0.48	\$ -	\$ -	\$ -	
7		-	\$ 0.48	\$ -	\$ -	\$ -	
8		-	\$ 0.48	\$ -	\$ -	\$ -	
9		-	\$ 0.48	\$ -	\$ -	\$ -	
10		-	\$ 0.48	\$ -	\$ -	\$ -	
11		-	\$ 0.48	\$ -	\$ -	\$ -	
12		-	\$ 0.48	\$ -	\$ -	\$ -	
13		-	\$ 0.48	\$ -	\$ -	\$ -	
14		-	\$ 0.48	\$ -	\$ -	\$ -	
15		-	\$ 0.48	\$ -	\$ -	\$ -	
	TOTAL	23,100.00		\$ 11,088.00	\$ -	\$ 11,088.00	

MHSD CONTRACT BUDGET Operating Expenses Detail

CONTRACTOR NAME: nes Community C.A.R.E. Centers Found

BUDGET PERIOD: July 1, 2011 THROUGH October 15, 2011

Ref	Description	Amount	Comments
Ex.	Rent Expense - Treatment Facility	\$ 31,500.00	Rental expense for treatment facility is \$3,500/month. Allocated 75% to MHSD based on pro-rated share of funding provided.
Ex.	Transportation vehicle lease expense	\$ 12,600.00	Lease expense for 2 transportation vehicles to transport patients. \$525/month per vehicle for 12 months.
Ex.	Cell Phone - transportation staff	\$ 1,800.00	Cell phones for transportation staff to maintain contact with office and clients. 2 staff personnel @ \$75/month for 12 months.
1	Cell Phone - monthly stipend	\$ 1,155.00	\$30 stipend/person/month for 11 team members
2	Emergency cell phones	\$ 160.00	1 emergency cell per team; \$20/month
3			
4		\$ -	
5		\$ -	
6		\$ -	
7		\$ -	
8		\$ -	
9		\$ -	
10		\$ -	
11		\$ -	
12		\$ -	
13		\$ -	
14		\$ -	
15		\$ -	
	TOTAL	\$ 1,315.00	

MHSD CONTRACT BUDGET Supplies Detail

CONTRACTOR NAME: ies Community C.A.R.E. Centers Founc

BUDGET PERIOD: July 1, 2011 THROUGH October 15, 2011

Ref	Description	Amount	Comments
Ex.	Medical Supplies - Adult Diapers	\$ 46,800.00	100 patients x 2 packs diapers/week x 52 weeks x \$4.50/pack
1	Misc. supplies (including team shirts, copies, etc)	\$ 1,925.00	\$50/person/month
2			
3			
4		\$ -	
5		\$ -	
6		\$ -	
7		\$ -	
8		\$ -	
9		\$ -	
10		\$ -	
11		\$ -	
12		\$ -	
13		\$ -	
14		\$ -	
15		\$ -	
	TOTAL	\$ 1,925.00	

MHSD CONTRACT BUDGET Professional Services Detail (includes Fee-For-Service Contracts)

CONTRACTOR NAME: nes Community C.A.R.E. Centers Found

BUDGET PERIOD: July 1, 2011 THROUGH October 15, 2011

Ref	Description	Amount	Comments
Ex.	Professional Services - Consultant	\$ 67,500.00	\$100/hour x 15 hours/week for 45 weeks.
Ex.	Fee for Service Contract - Fee per Student for Educational Programs	\$ 52,000.00	100 students x \$10/student x 2 sessions/week x 26 weeks
1		\$ -	
2		\$ -	
3		\$ -	
4		\$ -	
5		\$ -	
6		\$ -	
7		\$ -	
8		\$ -	
9		\$ -	
10		\$ -	
11		\$ -	
12		\$ -	
13		\$ -	
14		\$ -	
15		\$ -	
	TOTAL	\$ -	

**MHSD CONTRACT BUDGET
Other (1) Detail**

CONTRACTOR NAME: Lines Community C.A.R.E. Centers Founda

BUDGET PERIOD: July 1, 2011 THROUGH October 15, 2011

Ref	Description	Amount	Comments
1			
2		\$ -	
3		\$ -	
4		\$ -	
5		\$ -	
6		\$ -	
7		\$ -	
8		\$ -	
9		\$ -	
10		\$ -	
11		\$ -	
12		\$ -	
13		\$ -	
14		\$ -	
15		\$ -	
	TOTAL	\$ -	

MHSD CONTRACT BUDGET Other (2) Detail

CONTRACTOR NAME: Lines Community C.A.R.E. Centers Founda

BUDGET PERIOD: July 1, 2011 THROUGH October 15, 2011

Ref	Description	Amount	Comments
1		\$ -	
2		\$ -	
3		\$ -	
4		\$ -	
5		\$ -	
6		\$ -	
7		\$ -	
8		\$ -	
9		\$ -	
10		\$ -	
11		\$ -	
12		\$ -	
13		\$ -	
14		\$ -	
15		\$ -	
	TOTAL	\$ -	

Initials/Date: _____

MHSD CONTRACT BUDGET

Summary Budget For This Period

Summary

CONTRACTOR NAME: nines Community C.A.R.E. Centers Foundat

BUDGET PERIOD: July 1, 2011 THROUGH October 15, 2011

Attach.	Categories	Total Amount
1	Salaries	\$ 168,607.37
2	Related Benefits	\$ 15,541.75
3	Travel	\$ 11,088.00
4	Operating Expenses	\$ 1,315.00
5	Supplies	\$ 1,925.00
6	Professional Services (includes Fee-For-Service Contracts)	\$ -
7	Other (1)	\$ -
8	Other (2)	\$ -
9	Administrative Expenses	\$ 29,771.57
	TOTAL	\$ 228,248.68

I do hereby certify that I have prepared the estimates and amounts provided in this budget and they are reasonable and just and based on my expectation of actual costs to be incurred under the contract. In the event that we determine that the estimates and amounts provided in this budget are not consistent with actual costs being incurred to provide services under the contract, we will notify the MHSD immediately. I understand

Signature of Chief Financial Officer