MHSD CONTRACT BUDGET
Input Detail

PROPOSER NAME:	Plaquemines Community C.A.R.E. Centers Foundation, Inc
ADDRESS (LINE 1):	115 Keating Dr
ADDRESS (LINE 2):	Belle Chasse, LA 70037
ADDRESS (LINE 3):	
CONTACT PERSON:	Julie Olsen
PHONE NUMBER:	504-393-5750
BUDGET PERIOD (BEGIN DATE):	July 1, 2014
BUDGET PERIOD (END DATE):	June 30, 2015

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, 2014 THROUGH June 30, 2015

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	Behavioral Health Liaison	$ 59,488.00	12.0	100.0%	$ 59,488.00	Behavioral Health Liaison annual salary of $59,488. Will be employed for the full 12 months of the fiscal year. Estimated that 100% of time will be spent providing services under this Contract.
2		$ -	-	0.0%	$ -	
3		$ -	-	0.0%	$ -	
4		$ -	-	0.0%	$ -	
5		$ -	-	0.0%	$ -	
6		$ -	-	0.0%	$ -	
7		$ -	-	0.0%	$ -	
8		$ -	-	0.0%	$ -	
9		$ -	-	0.0%	$ -	
10		$ -	-	0.0%	$ -	
11		$ -	-	0.0%	$ -	
12		$ -	-	0.0%	$ -	
13		$ -	-	0.0%	$ -	
14		$ -	-	0.0%	$ -	
15		$ -	-	0.0%	$ -	
	TOTAL	$ 59,488.00			$ 59,488.00	

Initials/Date: _____

MHSD CONTRACT BUDGET
Related Benefits Detail

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

BUDGET PERIOD: July 1, 2014 THROUGH June 30, 2015

Reference	Position/Title	Allocation of Salary (to MHSD)	FICA Employer Share	Medicare 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	$ 150	$ 1,667	$ 2,500	$ 667	$ 1,282	$ 1,000	$ -	$ 9,815	$ 43,149
1	Behavioral Health Liaison	$ 59,488	$ 3,688	$ 863	$ 973	$ 156	$ 4,560	$ 961	$ -	$ -	$ -	$ 11,200	$ 70,688
2		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
3		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
4		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
6		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
7		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
8		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
9		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
10		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
11		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
12		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
13		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
14		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
15		$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
	TOTAL	$ 59,488	$ 3,688	$ 863	$ 973	$ 156	$ 4,560	$ 961	$ -	$ -	$ -	$ 11,200	$ 70,688

Initials/Date: _____

MHSD CONTRACT BUDGET
Travel Detail

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

BUDGET PERIOD: July 1, 2014 THROUGH June 30, 2015

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	Travel - Mileage Expense	300.00	$ 0.51	$ 153.00	$ -	$ 153.00	300 miles x .51/mile
2		-	$ 0.51	$ -	$ -	$ -	
3		-	$ 0.51	$ -	$ -	$ -	
4		-	$ 0.51	$ -	$ -	$ -	
5		-	$ 0.51	$ -	$ -	$ -	
6		-	$ 0.51	$ -	$ -	$ -	
7		-	$ 0.51	$ -	$ -	$ -	
8		-	$ 0.51	$ -	$ -	$ -	
9		-	$ 0.51	$ -	$ -	$ -	
10		-	$ 0.51	$ -	$ -	$ -	
11		-	$ 0.51	$ -	$ -	$ -	
12		-	$ 0.51	$ -	$ -	$ -	
13		-	$ 0.51	$ -	$ -	$ -	
14		-	$ 0.51	$ -	$ -	$ -	
15		-	$ 0.51	$ -	$ -	$ -	
	TOTAL	300.00		$ 153.00	$ -	$ 153.00	

Initials/Date: _____

MHSD CONTRACT BUDGET
Operating Expenses Detail

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

BUDGET PERIOD: July 1, 2014 THROUGH June 30, 2015

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		$ -	
2		$ -	
3		$ -	
4		$ -	
5		$ -	
6		$ -	
7		$ -	
8		$ -	
9		$ -	
10		$ -	
11		$ -	
12		$ -	
13		$ -	
14		$ -	
15		$ -	
	TOTAL	$ -	

Initials/Date: _____

MHSD CONTRACT BUDGET
Supplies Detail

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

BUDGET PERIOD: July 1, 2014 THROUGH June 30, 2015

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	Office Supplies	$ 200.00	Office Supplies
2		$ -	
3		$ -	
4		$ -	
5		$ -	
6		$ -	
7		$ -	
8		$ -	
9		$ -	
10		$ -	
11		$ -	
12		$ -	
13		$ -	
14		$ -	
15		$ -	
	TOTAL	$ 200.00	

Initials/Date: _____

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

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

BUDGET PERIOD: July 1, 2014 THROUGH June 30, 2015

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	$ -	

Initials/Date: _____

MHSD CONTRACT BUDGET
Other (1) Detail

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

BUDGET PERIOD: July 1, 2014 THROUGH June 30, 2015

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
Other (2) Detail

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

BUDGET PERIOD: July 1, 2014 THROUGH June 30, 2015

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

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

BUDGET PERIOD: July 1, 2014 THROUGH June 30, 2015

Attach.	Categories	Total Amount
1	Salaries	$ 59,488.00
2	Related Benefits	$ 11,200.40
3	Travel	$ 153.00
4	Operating Expenses	$ -
5	Supplies	$ 200.00
6	Professional Services (includes Fee-For-Service Contracts)	$ -
7	Other (1)	$ -
8	Other (2)	$ -
9	Administrative Expenses (10% of direct costs)	$ 7,104.14
	TOTAL	$ 78,145.54

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 that failure to do so may result in criminal charges.

_____
Signature of Chief Financial Officer

Initials/Date: _____