

MHSD CONTRACT BUDGET

Input Detail

PROPOSER NAME:	NAMI New Orleans
ADDRESS (LINE 1):	1538 Louisiana Ave.
ADDRESS (LINE 2):	New Orleans, LA 70115
ADDRESS (LINE 3):	
CONTACT PERSON:	Lisa Romback, M.A. Executive Director
PHONE NUMBER:	504-896-2345
BUDGET PERIOD (BEGIN DATE):	July 1, 2010
BUDGET PERIOD (END DATE):	June 30, 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: NAMI New Orleans

BUDGET PERIOD: July 1, 2010 THROUGH June 30, 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	Consumer Services Director	\$ 41,600.00	12.0	25.0%	\$ 10,400.00	Consumer Services Director annual salary of 41,600. 25% of time spent providing services under this contract.
2	Case Management Supervisor	\$ 38,000.00	12.0	100.0%	\$ 38,000.00	FTE 100% of time will be spent providing services under this contract.
3	Case Manager	\$ 28,000.00	12.0	100.0%	\$ 28,000.00	FTE 100% of time will be spent providing services under this contract.
4	Case Manager	\$ 28,000.00	12.0	100.0%	\$ 28,000.00	FTE 100% of time will be spent providing services under this contract.
5	Case Manager	\$ 28,000.00	12.0	100.0%	\$ 28,000.00	FTE 100% of time will be spent providing services under this contract.
6	Case Manager	\$ 28,000.00	12.0	100.0%	\$ 28,000.00	FTE 100% of time will be spent providing services under this contract.
7	Executive Director	\$ 68,000.00	12.0	8.0%	\$ 5,440.00	FTE 8% of time will be spent providing services under this contract.
8					\$ -	
9		\$ -	-	0.0%	\$ -	
10		\$ -	-	0.0%	\$ -	
11		\$ -	-	0.0%	\$ -	
12		\$ -	-	0.0%	\$ -	
13		\$ -	-	0.0%	\$ -	
14		\$ -	-	0.0%	\$ -	
15		\$ -	-	0.0%	\$ -	
	TOTAL	\$ 259,600.00			\$ 165,840.00	

**MHSD CONTRACT BUDGET
Related Benefits Detail**

CONTRACTOR NAME: NAMI New Orleans

BUDGET PERIOD: July 1, 2010 THROUGH June 30, 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	Consumer Services Director	\$ 10,400	\$ 645	\$ 151	\$ 56	\$ 276	\$ -	\$ 1,125	\$ -	\$ -	\$ -	\$ -	\$ 2,252	\$ 12,652
2	Case Management Supervisor	\$ 38,000	\$ 2,356	\$ 551	\$ 56	\$ 1,015	\$ -	\$ 4,500	\$ -	\$ -	\$ -	\$ -	\$ 8,478	\$ 46,478
3	Case Manager	\$ 28,000	\$ 1,736	\$ 406	\$ 56	\$ 748	\$ -	\$ 4,500	\$ -	\$ -	\$ -	\$ -	\$ 7,446	\$ 35,446
4	Case Manager	\$ 28,000	\$ 1,736	\$ 406	\$ 56	\$ 748	\$ -	\$ 4,500	\$ -	\$ -	\$ -	\$ -	\$ 7,446	\$ 35,446
5	Case Manager	\$ 28,000	\$ 1,736	\$ 406	\$ 56	\$ 748	\$ -	\$ 4,500	\$ -	\$ -	\$ -	\$ -	\$ 7,446	\$ 35,446
6	Case Manager	\$ 28,000	\$ 1,736	\$ 406	\$ 56	\$ 748	\$ -	\$ 4,500	\$ -	\$ -	\$ -	\$ -	\$ 7,446	\$ 35,446
7	Executive Director	\$ 5,440	\$ 337	\$ 79	\$ 44	\$ 110	\$ -	\$ 360	\$ -	\$ -	\$ -	\$ -	\$ 930	\$ 6,370
8		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
9		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
10		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
11		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
12		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
14		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
15		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	TOTAL	\$ 165,840	\$ 10,282	\$ 2,405	\$ 380	\$ 4,391	\$ -	\$ 23,985	\$ -	\$ -	\$ -	\$ -	\$ 41,442	\$ 207,282

MHSD CONTRACT BUDGET
Travel Detail

CONTRACTOR NAME: NAMI New Orleans

BUDGET PERIOD: July 1, 2010 THROUGH June 30, 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	Consumer Services Director	1,100.00	\$ 0.48	\$ 528.00	\$ -	\$ 528.00	100 miles per month for meetings and community visits
2	Case Manager Supervisor	4,000.00	\$ 0.48	\$ 1,920.00	\$ -	\$ 1,920.00	350 miles per month to make home and community visits to provide intake and engagement services to new referrals and provide services to 8-10 consumers
3	Case Manager	5,200.00	\$ 0.48	\$ 2,496.00	\$ -	\$ 2,496.00	450 miles per month to make home and community visits and assist with transportation of 20-25 consumers
4	Case Manager	5,200.00	\$ 0.48	\$ 2,496.00	\$ -	\$ 2,496.00	450 miles per month to make home and community visits and assist with transportation of 20-25 consumers
5	Case Manager	5,200.00	\$ 0.48	\$ 2,496.00	\$ -	\$ 2,496.00	450 miles per month to make home and community visits and assist with transportation of 20-25 consumers
6	Case Manager	5,200.00	\$ 0.48	\$ 2,496.00	\$ -	\$ 2,496.00	450 miles per month to make home and community visits and assist with transportation of 20-25 consumers
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	25,900.00		\$ 12,432.00	\$ -	\$ 12,432.00	

MHSD CONTRACT BUDGET Operating Expenses Detail

CONTRACTOR NAME: NAMI New Orleans

BUDGET PERIOD: July 1, 2010 THROUGH June 30, 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		\$ -	
2	Cell Phone- reimbursement	\$ 1,800.00	Cell phone reimbursement for staff to maintain contact with clients and office. 5 staff @ \$30/month for 12 months.
3	Emergency cell phone for on-call	\$ 1,850.00	Emergency cell phone at \$50/month for 12 months and on-call reimbursement of \$25 per week for 52 weeks.
4	Annual Internet Service x 31%	\$ 372.00	Internet service of \$100/month X 31% for 12 months for access to staff email and internet resources. Based on percentage of ICM staff to total staff using internet service.
5	Land line office phones x 31%	\$ 2,232.00	Monthly phone amount is approx. \$600/month x 31% based on percentage of ICM staff using office phones.
6	Advertising	\$ -	
7	Utilities	\$ 4,800.00	Gas, Electric, Water, and Waste Management costs x 31% based on percentage of ICM staff occupying building and using utilities.
8	Client assistance	\$ 1,430.00	Includes but is not limited to assisting with medication co-pays, utility bill, purchase of state IDs, and other basic life necessities on a one-time basis per client to assist clients with recovery goals.
9	General liability insurance	\$ 3,600.00	Cost for yearly general, professional, and liability insurance policy for agency x 15.3% = \$6,923 based on percentage of ICM budget to total annual budget (\$3323 in-kind).
10	Maintenance and repairs	\$ 1,200.00	Program portion (31%) of cost of repairs of office equipment such as copier, faxes, phones, and other systems and equipment needed to operate and maintain building.
11		\$ -	
12		\$ -	
13		\$ -	
14		\$ -	
15		\$ -	
	TOTAL	\$ 17,284.00	

**MHSD CONTRACT BUDGET
Supplies Detail**

CONTRACTOR NAME: NAMI New Orleans

BUDGET PERIOD: July 1, 2010 THROUGH June 30, 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	Office Supplies	\$ 1,100.00	Pens, paper, charts, staplers, envelopes, letterhead, postage, computers. Any other supplies necessary for proper service delivery and office functions for ICM program estimated at \$100/month for 12 months.
2			
3		\$ -	
4		\$ -	
5		\$ -	
6		\$ -	
7		\$ -	
8		\$ -	
9		\$ -	
10		\$ -	
11		\$ -	
12		\$ -	
13		\$ -	
14		\$ -	
15		\$ -	
	TOTAL	\$ 1,100.00	

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

CONTRACTOR NAME: NAMI New Orleans

BUDGET PERIOD: July 1, 2010 THROUGH June 30, 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	Accounting and audit	\$ 1,530.00	Portion of yearly fee (15.3%) charged by the independent auditor for the annual fiscal audit based on percentage of ICM budget to total annual budget.
2	Computer services-User Friendly Solutions	\$ 286.00	Maintenance of program computers in good working order, software updates, etc. for 3 computers at 4 visits per year at \$60 per visit. Also includes annual renewal of antivirus and anti spyware protection.
3			
4			
5		\$ -	
6		\$ -	
7		\$ -	
8		\$ -	
9		\$ -	
10		\$ -	
11		\$ -	
12		\$ -	
13		\$ -	
14		\$ -	
15		\$ -	
	TOTAL	\$ 1,816.00	

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

CONTRACTOR NAME: NAMI New Orleans

BUDGET PERIOD: July 1, 2010 THROUGH June 30, 2011

Ref	Description	Amount	Comments
1	Required annual training	\$ 1,200.00	Cost of training for program staff including but not limited to CPR, First Aid, Crisis Prevention, Harm Reduction, Motivational Interviewing, Dual Diagnosis, etc.
2		\$ -	
3		\$ -	
4		\$ -	
5		\$ -	
6		\$ -	
7		\$ -	
8		\$ -	
9		\$ -	
10		\$ -	
11		\$ -	
12		\$ -	
13		\$ -	
14		\$ -	
15		\$ -	
	TOTAL	\$ 1,200.00	

**MHSD CONTRACT BUDGET
Other (2) Detail**

CONTRACTOR NAME: NAMI New Orleans

BUDGET PERIOD: July 1, 2010 THROUGH June 30, 2011

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

MHSD CONTRACT BUDGET Summary Budget For This Period

Summary

CONTRACTOR NAME: NAMI New Orleans

BUDGET PERIOD: July 1, 2010 THROUGH June 30, 2011

Attach.	Categories	Total Amount
1	Salaries	\$ 165,840.00
2	Related Benefits	\$ 41,441.96
3	Travel	\$ 12,432.00
4	Operating Expenses	\$ 17,284.00
5	Supplies	\$ 1,100.00
6	Professional Services (includes Fee-For-Service Contracts)	\$ 1,816.00
7	Other (1)	\$ 1,200.00
8	Other (2)	\$ -
9	Administrative Expenses	\$ 24,111.40
	TOTAL	\$ 265,225.36

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