

MHSD CONTRACT BUDGET

Input Detail

CONTRACTOR 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, 2012	
BUDGET PERIOD (END DATE):	June 30, 2013	

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, 2012 THROUGH June 30, 2013

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		\$ -	-	0.0%	\$ -	
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	\$ -			\$ -	

MHSD CONTRACT BUDGET Related Benefits Detail

CONTRACTOR NAME:

NAMI New Orleans

BUDGET PERIOD:

July 1, 2012 THROUGH June 30, 2013

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

**MHSD CONTRACT BUDGET
Travel Detail**

CONTRACTOR NAME: NAMI New Orleans
 BUDGET PERIOD: July 1, 2012 THROUGH June 30, 2013

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		-	\$ 0.48	\$ -	\$ -	\$ -	
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	-		\$ -	\$ -	\$ -	

MHSD CONTRACT BUDGET Operating Expenses Detail

CONTRACTOR NAME: NAMI New Orleans

BUDGET PERIOD: July 1, 2012 THROUGH June 30, 2013

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	\$ -	

MHSD CONTRACT BUDGET Supplies Detail

CONTRACTOR NAME: NAMI New Orleans

BUDGET PERIOD: July 1, 2012 THROUGH June 30, 2013

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

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

CONTRACTOR NAME: NAMI New Orleans

BUDGET PERIOD: July 1, 2012 THROUGH June 30, 2013

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	Fee for Service Contract - Unit Cost for psychosocial rehabilitation (PSR) services	\$ 90,000.00	Fee for Service Contract in accordance with schedule in Attachment 4 of contract not to exceed maximum contract amount.
2		\$ -	
3		\$ -	
4		\$ -	
5		\$ -	
6		\$ -	
7		\$ -	
8		\$ -	
9		\$ -	
10		\$ -	
11		\$ -	
12		\$ -	
13		\$ -	
14		\$ -	
15		\$ -	
	TOTAL	\$ 90,000.00	

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

CONTRACTOR NAME: NAMI New Orleans

BUDGET PERIOD: July 1, 2012 THROUGH June 30, 2013

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: NAMI New Orleans

BUDGET PERIOD: July 1, 2012 THROUGH June 30, 2013

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, 2012 THROUGH June 30, 2013

Attach.	Categories	Total Amount
1	Salaries	\$ -
2	Related Benefits	\$ -
3	Travel	\$ -
4	Operating Expenses	\$ -
5	Supplies	\$ -
6	Professional Services (includes Fee-For-Service Contracts)	\$ 90,000.00
7	Other (1)	\$ -
8	Other (2)	\$ -
	TOTAL	\$ 90,000.00

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