MHSD CONTRACT BUDGET
Input Detail

PROPOSER NAME:	CADA
ADDRESS (LINE 1):	3520 General De Gaulle Dr., Ste 5010
ADDRESS (LINE 2):	New Orleans, LA 70114
ADDRESS (LINE 3):	
CONTACT PERSON:	Alice Holloway
PHONE NUMBER:	(504) 362-4272
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).

2 **Reimbursement for Payment of Pre-Approved Client Expenditures**. Contractor receives reimbursement for the payment of pre-approved client expenditures and reimbursement for administrative costs to administer the program. As an example, (1) rental assistance programs and living assistance programs that provide pre-approved payments on behalf of clients or (2) pre-approved family support service programs, among others.

Attachments to be completed are: Professional Services.

3 **Fee For Service**. Contractor receives unit cost reimbursement for providing a defined single unit of service under its contract with the MHSD. As an example, (1) treatment facilities that receive a unit cost per day for utilization of patient beds or (2) educational program providers that receive a unit cost per day for each training session per student and (3) professional service contracts for consulting services at an hourly rate, among others.

Attachments to be completed are: Professional Services.

MHSD CONTRACT BUDGET
Salaries Detail

CONTRACTOR NAME: CADA

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		$ -	-	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	$ -			$ -	

Initials/Date: _____

MHSD CONTRACT BUDGET
Related Benefits Detail

CONTRACTOR NAME: CADA

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

Initials/Date: _____

MHSD CONTRACT BUDGET
Travel Detail

CONTRACTOR NAME: CADA

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		-	$ 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	-		$ -	$ -	$ -	

Initials/Date: _____

MHSD CONTRACT BUDGET
Operating Expenses Detail

CONTRACTOR NAME: CADA

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

Initials/Date: _____

MHSD CONTRACT BUDGET
Supplies Detail

CONTRACTOR NAME: CADA

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

Initials/Date: _____

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

CONTRACTOR NAME: CADA

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	Fee for Service Contract - Fee per student for AD prevention programs	$ 233,065.00	Payment will be made on a fee for service basis according to the rates established in the MHSD AD Prevention Rate Schedule found in Attachment 8 of the contract, not to exceed $75 per student.
2			
3		$ -	
4		$ -	
5		$ -	
6		$ -	
7		$ -	
8		$ -	
9		$ -	
10		$ -	
11		$ -	
12		$ -	
13		$ -	
14		$ -	
15		$ -	
	TOTAL	$ 233,065.00	

Initials/Date: _____

MHSD CONTRACT BUDGET
Other (1) Detail

CONTRACTOR NAME: CADA

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	$ -	

Initials/Date: _____

MHSD CONTRACT BUDGET
Other (2) Detail

CONTRACTOR NAME: CADA

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	$ -	

Initials/Date: _____

MHSD CONTRACT BUDGET
Summary Budget For This Period

CONTRACTOR NAME: CADA

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

Attach.	Categories	Total Amount
1	Salaries	$ -
2	Related Benefits	$ -
3	Travel	$ -
4	Operating Expenses	$ -
5	Supplies	$ -
6	Professional Services (includes Fee-For-Service Contracts)	$ 233,065.00
7	Other (1)	$ -
8	Other (2)	$ -
9	Administrative Expenses	
	TOTAL	$ 233,065.00

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

_____
Signature of Chief Financial Officer

Initials/Date: _____