

MHSD CONTRACT BUDGET

Input Detail

CONTRACTOR NAME:	Odyssey House		
ADDRESS (LINE 1):	1125 N. Tonti St.		
ADDRESS (LINE 2):	New Orleans, LA 70119		
ADDRESS (LINE 3):			
CONTACT PERSON:	Edward Carlson		
PHONE NUMBER:	504-821-9211		
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 LCS. 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:

Odyssey House

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		\$ -	-	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:

Odyssey House

BUDGET PERIOD:

July 1, 2014 THROUGH June 30, 2015

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: Odyssey House

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		-	\$ 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:

Odyssey House

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:

Odyssey House

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			
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: _____

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	Fee for Service Contract - Unit Cost for HIV testing to clients enrolled in addiction service programs.	\$ 100,000.00	Initial test kit: \$32.00; Initial counseling session: \$42.00; Confirmation test kit: \$12.00; Lab processing fee: \$140.00; Secondary counseling session: \$42.00 not to exceed the total contract amount.
2		\$ -	
3		\$ -	
4		\$ -	
5		\$ -	
6		\$ -	
7		\$ -	
8		\$ -	
9		\$ -	
10		\$ -	
11		\$ -	
12		\$ -	
13		\$ -	
14		\$ -	
15		\$ -	
	TOTAL	\$ 100,000.00	

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

CONTRACTOR NAME: Odyssey House

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	\$ -	

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

CONTRACTOR NAME: Odyssey House

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	\$ -	

MHSD
CONTRACT BUDGET
Summary Budget For This Period
 Odyssey House

CONTRACTOR NAME:

BUDGET PERIOD:

July 1, 2014

THROUGH

June 30, 2015

Attach.	Categories	Total Amount
1	Salaries	\$ -
2	Related Benefits	\$ -
3	Travel	\$ -
4	Operating Expenses	\$ -
5	Supplies	\$ -
6	Professional Services (includes Fee-For-Service Contracts)	\$ 100,000.00
7	Other (1)	\$ -
8	Other (2)	\$ -
	TOTAL	\$ 100,000.00

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 LCS immediately. I understand that failure to do so may result in criminal charges.

 Signature of Chief Financial Officer

Initials/Date: _____