# MHSD CONTRACT BUDGET
## Input Detail

| | |
|---|---|
| CONTRACTOR NAME: | VOA - PATH |
| ADDRESS (LINE 1): | 4152 Canal St. |
| ADDRESS (LINE 2): | New Orleans, Louisiana 70119 |
| ADDRESS (LINE 3): | |
| CONTACT PERSON: | Melissa Haley |
| PHONE NUMBER: | (504)482-2130 |
| 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: VOA - PATH

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 | Supervisor | $ 40,000.00 | 12.0 | 40.0% | $ 16,000.00 | |
| 2 | Outreach Worker (1) | $ 22,800.00 | 12.0 | 100.0% | $ 22,800.00 | |
| 3 | Outreach Worker (2) | $ 22,800.00 | 12.0 | 60.0% | $ 13,680.00 | |
| 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 | $ 85,600.00 | | | $ 52,480.00 | |

Initials/Date: _____

# MHSD CONTRACT BUDGET
## Related Benefits Detail

CONTRACTOR NAME: VOA - PATH

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 | Supervisor | $ 16,000 | $ 992 | $ 232 | $ 56 | $ 284 | $ - | $ 1,478 | $ 104 | $ - | $ - | $ - | $ 3,146 | $ 19,146 |
| 2 | Outreach Worker (1) | $ 22,800 | $ 1,414 | $ 331 | $ 56 | $ 406 | $ - | $ 2,106 | $ 148 | $ - | $ - | $ - | $ 4,460 | $ 27,260 |
| 3 | Outreach Worker (2) | $ 13,680 | $ 848 | $ 198 | $ 56 | $ 243 | $ - | $ 1,264 | $ 88 | $ - | $ - | $ - | $ 2,698 | $ 16,378 |
| 4 | | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| 5 | | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| 6 | | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| 7 | | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| 8 | | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| 9 | | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| 10 | | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| 11 | | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| 12 | | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| 13 | | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| 14 | | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| 15 | | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| | TOTAL | $ 52,480 | $ 3,254 | $ 761 | $ 168 | $ 933 | $ - | $ 4,848 | $ 340 | $ - | $ - | $ - | $ 10,304 | $ 62,784 |

Initials/Date: _____

# MHSD CONTRACT BUDGET
## Travel Detail

CONTRACTOR NAME: VOA - PATH

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 | Tolls | - | $ 0.48 | $ - | $ 50.00 | $ 50.00 | |
| 2 | Parking | - | $ 0.48 | $ - | $ 150.00 | $ 150.00 | |
| 3 | Mileage | 2,458.00 | $ 0.48 | $ 1,179.84 | $ - | $ 1,179.84 | |
| 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 | 2,458.00 | | $ 1,179.84 | $ 200.00 | $ 1,379.84 | |

Initials/Date: _____

# MHSD CONTRACT BUDGET
## Operating Expenses Detail

CONTRACTOR NAME: VOA - PATH

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: VOA - PATH

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 | Supplies | $ 1,336.44 | Purchase materials to assist clients such as food and oher minor costs needed for assistance. Additionally some supplies are needed to develop reports, copy flyers and distribute referral materials. |
| 2 | | $ - | |
| 3 | | $ - | |
| 4 | | $ - | |
| 5 | | $ - | |
| 6 | | $ - | |
| 7 | | $ - | |
| 8 | | $ - | |
| 9 | | $ - | |
| 10 | | $ - | |
| 11 | | $ - | |
| 12 | | $ - | |
| 13 | | $ - | |
| 14 | | $ - | |
| 15 | | $ - | |
| | TOTAL | $ 1,336.44 | |

Initials/Date: _____

# MHSD CONTRACT BUDGET

## Professional Services Detail (includes Fee-For-Service Contracts)

CONTRACTOR NAME: VOA - PATH

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 | Trainers | $ 2,000.00 | Contracts with consultants for professional development and training |
| 2 | | $ - | |
| 3 | | $ - | |
| 4 | | $ - | |
| 5 | | $ - | |
| 6 | | $ - | |
| 7 | | $ - | |
| 8 | | $ - | |
| 9 | | $ - | |
| 10 | | $ - | |
| 11 | | $ - | |
| 12 | | $ - | |
| 13 | | $ - | |
| 14 | | $ - | |
| 15 | | $ - | |
| | TOTAL | $ 2,000.00 | |

Initials/Date: _____

# MHSD CONTRACT BUDGET
## Other (1) Detail

CONTRACTOR NAME: VOA - PATH

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: VOA - PATH

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: VOA - PATH

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

| Attach. | Categories | Total Amount |
|---|---|---|
| 1 | Salaries | $ 52,480.00 |
| 2 | Related Benefits | $ 10,303.72 |
| 3 | Travel | $ 1,379.84 |
| 4 | Operating Expenses | $ - |
| 5 | Supplies | $ 1,336.44 |
| 6 | Professional Services (includes Fee-For-Service Contracts) | $ 2,000.00 |
| 7 | Other (1) | $ - |
| 8 | Other (2) | $ - |
| 9 | Administrative Expenses | $ 7,500.00 |
| | TOTAL | $ 75,000.00 |

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

_____
Signature of Chief Financial Officer

Initials/Date: _____