

PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS  
AGENDA ITEM SUMMARY

Meeting Date: September 12, 2006

☒ Consent

☐ Regular

☐ Workshop

☐ Public Hearing

Department

Submitted By: Community Services

Submitted For: Ryan White Title I

I. EXECUTIVE BRIEF

**Motion:** Staff recommends motion to approve: Amendments to two Ryan White Title I Health Support Services Contracts totaling \$100,000 for Food Bank/Home Delivered Meals, for the period March 1, 2006, through February 28, 2007.

A. Amendment No. 1 to Contract R2006-1077, dated April 4, 2006 with -Compass, Inc. to increase funding by \$15,000 for a new total not to exceed amount of \$385,493.

B. Amendment No. 1 to Contract R2006-1079, dated April 4, 2006, with Comprehensive Community Care Network, Inc. to increase funding by \$85,000 for a new total not to exceed amount of \$687,509.

**Summary:** The Board of County Commissioners approved additional funding for the Ryan White Title I grant program on July 11, 2006, to assist in the shortfall of funds for Food Bank/Home Delivered Meals. Funding consists of \$89,135 from the Financially Assisted Agencies Operating Reserves and \$10,865 from the General Fund Contingency Reserves from the FY 2006 budget. (Ryan White) Countywide (TKF)

**Background and Justification:** The Ryan White Title I Program received \$1.25 million less Federal dollars this current grant year to serve persons with HIV/AIDS. Palm Beach County is assisting in the shortfall by granting \$100,000 to assist in providing a continuation of Food Bank/Home Delivered Meals services to the maximum number of HIV/AIDS clients presently in our system.

**Attachments:**

1. Amendment No. 1 with Compass, Inc.
2. Amendment No. 1 with Comprehensive Community Care Network, Inc.

Recommended by

Edward L. Pick  
Department Director

Aug 23, 2006  
Date

Approved by:

[Signature]  
Assistant County Administrator

9-5-06  
Date

## II. FISCAL IMPACT ANALYSIS

### A. Five Year Summary of Fiscal Impact:

Fiscal Years	2006	2007	2008	2009	2010
Capital Expenditures					
Operating Costs	<u>100,000</u>				
External Revenues	<u>0</u>				
Program Income (County)	<u>0</u>				
In-Kind Match (County)	<u>0</u>				
<b>NET FISCAL IMPACT</b>	<b><u>100,000</u></b>				
# ADDITIONAL FTE POSITIONS (Cumulative)					

Is Item Included in Current Budget? Yes X No  
Budget Account No.: Fund 0001 Dept 740 Unit 7299 Object 9902  
Program Code various

### B. Recommended Sources of Funds/Summary of Fiscal Impact:

The Financially Assisted Agencies Operating Reserves and will be transferred to the correct program.

### C. Departmental Fiscal Review:

*LEW*

## III. REVIEW COMMENTS

### A. OFMB Fiscal and/or Contract Administration Comments:

*Jim Dink* 8-28-06  
OFMB  
8/25/06  
*Jim - J. Jacobson* 8/31/06  
Contract Dev. and Control

### B. Legal Sufficiency:

*[Signature]* 9/1/06  
Assistant County Attorney

*These Amendments comply with our review requirements*

### C. Other Department Review:

\_\_\_\_\_  
Department Director

This summary is not to be used as a basis for payment.

**AMENDMENT TO RYAN WHITE TITLE I  
HIV HEALTH SUPPORT SERVICES**

**THIS AMENDMENT TO THE RYAN WHITE TITLE I HIV HEALTH SUPPORT SERVICES CONTRACT** (Document No.R2006-1077, dated April 4, 2006) made and entered into at West Palm Beach Florida, on this \_\_\_\_ day of \_\_\_\_, 2006 by and between PALM BEACH COUNTY, a political subdivision of the State of Florida hereinafter referred to as "COUNTY" and Compass, Inc. hereinafter referred to as the AGENCY, a not-for-profit corporation, entitled to do business in the State of Florida, whose address is 7600 South Dixie Highway, West Palm Beach, Florida 33405.

**WITNESSETH:**

**WHEREAS**, the need exists to amend the contract to increase funding for Food Bank/Home Delivered Meals.

**NOW THEREFORE**, the above named parties hereby mutually agree that the Contract entered into on April 4, 2006 is hereby amended as follows:

**I.** A new Work Plan "A1" attached hereto showing the new total units of service shall replace the original work plan Exhibit "A" in its entirety for Food Bank/Home Delivered Meals. Units of service will increase from 551 units to 1,193 units.

**II.** A new Budget Exhibit "B1" attached hereto showing the new total budget for funding for Food Bank/Home Delivered Meals shall replace the original Exhibit "B" in its entirety.

**III.** Increase funding for Food Bank/Home Delivered Meals by \$ 15,000 for a new total of \$ 26,250.

**IV.** Total contract not to exceed amount will be \$ 385,493.

**OTHER PROVISIONS**

All provisions in the Contract or exhibits to the Contract in conflict with this First Amendment to the Contract shall be and are hereby changed to conform to this amendment.

All provisions not in conflict with this Amendment are still in effect and are to be performed at the same level as specified in the Contract.

IN WITNESS WHEREOF, the parties hereto have caused this two (2) page Amendment to be executed by their officials thereupon duly authorized.

**ATTEST:**

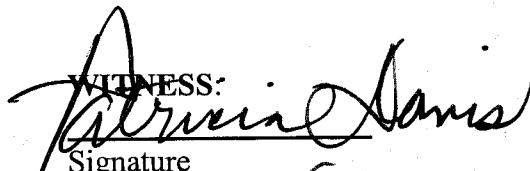
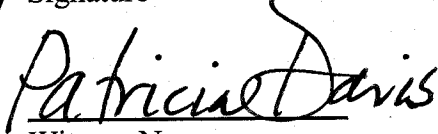
Sharon R. Bock  
Clerk and Comptroller

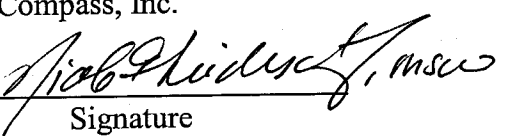
PALM BEACH COUNTY, FLORIDA,  
BY ITS BOARD OF COUNTY  
COMMISSIONERS

By: \_\_\_\_\_  
Deputy Clerk

By: \_\_\_\_\_  
Tony Masilotti, Chairman

\_\_\_\_\_  
Date

WITNESS:  
  
Signature  
  
Witness Name

Compass, Inc.  
By:   
Signature  
Nicole Leidesdorf, MSW  
Executive Director

  
Date

**APPROVED AS TO FORM AND  
LEGAL SUFFICIENCY**

\_\_\_\_\_  
County Attorney

**APPROVED AS TO TERMS  
AND CONDITIONS**

\_\_\_\_\_  
Edward L. Rich, Director

# Exhibit A1

APPLICANT:	COMPASS, Inc. Workplan	AREA TO BE SERVED:	FOOD BANK
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1.	<u>OBJECTIVE(S)</u> Objective: Identify units of tangible services and # of unduplicated clients to be served. Define a Unit of service.	<u>ACTIVITIES</u> Describe the sequential steps to be taken to accomplish the objective.	<u>START DATE</u>	<u>END DATE</u>	<u>NON-DUPLICATING STATEMENT</u> Indicate any other program in your agency or other agencies in the community which provides similar services. Explain how you will avoid duplication of services, or why additional units of services are needed.
2.	<b>Impact Statement: When the objective is accomplished, what impact will it have?</b>				
1.	Serve 100 unduplicated clients by February 28, 2007, with food vouchers. 1193	1. Complete pantry assessment, including client financial assessment, recent food stamp award or denial, recent proof of income and monthly bills and access to other sources of food. Responsible persons: Case Managers	ALL	ALL	The Comprehensive AIDS Program
2.	Provide 4,648 units of service by February 28, 2007. One unit = 1 voucher at a cost of \$20.00 at direct cost, with \$2.00 administrative fee.  The impact of providing pantry services is to enhance the nutritional health of Ryan White eligible clients.	2. Review and update financial assessment every 3 months. Responsible person: Case managers 3. Ensure that clients are provided services in a timely manner, according to the standards as set forth by the PBC CARE Council. Responsible persons: Program Coordinator 4. Manage and account internally for all expenses paid by current accounting procedures as set forth by the agency. Responsible persons: Chief Operations Officer, Bookkeeper and Administrative Assistant.	3/1/06	2/28/07	URN's will be used to ensure no duplication of services, individuals, etc. Use of case management specific software linking all providers will further ensure no duplication of services.

## BUDGET NARRATIVE SUMMARY

Proposed Service: FOOD BANK

Agency Name: COMPASS, INC.

Budget Period: Budget period: March 1, 2006 through February 28, 2007

Category	Administration	Program	Total Amount	Cost Per Unit
A. Personnel	\$1,680.00	\$0.00	\$1,680.00	\$1.41
B. Fringe Benefits	\$163.00	\$0.00	\$163.00	\$0.14
C. Travel	\$0.00	\$0.00	\$0.00	\$0.00
D. Equipment	\$0.00	\$0.00	\$0.00	\$0.00
E. Supplies	\$0.00	\$0.00	\$0.00	\$0.00
F. Contractual	\$0.00	\$23,728.00	\$23,728.00	\$19.87
G. Other	\$679.00	\$0.00	\$679.00	\$0.57
Total	\$2,522.00	\$23,728.00	\$26,250.00	\$22.00

Line-item

## BUDGET NARRATIVE

Exhibit "B"  
Page 2 of 6

Service: FOOD BANK

Agency: COMPASS, INC.

Budget period: March 1, 2006 through February 28, 2007

REVENUES	Administration Amount	Program Amount	Total Service Cost
1. Funds from Government Sources (Specify Source of Funds)	\$1,022.00	\$10,228.00	\$26,250.00
2. Foundations			
3. Other Grants			
4. Fund Raising			
5. Contributions/Legacies/Bequests			
6. Membership Dues			
7. Program Service Fees and Sales to the Public			
8. Investment Income			
9. In Kind			
10. Miscellaneous Revenue			
11. Total Revenue	\$1,022.00	\$10,228.00	\$26,250.00

BUDGET NARRATIVE

Exhibit "B"  
Section \_\_\_\_\_  
Page 3 of 6

Service: FOOD BANK  
Agency: COMPASS, INC.

Budget period: March 1, 2006 through February 28, 2007

EXPENDITURES						Administration Amount	Program Amount	Total Service Cost
12. Salaries (Must agree with Form C-1)						\$1,680.00	\$0.00	\$1,680.00
13. Employee Benefits								
a. FICA	Cost		Percent	EMP	Total			
	ADM:	\$1,680.00	7.65%	5%	\$128.52			
	PROG:	\$0.00	7.65%	0%	\$0.00	\$129.00	\$0.00	\$129.00
b. FI Unemployment	Cost		Percent	EMP	Total			
	ADM:	\$1,680.00	0.42%	5%	\$7.06			
	PROG:	\$0.00	0.42%	0%	\$0.00	\$7.00	\$0.00	\$7.00
c. Workers' Compensa	Cost		Percent	EMP	Total			
	ADM:	\$1,680.00	1.60%	5%	\$26.88			
	PROG:	\$0.00	1.60%	0%	\$0.00	\$27.00	\$0.00	\$27.00
d. Health Plan								
	Health	Dental/Life	LTD	Percent	Total			
						\$0.00	\$0.00	\$0.00
e. Retirement						\$0.00	\$0.00	\$0.00
14. Sub-Total Employee Benefits						\$163.00	\$0.00	\$163.00
15. Sub-Total Salaries & Benefits						\$1,843.00	\$0.00	\$1,843.00
16. Travel								
a. Travel/Transportation						\$0.00	\$0.00	\$0.00
b. Conferences/Registration/Travel						\$0.00	\$0.00	\$0.00
17. Sub-Total Travel						\$0.00	\$0.00	\$0.00



## BUDGET NARRATIVE

Exhibit "B" ↓

Section \_\_\_\_\_

Page 4 of 6

Service: FOOD BANK  
 Agency: COMPASS, INC.

Budget period: March 1, 2006 through February 28, 2007

EXPENDITURES	Administration Amount	Program Amount	Total Service Cost
18. Equipment (Attach a page showing detail description)	\$0.00	\$0.00	\$0.00
19. Supplies			
a. Office Supplies	\$0.00	\$0.00	\$0.00
b. Program Supplies	\$0.00	\$0.00	\$0.00
20. Sub-Total Supplies	\$0.00	\$0.00	\$0.00
21. Contractual (\$20.00 Food Vouchers) 1647.73	\$0.00	\$23,728.00	\$23,728.00
22. Other			
A. Communications/Utilities			
1. Telephone	\$0.00	\$0.00	\$0.00
2. Postage & Shipping	\$0.00	\$0.00	\$0.00
3. Utilities (Power/Water/Gas)	\$0.00	\$0.00	\$0.00
Sub-Total Communications/Utilities	\$0.00	\$0.00	\$0.00

## BUDGET NARRATIVE

Exhibit "B" |

Section \_\_\_\_

Page 5 of 6

Service: FOOD BANK

Agency: COMPASS, INC.

Budget period: March 1, 2006 through February 28, 2007

EXPENDITURES	Administration Amount	Program Amount	Total Service Cost
B. Food Service	\$0.00	\$0.00	\$0.00
C. Rental			
1. Building	\$0.00	\$0.00	\$0.00
2. Equipment			
Copier Lease:	\$0.00	\$0.00	\$0.00
Sub-Total Rental	\$0.00	\$0.00	\$0.00
D. Repair & Maintenance			
1. Building Maintenance	\$0.00	\$0.00	\$0.00
2. Equipment Maintenance	\$0.00	\$0.00	\$0.00
Sub-Total Repair & Maintenance	\$0.00	\$0.00	\$0.00
E. Specific Assistance to Individuals	\$0.00	\$0.00	\$0.00
F. Dues & Membership	\$0.00	\$0.00	\$0.00

BUDGET NARRATIVE

Exhibit "B" |  
Section \_\_\_\_\_  
Page 6 of 6

Service: FOOD BANK  
Agency: COMPASS, INC.

Budget period: March 1, 2006 through February 28, 2007

EXPENDITURES	Administration Amount	Program Amount	Total Service Cost
G. Subscriptions	\$0.00	\$0.00	\$0.00
H. Training & Development	\$0.00	\$0.00	\$0.00
I. Printing	\$0.00	\$0.00	\$0.00
J. Copy Cost	\$0.00	\$0.00	\$0.00
K. Advertising	\$0.00	\$0.00	\$0.00
L. Audit Fees	\$679.00	\$0.00	\$679.00
M. Office Furniture and Equipment (Attach a sheet showing details)	\$0.00	\$0.00	\$0.00
N. Miscellaneous (Attach a sheet showing details)	\$0.00	\$0.00	\$0.00
23. Sub-Total Other	\$679.00	\$0.00	\$679.00
24. Total Expenditures	\$2,522.00	\$23,728.00	\$26,250.00
25. Total Cost per Unit of Service (must match unit of service cost used in workplan)			1194 Units
All Financial Information Rounded to Nearest Dollar SCHC-RW8			

SALARIES PER SERVICE

Exhibit "B" |  
Section \_\_\_\_  
Page \_\_\_\_ of \_\_\_\_

Service: Food Bank  
Agency: COMPASS, Inc.  
Budget Period Budget period: March 1, 2006 through February 28, 2007

	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
PERSONNEL	Admin/ Prog	Annual Salary	Pay Per Period	No. of Days	Hrs Per Day	Hourly Rate	Total Salary (5 x 6 x 7)	Percentage Charged	Admin	Program	Total
Positions/Salaries											
CRISTA MOCKENHAUPT, BOOKKEEPER	ADM	\$16,800.00	\$700.00	130	35 hrs/ period	\$20.00	8,400.00	5%	420.00	0.00	420.00
CRISTA MOCKENHAUPT, BOOKKEEPER	ADM	\$16,800.00	\$700.00	130	35 hrs/ period	\$20.00	8,400.00	15%	1,260.00	0.00	1,260.00
Sub-Total Salaries									\$1,680.00	\$0.00	\$1,680.00

C1-RW8  
If not requesting 100% funding for the position attach a sheet detailing each position showing total salary, funding sources and percentage per source  
Use additional sheets if necessary.

	Ryan White CM, TR, MH	Case Manage DOH	Case Manage HCD	EVOLVE DOH	United Way Youth	HOPE CSC	Administration Development	Total
1. <i>Funds from Title 1</i> <i>Govt. Sources</i>	\$395,493.00	\$149,110.00	\$47,250.00	\$150,000.00		\$103,673.00		\$845,526.00
2. <i>Foundations</i>								\$0.00
3. <i>Other Grants</i>					\$55,000.00			\$55,000.00
4. <i>Fund Raising</i>							\$244,000.00	\$244,000.00
5. <i>Contributions/ Legacies/Bequests</i>							\$150,000.00	\$150,000.00
6. <i>Membership Dues</i>							\$24,750.00	\$24,750.00
7. <i>Program Svc Fees/ Sales to Public</i>								\$0.00
8. <i>Investment Income</i>								\$0.00
9. <i>In-Kind</i>								\$0.00
10. <i>Miscellaneous</i>							\$28,500.00	\$28,500.00
11. <i>Total Revenues</i>	\$395,493.00	\$149,110.00	\$47,250.00	\$150,000.00	\$55,000.00	\$103,673.00	\$447,250.00	\$1,347,776.00

Proposed Budget for Fiscal Year March 1, 2006 to February 28, 2007

EXPENDITURES	Ryan White CM, TR, MH	Case Manage DOH	Case Manage HCD	EVOLVE DOH	United Way Youth	HOPE CSC	Administration Development	Total
12. Salaries	\$224,159.00	\$99,750.00	\$33,790.00	\$92,490.00	\$39,170.00	\$55,890.00	\$115,000.00	\$621,079.00
Detail for employees billed to Ryan White								
Nicole Leidesdorf, MSW	\$27,000.00				\$7,250.00	\$15,750.00		\$50,000.00
Program Coordinator	\$40,000.00							\$40,000.00
Paul Lisker	\$38,000.00							\$38,000.00
Zaida Ford	\$32,000.00							\$32,000.00
Will Nicholas	\$32,000.00							\$32,000.00
Jessica Franqui	\$30,000.00							\$30,000.00
Paul Lesnik, LCSW	\$50,000.00							\$50,000.00
Crista Mockenhaupt	\$4,452.00			\$3,360.00	\$924.00	\$2,940.00		\$11,676.00
Tony Plakas	\$12,750.00	\$11,550.00	\$11,550.00	\$8,050.00	\$7,700.00	\$1,654.00	\$31,746.00	\$85,000.00
Mike Zewe	\$12,000.00	\$5,200.00		\$3,360.00		\$5,200.00	\$4,240.00	\$30,000.00
13. Employee Benefits:								
a. FICA	\$17,087.00	\$7,631.00	\$2,585.00	\$7,075.00	\$2,997.00	\$4,276.00	\$8,798.00	\$47,452.00
b. FL Unemployment	\$466.00	\$150.00	\$16.00	\$100.00	\$35.00	\$51.00	\$277.00	\$1,060.00
c. Workers' Comp.	\$3,710.00	\$531.00	\$537.00	\$1,471.00	\$623.00	\$889.00	\$1,800.00	\$8,938.00
d. Health Plan	\$41,159.00	\$17,000.00	\$3,720.00	\$13,307.00	\$6,100.00	\$8,700.00	\$14,500.00	\$98,386.00
e. Retirement	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00
14. Sub-Total Employee Benefits	\$62,422.00	\$25,312.00	\$6,858.00	\$21,953.00	\$9,755.00	\$13,916.00	\$25,375.00	\$155,836.00
15. Sub-Total Salaries/Benefits	\$286,581.00	\$125,062.00	\$40,648.00	\$114,443.00	\$48,925.00	\$69,806.00	\$140,375.00	\$776,915.00
16. Travel								
a. Travel/Transportation	\$3,000.00	\$1,500.00	\$0.00	\$1,650.00	\$257.00	\$326.00	\$2,000.00	\$8,476.00
b. Conferences/ Registration/Travel	\$10,000.00	\$845.00	\$0.00	\$1,452.00	\$500.00	\$5,668.00	\$7,546.00	\$25,511.00
17. Sub-Total Travel	\$13,000.00	\$2,345.00	\$0.00	\$3,102.00	\$757.00	\$5,994.00	\$9,546.00	\$33,987.00

102

	EXPENDITURES	Ryan White CM, TR, MH	Case Manage DOH	Case Manage HCD	EVOLVE DOH	United Way Youth	HOPE CSC	Administration Development	Total
18.	<i>Equipment</i>	\$1,500.00	\$0.00	\$0.00	\$0.00		\$0.00	\$11,000.00	\$12,500.00
19.	<i>Supplies</i>								
	a. <i>Office Supplies</i>	\$5,300.00	\$500.00	\$500.00	\$2,000.00	\$500.00	\$2,000.00	\$0.00	\$10,300.00
	b. <i>Program Supplies</i>	\$1,630.00	\$848.00	\$48.00	\$2,000.00	\$345.00	\$1,200.00	\$68,600.00	\$74,326.00
	c. <i>Computer Software</i>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
20.	<i>Sub-total Supplies</i>	\$6,930.00	\$1,348.00	\$548.00	\$4,000.00	\$845.00	\$3,200.00	\$68,600.00	\$84,626.00
21.	<i>Contractual</i>	\$42,115.00	\$150.00	\$150.00	\$552.00	\$1,135.00	\$2,078.00	\$0.00	\$45,045.00
22.	<i>Other</i>								
	A. <i>Communications/Utilities</i>								
	1. <i>Telephone</i>	\$4,236.00	\$480.00	\$480.00	\$1,680.00	\$453.00	\$1,680.00	\$1,260.00	\$9,816.00
	2. <i>Postage &amp; Shipping</i>	\$2,982.00	\$1,000.00	\$360.00	\$1,310.00	\$330.00	\$1,320.00	\$10,000.00	\$16,972.00
	3. <i>Utilities (Power/Water/Gas)</i>	\$6,067.00	\$540.00	\$540.00	\$2,400.00	\$540.00	\$2,160.00	\$60.00	\$11,767.00
	<i>Sub-Total Communications/Utilities</i>	\$13,285.00	\$2,020.00	\$1,380.00	\$5,390.00	\$1,323.00	\$5,160.00	\$11,320.00	\$38,555.00

13

## TOTAL AGENCY BUDGET

COMPASS, Inc.

Proposed Budget for Fiscal Year March 1, 2006 to February 28, 2007

EXPENDITURES	Ryan White CM, TR, MH	Case Manage DOH	Case Manage HCD	EVOLVE DOH	United Way Youth	HOPE CSC	Administration Development	Total
B. Food Service	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$930.00	\$32,100.00	\$33,030.00
C. Rental								
1. Building	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$18,900.00	\$18,900.00
2. Equipment	\$3,170.00	\$285.00	\$285.00	\$1,140.00	\$265.00	\$1,140.00	\$17,900.00	\$23,920.00
Sub-Total Rental	\$3,170.00	\$285.00	\$285.00	\$1,140.00	\$265.00	\$1,140.00	\$36,800.00	\$42,820.00
D. Repair & Maintenance								
1. Building Maintenance	\$4,200.00	\$600.00	\$639.00	\$2,563.00	\$450.00	\$1,768.00	\$64,000.00	\$73,770.00
2. Equipment Maintenance	\$1,400.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,400.00
Sub-Total Repair & Maintenance	\$5,600.00	\$600.00	\$639.00	\$2,563.00	\$450.00	\$1,768.00	\$64,000.00	\$75,170.00
E. Specific Assistance to Individuals	\$6,818.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$6,818.00
F. Dues & Membership	\$0.00	\$0.00	\$0.00		\$0.00	\$100.00	\$1,500.00	\$1,600.00
G. Subscriptions	\$0.00	\$0.00	\$100.00	\$316.00	\$0.00	\$0.00	\$200.00	\$616.00

14



	EXPENDITURES	Ryan White CM, TR, MH	Case Manage DOH	Case Manage HCD	EVOLVE DOH	United Way Youth	HOPE CSC	Administration Development	Total
	H. Training & Development	\$1,000.00	\$0.00	\$0.00	\$150.00	\$0.00	\$400.00	\$1,000.00	\$2,550.00
	I. Printing	\$1,915.00	\$1,000.00	\$150.00	\$1,400.00	\$0.00	\$1,200.00	\$43,500.00	\$49,165.00
	J. Copy Cost	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	K. Advertising	\$1,200.00	\$0.00	\$150.00	\$500.00	\$0.00	\$700.00	\$7,500.00	\$10,050.00
	L. Audit Fees	\$4,500.00	\$450.00	\$500.00	\$1,800.00	\$500.00	\$1,800.00	\$2,950.00	\$12,000.00
	M. Office Furniture and Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$5,000.00	\$5,000.00
N.	Insurance	\$7,200.00	\$850.00	\$800.00	\$3,200.00	\$800.00	\$3,200.00	\$4,000.00	\$19,250.00
	Misc.	\$0.00	\$15,000.00	\$1,900.00	\$11,444.00	\$0.00	\$6,197.00	\$7,859.00	\$42,400.00
25.	Sub-Total Other	\$22,559.00	\$20,205.00	\$5,904.00	\$27,903.00	\$3,338.00	\$22,595.00	\$217,729.00	\$316,895.00
28.	Total Expenditures	\$394,740.00	\$149,110.00	\$47,250.00	\$150,000.00	\$55,000.00	\$103,673.00	\$447,250.00	\$1,292,023.00

15

**AMENDMENT TO RYAN WHITE TITLE I  
HIV HEALTH SUPPORT SERVICES**

**THIS AMENDMENT TO THE RYAN WHITE TITLE I HIV HEALTH SUPPORT SERVICES CONTRACT** (Document No. R2006-1079, dated April 4, 2006) made and entered into at West Palm Beach Florida, on this \_\_\_\_ day of \_\_\_\_, 2006 by and between PALM BEACH COUNTY, a political subdivision of the State of Florida hereinafter referred to as "COUNTY" and Comprehensive Community Care Network, Inc. hereinafter referred to as the AGENCY, a not-for-profit corporation, entitled to do business in the State of Florida, whose address is 2330 South Congress Avenue, Palm Springs, Florida 33406.

**WITNESSETH:**

**WHEREAS**, the need exists to amend the contract to increase funding for Food Bank/Home Delivered Meals.

**NOW THEREFORE**, the above named parties hereby mutually agree that the Contract entered into on April 4, 2006 is hereby amended as follows:

**I.** A new Work Plan "A1" attached hereto showing the new total units of service shall replace the original work plan Exhibit "A" in its entirety for Food Bank/Home Delivered Meals. Units of service will increase from 4,200 units to 10,200 units.

**II.** A new Budget Exhibit "B1" attached hereto showing the new total budget for funding for Food Bank/Home Delivered Meals shall replace the original Exhibit "B" in its entirety.

**III.** Increase funding for Food Bank/Home Delivered Meals by \$ 85,000 for a new total of \$ 148,750.

**IV.** Total contract not to exceed amount will be \$ 687,509.

**OTHER PROVISIONS**

All provisions in the Contract or exhibits to the Contract in conflict with this First Amendment to the Contract shall be and are hereby changed to conform to this amendment.

All provisions not in conflict with this Amendment are still in effect and are to be performed at the same level as specified in the Contract.

IN WITNESS WHEREOF, the parties hereto have caused this two (2) page Amendment to be executed by their officials thereupon duly authorized.

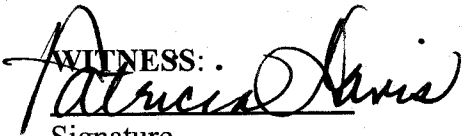
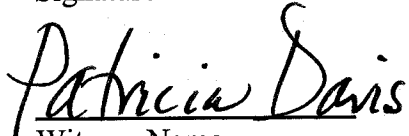
ATTEST:  
Sharon R. Bock  
Clerk and Comptroller

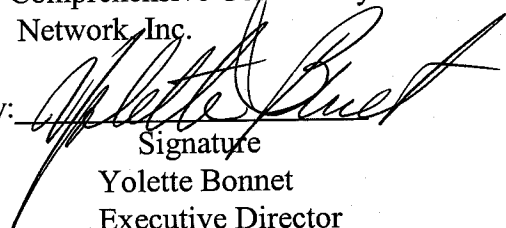
PALM BEACH COUNTY, FLORIDA,  
BY ITS BOARD OF COUNTY  
COMMISSIONERS

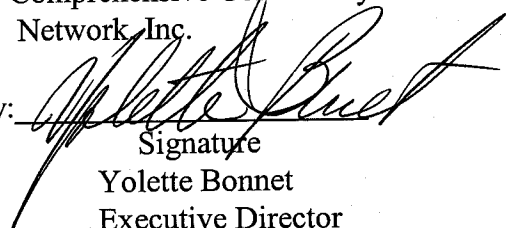
By: \_\_\_\_\_  
Deputy Clerk

By: \_\_\_\_\_  
Tony Masilotti, Chairman

\_\_\_\_\_  
Date

WITNESS: .  
  
Signature  
  
Witness Name

Comprehensive Community Care  
Network, Inc.  
By:   
Signature  
Yvette Bonnet  
Executive Director

  
8/22/04  
Date

APPROVED AS TO FORM AND  
LEGAL SUFFICIENCY

APPROVED AS TO TERMS  
AND CONDITIONS

\_\_\_\_\_  
County Attorney

\_\_\_\_\_  
Edward L. Rich, Director

# TITLE I WORKPLAN

APPLICANT: CCCnet

SERVICE: Food Bank / Home Delivered Meals

AREA TO BE  
SERVED:

PALM BEACH COUNTY

OBJECTIVE(S)	ACTIVITIES	START DATE	END DATE	NON-DUPLICATING STATEMENT
<p>1. Objective: Identify units of tangible services and # of unduplicated clients to be served. Define a Unit of Service</p> <p>2. Impact Statement: When the objective is accomplished, what impact will it have?</p>	<p>Describe the sequential steps to be taken to accomplish the objective</p>			<p>Indicate any other program in your agency or other agencies in the community which provides similar services. Explain how you will avoid duplication of services, or why additional units of services are needed.</p>
<p>1. A unit of service is a food voucher or a meal. CCCnet estimates we can provide about 6,800 vouchers (13,600 units) and 1,000 meals to an unduplicated 500 clients.</p> <p>2. 500 HIV+ infected men, women, and children, plus their families, will be able to meet their nutritional requirements.</p> <p>food vouchers are entered as 2 units in FACTORS cost=actual cost + 10% handling</p>	<p>1. Upon contractual agreement, CCCnet will continue to provide food services through food vouchers, individual meal service, and lunches and dinners according to the standards as set by the CARE Council.</p>	<p>3/1/2006</p>	<p>2/28/07*</p>	<p>CCCnet administers this resource through applications from Ryan White Case Management agencies for all Ryan White eligible clients throughout Palm Beach County, and conducts follow-up to assure services are received.</p>

\*or Date of Depletion of Funds, whichever comes first

BUDGET NARRATIVE SUMMARY

PROPOSED SERVICE: Food Bank/Home Delivered Meals

AGENCY NAME: Comprehensive Community Care Network Inc.

BUDGET PERIOD: from 3/1/2006 to 2/28/07\*

Category	Administration	Program	Total	** Average Cost Per Unit
A. Personnel	-	-	-	
B. Fringe Benefits	-	-	-	
C. Travel	-	-	-	
D. Equipment	-	-	-	
E. Supplies	-	1,000	1,000	
F. Contractual	-	-	-	
G. Other	17,795	176,955	194,750	
Total	17,795	177,955	195,750	

4

\*or Date of Depletion of Funds, whichever comes first      \*\* varies according to type and/or degree of service

# BUDGET NARRATIVE

Service: Food Bank/Home Delivered Meals

Agency: CCCnet

Budget Period: 3/1/2006

to

2/28/07\*

REVENUES	Administration Amount	Program Amount	Total Service Costs
1. Funds from Government Sources Ryan White Title I	17,795	177,955	195,750
2. Foundations			-
3. Other Grants	-	-	-
4. Fund Raising			-
5. Contributions/Legacies/Bequests			-
6. Membership dues			-
7. Program Service Fees and Sales to the Public			-
8. Investment Income			-
9. In Kind			-
10. Miscellaneous Revenue			-
11. Total Revenue	17,795	177,955	195,750

5

## BUDGET NARRATIVE

**Service:** Food Bank/Home Delivered Meals

**Agency:** CCCnet

**Budget Period:** 3/1/2006 to 2/28/07\*

Expenditures	Administration Amount	Program Amount	Total Service Costs
12. Salaries (Must agree with Form C-1)			
13. Employee Benefits			
a. FICA .0765			
b. FI Unemployment   \$7,000 x .0233 x FTE			
c. Workers' Compensation .084			
d. Health Plan \$475 x 12 per FTE			
e. Retirement .05			
14. Sub-Total Employee Benefits			
15. Sub-Total Salaries & Benefits			
16. Travel			
a. Travel/Transportation			
b. Conference/Registration/Travel			
17. Sub-Total Travel			

6

## BUDGET NARRATIVE

**Service:** Food Bank/Home Delivered Meals

**Agency:** CCCnet

**Budget Period:** 3/1/2006 to 2/28/07\*

Expenditures	Administration Amount	Program Amount	Total Service Costs
18. Equipment (Attach a page showing detail description)	-	-	-
19. Supplies			
a. Office Supplies			
b. Program Supplies (items for monthly dinners)		1000	1000
20. Sub-Total Supplies		1000	1000
21. Contractual			
22. Other			
a. Communications/Utilities			
1. Telephone			
2. Postage & Shipping			
3. Utilities (Power/Water/Gas)			
Sub-Total Communications/Utilities			



# BUDGET NARRATIVE

Service: Food Bank/Home Delivered Meals

Agency: CCCnet

Budget Period: 3/1/2006 to 2/28/07\*

Expenditures	Administration Amount	Program Amount	Total Service Costs
B. Food Service (Purchase of actual food, vouchers, meals, and group lunches and dinners)		174455	174455
C. Rental			
1. Building			
2. Equipment (Rental of truck plus gas for monthly dinners)		2500	2500
Sub-Total Rental		2500	2500
D. Repair & Maintenance			
1. Building Maintenance			
2. Equipment Maintenance			
Sub-Total Repair & Maintenance			
E. Specific Assistance to Individuals			
F. Dues & Membership			

8

## BUDGET NARRATIVE

EXHIBIT B1  
SECTION \_\_\_\_\_  
PAGE 6 of 6Service: Food Bank/Home Delivered MealsAgency: CCCnetBudget Period: 3/1/2006 to 2/28/07\*

Expenditures	Administration Amount	Program Amount	Total Service Costs
G. Subscriptions			
H. Training & Development			
I. Printing			
J. Copy Cost			
K. Advertising			
L. Audit Fees			
M. Office Furniture and Equipment (Attach a sheet showing details)			
N. Administrative Expense allowed at 10%			
	17795		17795
23. Sub-Total Other	17795	176955	194750
24. Total Expenditures	17795	177955	195750
25. Total Cost per Unit of Service - (must match unit of service cost used in Workplan)	1.22	12.19	13.41
Total Units			14,600

All Financial Rounded to Nearest Dollar

EXHIBIT B  
SECTION \_\_\_\_\_  
PAGE 1 of 1

<b>Service:</b>	<b>Food Bank/Home Delivered Meals</b>		
<b>Agency:</b>	<b>Comprehensive Community Care Network Inc.</b>		
<b>Budget Period:</b>	<b>3/1/2006</b>	<b>to</b>	<b>2/28/07*</b>

\*Total Salary = No. of days x Hrs per day x Hourly rate

**\*\* Requested amount = Total salary x percent funded**

(1) PERSONNEL	(2) Admin/ Prog	(3) Annual Salary	(4) Pay Per Period	(5) No. Of Days	(6) Hrs. Per Day	(7) Hourly Rate	(8) Total Salary (5x6x7)	(9) Percentage Charged	(10) Admin	(11) Program	(12) Total
Positions/Salaries											
Total Personnel (Line Item Budget Line A)		-	-				-		-	-	-

FTE Admin	
FTE Prog	

10

**TOTAL AGENCY BUDGET**  
**Comprehensive Community Care Network, Inc.**  
**Agency Budget for Fiscal Year 3/1/06 to 2/28/07**

REVENUES	Ryan White I	Ryan White II	HOPWA	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
1. Funds from Gov.. Sources	687,509		1,400,235				20,000	2,107,744
2. Foundations								
3. Other Grants								
4. Fund Raising								
5. Contributions/ Legacies/Bequests								
6. Membership Dues								
7. Program Svc Fees/ Sales to Public								
8. Investment Income								
9. In-Kind								
10. Miscellaneous								
<b>11. Total Revenues</b>	687,509		1,400,235				20,000	2,107,744

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All Financial Information Rounded to Nearest Dollar

**TOTAL AGENCY BUDGET**  
**Comprehensive Community Care Network, Inc.**  
**Agency Budget for Fiscal Year 3/1/06 to 2/28/07**

[illegible]

all the above figures are calculated on the best estimated allocation as all grants have not been received and updated as of the date of preparation

**TOTAL AGENCY BUDGET**  
**Comprehensive Community Care Network, Inc.**  
**Agency Budget for Fiscal Year 3/1/06 to 2/28/07**

EXPENDITURES	Ryan White I	Ryan White II	HOPWA	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
12. Salaries			211,800					211,800
13. Employee Benefits								
a. FICA								
b. FI Unemployment								
c. Workers' Comp								
d. Health Plan								
e. Retirement								
14. Sub-Total Employee Benefits			66,839					66,839
15. Sub-Total Salaries/Benefits			278,639					278,639
16. Travel								
a. Travel/transportation			20,100					20,100
b. Conferences/ Registration/Travel								
17. Sub-Total Travel			20,100					20,100

13

All Financial Information Rounded to Nearest Dollar

**TOTAL AGENCY BUDGET**  
**Comprehensive Community Care Network, Inc.**  
**Agency Budget for Fiscal Year 3/1/06 to 2/28/07**

EXPENDITURES	Ryan White I	Ryan White II	HOPWA	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
18. Equipment								
19. Supplies								
a. Office Supplies								
b. Program Supplies	1,000		7,800					8,800
c. Computer Software								
20. Sub-Total Supplies	1,000		7,800					8,800
21. Contractual	428,417		40,000				17,857	486,274
22. Other								
a. Communications/Utilities								
1. Telephone								
2. Postage & Shipping								
3. Utilities (Power/Water/Gas)								
Sub-Total Communications/Utilities								

All Financial Information Rounded to Nearest Dollar

**TOTAL AGENCY BUDGET****Comprehensive Community Care Network, Inc.****Agency Budget for Fiscal Year 3/1/06 to 2/28/07**

EXPENDITURES	Ryan White I	Ryan White II	HOPWA	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
B. Food Service	131,728							131,728
C. Rental								
1. Building								
2. Equipment	2,500							2,500
Sub-Total Rental	2,500							2,500
D. Repair & Maintenance								
1. Building Maintenance								
2. Equipment Maintenance								
Sub-Total Repair & Maintenance								
E. Specific Assistance to Individuals	61,364		955,679					1,017,043
F. Dues & Membership								
G. Subscriptions								

15

All Financial Information Rounded to Nearest Dollar



**TOTAL AGENCY BUDGET**  
**Comprehensive Community Care Network, Inc.**  
**Agency Budget for Fiscal Year 3/1/06 to 2/28/07**

EXPENDITURES	Ryan White I	Ryan White II	HOPWA	PBC/BCC Tax Dollars	Other * Federal	Other * State	Other * Local	Total
H. Training & Development								
I. Printing								
J. Copy Cost								
K. Advertising								
L. Audit Fees								
M. Office Furniture & Equipment								
N. Insurance								
O. Fundraising								
P. Vehicle Operation								
Q. Promotional/PR								
R. Fees/taxes/bank fees								
S. Professional Fees								
T. Indirect Costs	62,500		98,017				2,143	162,660
<b>25. Sub-Total Other</b>	<b>258,092</b>		<b>1,053,696</b>				<b>2,143</b>	<b>1,313,931</b>
<b>26. Sub-Total Expenditures</b>	<b>\$687,509</b>		<b>\$1,400,235</b>				<b>\$20,000</b>	<b>\$2,107,744</b>

All Financial Information Rounded to Nearest Dollar