# HEALTH SYSTEMS

# SAMH PROJECTED OPERATING AND CAPITAL BUDGET

Alachua County Board of County Commissioners

AGENCY
ME020
CONTRACT #

7/1/2024	
Date	
2024-2025	
Fiscal Year	

#### PART I: PROJECTED FUNDING SOURCES & REVENUES

FUNDING SOURCES & REVENUES	DCF/LSFHS	Other Funding Source	Other Funding Source	Total Revenue					
IA CTATE CAMULEUNDING		<u> </u>							
IA. STATE SAMH FUNDING	Φ.								0.0
(1) Management, Oversight and Administration	\$								\$0
(2) Services Revenue	\$1,006,384.00								\$1,006,384
IB. OTHER GOVT. FUNDING									
(1) Other State Agency Funding		\$	\$	\$	\$	\$	\$	\$	<b>\$0</b>
(2) Medicaid		\$	\$	\$	\$	\$	\$	\$	\$0
(3) Local Government		\$	\$	\$	\$	\$	\$	\$	\$0
(4) Federal Grants and Contracts		\$	\$	\$	\$	\$	\$	\$	\$0
(5) In-kind from local govt. only		\$	\$	\$	\$	\$	\$	\$	\$0
TOTAL GOVERNMENT FUNDING =	\$1,006,384	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,006,384
10 111 071177 771177	=======	========	=======	=======	=======	=======	=======	=======	=======
IC. ALL OTHER REVENUES					•	I			
(1) 1st & 2nd Party Payments		\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$0
(2) 3rd Party Payments (except Medicare)		\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$0
(3) Medicare		\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$0
(4) Contributions and Donations		\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$0
(5) Other Grants and Contracts		\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$0
(6) In-kind		\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$0
TOTAL ALL OTHER REVENUES =	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL PROJECTED FUNDING =	\$1,006,384	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,006,384

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## **EXHIBIT C**

EXPENSE CATEGORIES	DCF	Other Funding Source	Other Funding Source	Other Funding Source	Other Funding Source	Other Funding Source	Other Funding Source	Other Funding Source	Total Expenses
IIA. PERSONNEL EXPENSES		1							
(1) Salaries	99,855.00		\$-	\$-	\$-	\$-	\$-	\$-	\$99,855
(2) Fringe Benefits	\$39,942.08	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$39,942
TOTAL PERSONNEL EXPENSES =	\$139,797	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$139,797
UD OTHER EVERNEES	=======	=======	========	========	=======	=======	=======	========	========
IIB. OTHER EXPENSES  (1) Building Occupancy									\$0
(2) Professional Services									\$0 \$0
(3) Travel	\$7,000								\$7,000
(4) Equipment	\$265,000								\$265,000
(5) Food Services	Ψ203,000								\$0
(6) Medical and Pharmacy	\$125,000								\$125,000
(7) Subcontracted Services	\$123,000								\$0
(8) Insurance	ΨΟ								\$0
(9) Interest Paid									\$0
(10) Operating Supplies & Expenses	\$99,587								\$99,587
(11) Donated Items	ψ99,501								\$0
(12) Other Expense	\$370,000								\$370,000
TOTAL OTHER EXPENSES =	\$866,587	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$866,587
TOTAL OTTILK EXI ENGLS -	========	========	φυ <sub> </sub>	=======	=======	=======	=======	========	========
TOTAL PERSONNEL & OTHER EXPENSES =	\$1,006,384	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,006,384
	=======		=======	=======	=======	=======	=======	=======	========
IIC. DISTRIBUTED INDIRECT COSTS			.1			•			
(a) Other Support Costs (Optional)	\$		\$	\$			1		\$0
(b) Administration	\$	Ŧ	\$	\$	\$	T	\$	*	\$0
TOTAL DISTRIBUTED INDIRECT COSTS =	\$0 ======	\$0 =====	\$0 ======	\$0 ======	\$0 ======	\$0 ======	\$0 ======	\$0 ======	\$0 ======
TOTAL ALLOWABLE OPERATING EXPENSES =	\$1,006,384	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,006,384
	=======		=======	=======	=======	=======	=======	=======	=======
IID. UNALLOWABLE COSTS	\$	\$	\$	\$	\$	\$	\$	\$	\$0
IIE. CAPITAL EXPENDITURES	======= \$	========   \$	======== \$	======= \$	======= \$	========     \$	========     \$	======== \$[	======== \$0
	=======	======================================	<u>======</u>	=======	=======	=======	=======	=======	=======
TOTAL PROJECTED OPERATING EXPENSES =	\$1,006,384	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,006,384

IIG. BUDGET NARRATIVE (attach separate set of workpapers)

PART III: CERTIFICATION

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### **EXHIBIT C**

I certify the above to be an accurate projection and in agreement with this agency's records and with the terms of this agency's contract.

Claudia H Tuck Department Director 8/7/2024

Signature Title Date