HEALTH SYSTEMS

SAMH PROJECTED OPERATING AND CAPITAL BUDGET

Alachua County Board of County Commissioners
AGENCY

ME020 CONTRACT # 7/1/2024 Date 2023-2024

Fiscal Year

PART I: PROJECTED FUNDING SOURCES & REVENUES

FUNDING SOURCES & REVENUES	DCF/LSFHS	Other Funding Source	Total Revenue						
IA. STATE SAMH FUNDING		l							**
(1) Management, Oversight and Administration	\$								\$0
(2) Services Revenue	\$1,300,000.00								\$1,300,000
IB. OTHER GOVT. FUNDING									
(1) Other State Agency Funding		\$	\$	\$	\$	\$	\$	\$	\$0
(2) Medicaid		\$	\$	\$	\$	\$	\$	\$	\$0
(3) Local Government		\$	\$	\$	\$	\$	\$	\$	\$0
(4) Federal Grants and Contracts		\$	\$	\$	\$	\$	\$	\$	\$0
(5) In-kind from local govt. only		\$	\$	\$	\$	\$	\$	\$	\$0
TOTAL GOVERNMENT FUNDING =	\$1,300,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,300,000
	=======	========	========	========	=======	========	========	=======	========
IC. ALL OTHER REVENUES									
(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 =	\$1,300,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,300,000

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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	\$ 317,409.60		\$-	\$-	\$-	\$-	\$-	\$-	\$317,410
(2) Fringe Benefits	\$126,964.03	\$-	\$-	\$-	\$-	\$-	\$-	\$-	\$126,964
TOTAL PERSONNEL EXPENSES =	\$444,374	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$444,374
	========	=======	========	========	=======	=======	=======	=======	=======
IIB. OTHER EXPENSES									
(1) Building Occupancy									\$0
(2) Professional Services									\$0
(3) Travel	\$7,000								\$7,000
(4) Equipment	\$156,000								\$156,000
(5) Food Services									\$0
(6) Medical and Pharmacy	\$145,000								\$145,000
(7) Subcontracted Services	\$51,987								\$51,987
(8) Insurance									\$0
(9) Interest Paid									\$0
(10) Operating Supplies & Expenses	\$51,284								\$51,284
(11) Donated Items									\$0
(12) Other Expense	\$444,355								\$444,355
TOTAL OTHER EXPENSES =	\$855,626	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$855,626
	=======	========	=======	========	========	========	========	========	=======
TOTAL PERSONNEL & OTHER EXPENSES =	\$1,300,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,300,000
NO DISTRIBUTED INDIDEST COSTS	========	=======	========	========	=======	========	========	========	=======
IIC. DISTRIBUTED INDIRECT COSTS	\$	ф <u> </u>	<u>ф</u>	<u>ф</u>	c	ф l	φ1	\$	ΦΩ
(a) Other Support Costs (Optional) (b) Administration	<u> </u>	-	\$ \$	\$ \$	\$ \$		\$ \$	 \$	\$0 \$0
TOTAL DISTRIBUTED INDIRECT COSTS =	\$0	<u>Φ</u>	\$0	\$0	\$0	\$0	<u>Ψ</u> [\$0	\$0 \$0
TOTAL BIOTRIBOTES INDIRECT COCTO	=======	=======	=======	========	=======	=======	=======	=======	=======
TOTAL ALLOWABLE OPERATING EXPENSES =	\$1,300,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,300,000
L	=======	========	========	========	========	========	========	========	========
IID. UNALLOWABLE COSTS	\$	\$	\$	\$	\$	\$	\$	\$	\$0
	=======	========	=======	=======	=======	=======	========	=======	=======
IIE. CAPITAL EXPENDITURES	\$	\$	\$	\$	\$	\$	\$	\$	\$0
TOTAL PROJECTED OPERATING EXPENSES =	\$1,300,000	\$0	======	======	======== \$0	======	*************************************	\$0	\$1,300,000

IIG. BUDGET NARRATIVE (attach separate set of workpapers)

PART III: CERTIFICATION

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.

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EXHIBIT C

Signature	Litle	Date

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