

## SAMH PROJECTED OPERATING AND CAPITAL BUDGET



Alachua County Board of County Commissioners

AGENCY

ME020

CONTRACT #

Date

2024-2025

Fiscal Year

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

FUNDING SOURCES & REVENUES	DCF/LSFHS	Other Funding Source	Other Funding Source	Other Funding Source	Other Funding Source	Other Funding Source	Other Funding Source	Other Funding Source	Total Revenue
<b>IA. STATE SAMH FUNDING</b>									
(1) Management, Oversight and Administration	\$								\$0
(2) Services Revenue	\$ 1,006,384.00								\$1,006,384
<b>IB. OTHER GOVT. FUNDING</b>									
(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
<b>TOTAL GOVERNMENT FUNDING =</b>	<b>\$1,006,384</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,006,384</b>
<b>IC. ALL OTHER REVENUES</b>									
(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
<b>TOTAL ALL OTHER REVENUES =</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>TOTAL PROJECTED FUNDING =</b>	<b>\$1,006,384</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,006,384</b>

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
<b>IIA. PERSONNEL EXPENSES</b>									
(1) Salaries	\$ 99,855.20		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$99,855
(2) Fringe Benefits	\$ 39,942.08	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$39,942
<b>TOTAL PERSONNEL EXPENSES =</b>	<b>\$139,797</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$139,797</b>
<b>IIB. OTHER EXPENSES</b>									
(1) Building Occupancy									\$0
(2) Professional Services									\$0
(3) Travel	\$7,000								\$7,000
(4) Equipment	\$265,000								\$265,000
(5) Food Services									\$0
(6) Medical and Pharmacy	\$125,000								\$125,000
(7) Subcontracted Services	\$0								\$0
(8) Insurance									\$0
(9) Interest Paid									\$0
(10) Operating Supplies & Expenses	\$99,587								\$99,587
(11) Donated Items									\$0
(12) Other Expense	\$370,000								\$370,000
<b>TOTAL OTHER EXPENSES =</b>	<b>\$866,587</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$866,587</b>
<b>TOTAL PERSONNEL &amp; OTHER EXPENSES =</b>	<b>\$1,006,384</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,006,384</b>
<b>IIC. DISTRIBUTED INDIRECT COSTS</b>									
(a) Other Support Costs (Optional)	\$	\$	\$	\$	\$	\$	\$	\$	\$0
(b) Administration	\$	\$	\$	\$	\$	\$	\$	\$	\$0
<b>TOTAL DISTRIBUTED INDIRECT COSTS =</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>TOTAL ALLOWABLE OPERATING EXPENSES =</b>	<b>\$1,006,384</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,006,384</b>
<b>IID. UNALLOWABLE COSTS</b>									
	\$	\$	\$	\$	\$	\$	\$	\$	\$0
<b>III. CAPITAL EXPENDITURES</b>									
	\$	\$	\$	\$	\$	\$	\$	\$	\$0
<b>TOTAL PROJECTED OPERATING EXPENSES =</b>	<b>\$1,006,384</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,006,384</b>

IIIG. 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.

\_\_\_\_\_  
Signature Title Date

**SAMH PROJECTED OPERATING AND CAPITAL BUDGET PERSONNEL DETAIL**

AGENCY		DATE				
		Total Agency		DCF ME Contract		
POSITION TITLE / NUMBER		# of FTE	Annual Salary Cost	% of Time	# of FTE	Salary
1	Paramedic Officer / CORE Coordinator	1.0		100%	1.00	\$0
2	Paramedic	1.0	\$60,847	100%	1.00	\$60,847
3	Peer Specialist	1.5		100%	1.50	\$0
4	Case Manager II	1.0		100%	1.00	\$0
5	Mental Health Counselor	1.0		100%	1.00	\$0
6	Clinical Supervisor	1.0		25%	0.25	\$0
7	EMT	1.0	\$39,008	100%	1.00	\$39,008
8					0.00	\$0
9					0.00	\$0
10					0.00	\$0
11					0.00	\$0
12					0.00	\$0
13					0.00	\$0
14					0.00	\$0
15					0.00	\$0
16					0.00	\$0
17					0.00	\$0
18					0.00	\$0
19					0.00	\$0
20					0.00	\$0
21					0.00	\$0
22					0.00	\$0
23					0.00	\$0
24					0.00	\$0
25					0.00	\$0
26					0.00	\$0
27					0.00	\$0
28					0.00	\$0
29					0.00	\$0
30					0.00	\$0
Totals		7.5	\$99,855		6.75	\$99,855



# SAMH PROJECTED OPERATING AND CAPITAL BUDGET Budget Narrative

Alachua County Board of County Commissioners

AGENCY	Date
	DCF/LSFHS
<b>IIA. PERSONNEL EXPENSES</b>	
<b>(1) Salaries</b>	<i>See Personnel Detail</i>
<b>(2) Fringe Benefits</b>	please put in fringe benefit rates - you can list all the things included i.e. payroll taxes, health insurance, retirement, etc. and an aggregate percentage for the calculation of benefit costs
<b>IIB. OTHER EXPENSES</b>	
<b>(1) Building Occupancy</b>	
<b>(2) Professional Services</b>	
<b>(3) Travel</b>	\$7,000 Additional Out of State Travel and Education. Total for each of 5 staff, for mileage reimbursement, overnight accommodations, meals for project related travel (reimbursement for mileage not to exceed the state rate of 44.5/mile). This category was intended to cover not just mileage for travel, but overnight accommodations; reimbursement for meals; fees for conferences, trainings, or CEUs.

**(4) Equipment**

•\$65,000 in Medical equipment includes the following items for the mobile clinic – Medical equipment to be allocated for this project include items that meet and / or exceed Florida Statue 64J-1.002 Basic Life Support Service License – Ground and Florida Statue 64J-1.003 Advanced Life Support Service License – Ground. The equipment to be allocated includes but is not limited to an Automated External Defibrillator, an EKG Machine, Vitals Monitor with SpO2 capabilities, iStat Machines for Point of Care Testing, Glucometer, emergency airway equipment, emergency obstetric equipment, emergency overdose equipment, equipment and supplies to treat both adult and pediatric clients, equipment and supplies to provide oral / subcutaneous / intramuscular / intranasal medications, blood draws, and other. This equipment will enable Alachua County to maintain compliance with the minimum equipment and supplies as required by Florida Statue 64J-1.002 and 64J-1.003.

- \$200,000 AED and Narcan cabinets

265000

**(5) Food Services**

**(6) Medical and Pharmacy**

- Bentanyl Test Strips - \$50,000
- Medication supplies for MAT induction will include buprenorphine - \$75,000

125000

**(7) Subcontracted Services**

**(8) Insurance**

(9) Interest Paid

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(10) Operating Supplies & Expenses

<ul style="list-style-type: none"><li>• Additional Hygiene kits (500 at @ \$20 each) - \$10,000;</li><li>• Vehicle maintenance/fuel - \$20,000;</li><li>• Outreach supplies - \$20,000 - include a collapsable canopy; printed table cloth; cooler; and printed promotional materials such as fridge magnets, pens, calendars, etc.</li></ul> Communications Equipment (radios, cell phones, hot spot, etc.) \$39,587                      Electronic Health Record Software (EHR) \$10,000
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99587

(11) Donated Items

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(12) Other Expense

<ul style="list-style-type: none"><li>• Mobile Narcan Trailer (2) - \$200,000</li><li>• Response Vehicle (2) - \$170,000</li></ul>
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370000

**IIC. DISTRIBUTED INDIRECT COSTS**

(a) Other Support Costs (Optional)

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(b) Administration

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Non-recurring

down to 40



