



SAMH PROJECTED OPERATING AND CAPITAL BUDGET

AGENCY Alachua County Fire Rescue
PO049
CONTRACT #

26-Jun-25
Date
7/1/25-6/30/26
Fiscal Year

PART I: PROJECTED FUNDING SOURCES & REVENUES

| FUNDING SOURCES & REVENUES | DCF/LSFHS | Other Funding Source | Total Revenue |
|--|------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---------------|
| IA. STATE SAMH FUNDING | | | | | | | | | |
| (1) Management, Oversight and Administration | | | | | | | | | \$0 |
| (2) Services Revenue | \$ | | | | | | | | \$0 |
| 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 = | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| 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 = | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |

| EXPENSE CATEGORIES | DCF/LSFHS | Other Funding | Total Expenses |
|---|------------------|---------------|---------------|---------------|---------------|---------------|---------------|---------------|------------------|
| IIA. PERSONNEL EXPENSES | | | | | | | | | |
| (1) Salaries | \$ 312,118.00 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$312,118 |
| (2) Fringe Benefits | \$ 177,818.00 | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$177,818 |
| TOTAL PERSONNEL EXPENSES = | \$489,936 | \$0 | \$489,936 |
| IIB. OTHER EXPENSES | | | | | | | | | |
| (1) Building Occupancy | \$0 | | | | | | | | \$0 |
| (2) Professional Services | \$0 | | | | | | | | \$0 |
| (3) Travel | \$13,000 | | | | | | | | \$13,000 |
| (4) Equipment | \$62,646 | | | | | | | | \$62,646 |
| (5) Food Services | \$0 | | | | | | | | \$0 |
| (6) Medical and Pharmacy | \$105,000 | | | | | | | | \$105,000 |
| (7) Subcontracted Services | \$5,000 | | | | | | | | \$5,000 |
| (8) Insurance | \$0 | | | | | | | | \$0 |
| (9) Interest Paid | \$0 | | | | | | | | \$0 |
| (10) Operating Supplies & Expenses | \$32,392 | | | | | | | | \$32,392 |
| (11) Donated Items | \$0 | | | | | | | | \$0 |
| (12) Other Expense | \$0 | | | | | | | | \$0 |
| TOTAL OTHER EXPENSES = | \$218,038 | \$0 | \$218,038 |
| TOTAL PERSONNEL & OTHER EXPENSES = | \$707,974 | \$0 | \$707,974 |

| | | | | | | | | | | |
|---|------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------------|
| IIC. DISTRIBUTED INDIRECT COSTS | | | | | | | | | | |
| (a) Other Support Costs (Optional) | | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| (b) Administration | \$0 | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| TOTAL DISTRIBUTED INDIRECT COSTS = | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| TOTAL ALLOWABLE OPERATING EXPENSES = | \$707,974 | \$0 | \$707,974 |
| IID. UNALLOWABLE COSTS | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| IIE. CAPITAL EXPENDITURES | \$0 | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ | \$ |
| TOTAL PROJECTED OPERATING EXPENSES = | \$707,974 | \$0 | \$707,974 |

III. 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 *FIRECHIEF*

6/26/2025
Date

SAMH PROJECTED OPERATING AND CAPITAL BUDGET PERSONNEL DETAIL

Alachua County Fire Rescue

26-Jun-25

AGENCY

DATE

| POSITION TITLE / NUMBER | | Total Agency | | DCF ME Contract | | |
|-------------------------|-----------------------------------|--------------|--------------------|-----------------|----------|-----------|
| | | # of FTE | Annual Salary Cost | % of Time | # of FTE | Salary |
| 1 | Case Manager II | 1.0 | \$52,613 | 100% | 1.00 | \$52,613 |
| 2 | Peer Support Specialist | 2.0 | \$48,510 | 100% | 2.00 | \$97,020 |
| 3 | Paramedic | 2.0 | \$54,481 | 100% | 2.00 | \$108,962 |
| 4 | Leadworker Peer Specialist (10%) | 0.0 | \$4,851 | 100% | 1.00 | \$4,851 |
| 5 | Stand-by/On-Call and Overtime Pay | 0.0 | \$48,672 | 100% | 1.00 | \$48,672 |
| 6 | | | | | 0.00 | \$0 |
| 7 | | | | | 0.00 | \$0 |
| 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 | | 5.0 | \$209,127 | | 7.00 | \$312,118 |



SAMH PROJECTED OPERATING AND CAPITAL BUDGET Budget Narrative

Alachua County Fire Rescue

26-Jun-25

| AGENCY | Date |
|--|--|
| | DCF/LSFHS |
| IIA. PERSONNEL EXPENSES | |
| (1) Salaries | See Personnel Detail |
| (2) Fringe Benefits | Employees are full time. Fringe benefits include FICA at 7.65%, Retirement at 13.63% Regular and 32.79% for Special Risk, Health insurance, Dental Insurance and Life insurance. |
| IIB. OTHER EXPENSES | |
| (1) Building Occupancy | |
| (2) Professional Services | |
| (3) Travel | Includes travel and training (\$13,000.00) |
| (4) Equipment | Medical Equipment and supplies (\$62,646.00) |
| (5) Food Services | N/A |
| (6) Medical and Pharmacy | Program medication (105,000) |
| (7) Subcontracted Services | Medical Direction oversight for program (\$5,000) |
| (8) Insurance | N/A |
| (9) Interest Paid | N/A |
| (10) Operating Supplies & Expenses | Uniforms, and misc. operating expenses to include gloves, masks, office supplies, etc. (\$32,392) |
| (11) Donated Items | N/A |
| (12) Other Expense | |
| IIC. DISTRIBUTED INDIRECT COSTS | |
| (a) Other Support Costs (Optional) | |
| (b) Administration | |