

**ATTACHMENT H-1  
CONSULTANT COSTS**

Line Item #	1	2	3	4	5	6
	Budget - Annual					
	Type of Consultant	Unit Cost		Number of Units	Matching Funds	Total
Amount		Unit				
1	Physician Contract	115.38	hour	104	0	12,000
2	Psychiatrist	100.00	hour	360	0	36,000
3						
4						
5						
6						
7						
8						
9						
10						
	<b>TOTALS</b>	215.38			0	48,000

**NOTE: Contracts with non-FTE medical and/or mental health staff are to be included here.** The amount should represent the amount to be paid as per your agreement/ contract with those providers, e.g. \$250.00 and the unit is how often they are paid, e.g. hourly. However, if your contract is paid other than on an hourly basis, you must define under "Type of Consultant" the number of hours the consultant will be providing services at and/or off the site, e.g. Designated Health Authority, 2 hours per week on site; 24/7 on call, etc.

Examples of costs explanations would be as follows:

**Always indicate a predicate or how costs computed**

Physician Contract/ Medical Doctor (DHA) Costs to subcontract with a Medical Doctor to meet the needs of the program in accordance with DJJ's contract requirements, which is for 2 hours per week and 24/7 on call availability.

Psychiatrist - Costs to subcontract with a psychiatrist to meet the needs of the program in accordance with DJJ's contract requirements, based on current contract in place for up to 30 on site hours per month and 24/7 on call availability.

**ATTACHMENT H-2  
OPERATING CAPITAL OUTLAY (OCO)  
or ONE-TIME ONLY REQUEST FOR FURNITURE/EQUIPMENT**

Line Item #	1	2	3	4	5	6
	<b>Budget - FIRST YEAR COSTS ONLY</b>					
	Operating Capital Outlay(s)	Unit Cost		Number of Units	Matching Funds	Total
Amount		Unit				
1	Computers					0
2	Desks					0
3	Furniture (common area)					0
4	Furniture (youth room)					0
5	Electronics (TV, VCR, music, etc.)					0
6						
7						
8						
9						
10						
	<b>TOTALS</b>	0				0

ITN       R2087       H-2 Narrative

Examples of costs explanations would be as follows:

**Always indicate a predicate or how costs computed**

**This page is for one-time purchases only - not to be included as annual, ongoing costs**

RESPONDENT:       G4S Youth Services, LLC

ATTACHMENT H-3  
PERSONNEL DETAIL  
Budget - Annual

Line Item #	Percent (%) of time this position is allocated to the proposed program.	Position Title (and Name of Individual if Known) Examples of staff shown	Number of FTEs	Full Time (30 or more hours per week) or Part Time (Indicate number of hours)	Monthly Salary	Monthly Fringe Benefits					Total Fringe Benefits	Matching Funds	Annual Salary and Benefits
						Retirement	FICA	Health Insurance	Life Insurance	Other*			
1	100%	Facility Administrator	1	40	5,000		310.00	310.00	9.60	376.77	1,006.37	0.00	72,076.40
2	100%	Administrative Assistant	1	40	2,167		134.35	310.00	4.16	195.68	644.20	0.00	33,734.35
3	100%	Assistant Facility Administrator	1	40	3,750		232.50	310.00	7.20	296.87	846.57	0.00	55,158.80
4	100%	Director of Clinical Services	1	40	4,680		290.16	310.00	8.99	356.31	965.46	0.00	67,745.49
5	100%	Director of Case Management	1	40	2,917		180.85	310.00	5.60	243.62	740.08	0.00	43,884.91
6	100%	Therapist	4	160	14,000		868.00	1,240.00	26.88	1,123.55	3,258.43	0.00	207,101.12
7	100%	Case Manager	3	120	7,000		434.00	930.00	13.44	618.94	1,996.38	0.00	107,956.56
8	100%	Community Case Manager	1	40	2,792		173.10	310.00	5.36	235.63	724.10	0.00	42,193.15
9	100%	Restorative Justice Counselor	1	40	1,917		118.85	310.00	3.68	179.70	612.24	0.00	30,350.83
10	100%	Shift Supervisors	4.2	168	10,150		629.30	1,302.00	19.49	1,201.36	3,152.15	0.00	159,625.82
11	100%	Youth Care Worker I	16.8	672	29,750		1,844.50	5,208.00	57.12	3,777.90	10,887.52	0.00	487,650.21
12	100%	Youth Care Worker II	11.2	448	21,933		1,359.85	3,472.00	42.11	2,717.45	7,591.41	0.00	354,292.88
13	100%	Master Control	1.82	72.8	3,155		195.61	564.20	6.06	402.84	1,168.71	0.00	51,884.49
14	100%	Transport	1	40	1,603		99.39	310.00	3.08	208.98	621.44	0.00	26,693.33
15	100%	Medical Service Coordinator	1	40	3,583		222.15	310.00	6.88	286.19	825.22	0.00	52,898.61
16	100%	LPN	2	80	6,583		408.15	620.00	12.64	535.12	1,575.90	73,360.00	97,906.85
17	100%	Physical Plant Worker	1	40	3,000		186.00	310.00	5.76	341.28	843.04	0.00	46,116.53
18	100%	Housekeeper	1	40	1,733		107.45	310.00	3.33	221.29	642.07	0.00	28,500.78
19	100%	Food Service Manager	1	40	2,167		134.35	310.00	4.16	195.68	644.20	0.00	33,734.35
20	100%	Dietary Worker	3	120	5,500		341.00	930.00	10.56	692.38	1,973.94	0.00	89,687.30
21	Allocation	Regional Staff Support & Management			8,640		535.69	1,123.23	16.59	552.28	2,227.79	0.00	130,416.14
<b>TOTALS</b>			<b>58.02</b>		<b>142,020</b>		<b>8,128.40</b>	<b>18,179.43</b>	<b>251.72</b>	<b>13,890.52</b>	<b>40,450.06</b>	<b>73,360.00</b>	<b>2,219,608.92</b>

Examples of costs explanations would be as follows:

**Always indicate a predicate or how costs computed**

Other: represents overtime costs and shift differentials (if appropriate), miscellaneous payroll taxes.

Youth Counselor/Senior Youth Counselors (Youth Care Workers) - includes additional FTE coverage to ensure adequate staffing for vacation, holidays, and call offs.

Regional Staff Support & Management - These are the prorated salary costs for all corporate and regional staff providing oversight, compliance, and support to the facility. These are allocated at **3.0%** of the total costs based on the total beds at the program as a percentage of total beds managed by G4S Youth Services. These positions include President, VP Administration, HR Manager, HR Coordinator, Controller, 3 Accounting Managers, 2 Accounts Payable Clerks, Payroll Manager, Executive Assistant, Staff Development Director, 2 Staff Development Managers, 2 Staff Development Coordinators, VP Policy, Education Director, Director of Business Development, VP Operations, Regional Director, Sr. Director of Corporate Compliance, Regional Compliance Manager, Administrative Assistant, Policy Manager, Regional Clinical Director, Assistant Controller, Business Development Manager, Director of Operations, Director of Compliance, Director of Health Services, Director of Maintenance, Directors of Food Service.

**ATTACHMENT 4.1  
EXPENDITURES  
Budget - Annual**

Line Item #	1	2	3	4	5	6
	<b>Budget - Annual</b>					
	Type of Expense	Unit Cost		Number of Units	Matching Funds	Total
Amount		Unit				
1	Rent, Mortgage or Lease payments	0.00	per month	12	0	0
2	Utilities (electricity, water, sewage, garbage, natural gas/ propane)	6,925.00	per month	12	0	83,100
3	Copier Machines Lease Payments	816.67	per month	12	0	9,800
4	Postage Machine Lease Payments	100.00	per month	12	0	1,200
5	Building Maintenance Equipment Rental/ Leases	0.00	per month	12	0	0
6	Vehicle/Lease Payments (identify how many and type of vehicles)	0.00	per month	12	0	0
7	Vehicle Maintenance, Repair, Operation (identify how many and type of vehicles, to include fuel)	695.83	per month	12	0	8,350
8	Food (if catered, this cost needs to be shown on H-5)	10,037.50	per month	12	0	120,450
9	Kitchen Supplies (hairnets, gloves, utensils, plastic and aluminum wrap, etc.)	1,083.33	per month	12	0	13,000
10	Kitchen Equipment (pots, pans, thermometers, etc.)	0.00	per month	12	0	0
11	Personal Care (youth personal hygiene items)	166.67	per month	12	0	2,000
12	Clothing/Uniforms (youth)	333.33	per month	12	0	4,000
13	Housekeeping (sheets, blankets, pillows, towels, etc.) (if a linen service is used, e.g. AlSCO, move this expense to H-5)	166.67	per month	12	0	2,000
14	Janitorial and Household Supplies (all cleaning supplies, paper towels, floor was, detergents, brooms, etc.)	300.00	per month	12	0	3,600
15	Building Maintenance and Repair (for repairs done internally, so costs would be for parts only)	316.67	per month	12	0	3,800
16	Major Maintenance Fund (this is for state owned buildings only for repairs at \$1,000 or more per incident). Monthly costs are calculated as annual care and custody per diem costs x .005 / 12	1,062.83	per month	12	0	12,754
<b>TOTALS</b>		<b>22,004.50</b>			<b>0</b>	<b>264,054</b>

Examples of costs explanations would be as follows:

**Always indicate a predicate or how costs computed**

Explanation of purchases can be shown in the line item (see Attachment H-4.1) or here

Utilities: monthly cost for all utilities based on figures from current program operation.

Copiers Leases and Maintenance: Monthly costs to lease equipment to include maintenance and usage fees for copies.

Postage Leases and Maintenance: Monthly costs to lease equipment to include maintenance.

Vehicle maintenance: This will include the cost of all repairs and fuel for 5 vehicles.

Food: cost of all resident meals and snacks.

Kitchen supplies: Includes the cost of all hairnets, gloves, utensils, etc.

Personal Care: Youth personal hygiene items; shampoo, deodorant, brushes, combs, soap, lotion, etc.

Clothing: Youth clothing including: tops, bottoms, undergarments, socks, etc.

Housekeeping: Youth pillows, blankets, sheets, towels etc.

Janitorial & Household Supplies: Includes the cost of all cleaning supplies, paper towels, floor wax, detergent, brooms, etc.

Building Maintenance & Repair: Cost of supplies & equipment for maintenance staff to complete necessary maintenance & repairs within the facility & surrounding building property.

Major Maintenance Fund: Includes facility repair expenses greater than 1000 as approved by DJJ.



**ATTACHMENT 4.2  
EXPENDITURES  
Budget - Annual**

Line Item #	1	2	3	4	5	6
	Budget - First Year					
	Type of Expense	Unit Cost		Number of Units	Matching Funds	Total
	Amount	Unit				
17	Medical Equipment and Supplies (Non-Medicaid covered)	116.67	per month	12	0	1,400
18	Medications (non-Medicaid covered) to include Over the Counter medications	0.00	per month	12	0	0
19	Educational Equipment - replacement only	0.00	per month	12	0	0
20	Educational and Vocational Supplies (See H-4.2 Narrative)	66.67	per month	12	0	800
21	Educational and Vocational Books	0.00	per month	12	0	0
22	Furniture (common area) - replacement only	0.00	per month	12	0	0
23	Furniture (youth room) - replacement only	0.00	per month	12	0	0
24	Electronics (TV, VCR, music, etc.) - replacement only	0.00	per month	12	0	0
25	Recreation Supplies	83.33	per month	12	0	1,000
26	Recreation Equipment	83.33	per month	12	0	1,000
27	Youth Incentives	583.33	per month	12	0	7,000
28	Staff Expenses	504.17	per month	12	0	6,050
29	Staff Training	1,166.67	per month	12	0	14,000
	<b>TOTALS</b>	<b>2,604.17</b>			<b>0</b>	<b>31,250</b>

Examples of costs explanations would be as follows:

**Always indicate a predicate or how costs computed**

Medical Equipment & Supplies: Medical Machines, first-aid kit items etc.

Medications: Over the counter medications & prescriptions for non-Medicaid eligible youth.

Recreation Supplies: This cost includes sports related items, games etc.

Recreation Equipment: This is the cost for sports related equipment.

Youth Incentives: Canteen, Behavior Mod related items, costs for Family Day activities, etc.

Staff Expenses: This cost includes staff uniforms, drug testing and background checks. **NOTE: Bonuses nor rewards/ awards to staff are not allowed with the use of state funds.**

Staff Training: All cost associated with the recruitment and training of new hire employees such as First Aid/ CPR, PAR, Gender Specific, Red Flag, AED, & Suicide. In addition, the cost for specific trainings related to evidenced based. gender specific, delinquency prevention curriculum.

**ATTACHMENT 4.3**  
**EXPENDITURES**  
**Budget - Annual**

Line Item #	1	2	3	4	5	6
	Type of Expense	Unit Cost		Number of Units	Matching Funds	Total
		Amount	Unit			
30	Staff Travel	95.83	per month	12	0	1,150
31	Communications (telephones, cable, internet, cell phones, pagers)	1,500.00	per month	12	0	18,000
32	Two way radios (purchase of equipment only)	250.00	per month	12	0	3,000
33	Advertising (recruitment)	33.33	per month	12	0	400
34	Auditing Fees	0.00	per month	12	0	0
35	Insurance (comprehensive, liability)	2,088.00	per month	12	0	25,056
36	Insurance (vehicle)	546.00	per month	12	0	6,552
37	Licensure (ACA, other - Describe)	0.00	per month	12	0	0
38	Office Supplies	333.33	per month	12	0	4,000
39	Administrative Equipment (Under \$1000)	316.67	per month	12	0	3,800
40	General & Administrative Costs	575.00	per month	12	0	6,900
41	Corporate Overhead	-3,852.82	per month	12	0	-46,234
	<b>TOTALS</b>	<b>1,885.34</b>			<b>0</b>	<b>22,624</b>

Examples of costs explanations would be as follows:

**Always indicate a predicate or how costs computed**

Staff Travel: Travel is related the following meetings: Monthly Regional Meeting which includes the Facility Administrator, Regional Director, Regional Compliance Manager & Regional Clinical Director; Regional DJJ Meeting includes the Facility Administrator & the Assistant Facility Administrator; Regional Staff completing Compliance Monitoring which includes the Regional Director, Regional Clinical Director & Regional Compliance Manager.

Mileage and Gas:	650
Lodging:	350
Meals:	150
Total	<u>1,150</u>

Communications: This includes the cost for monthly telephone, internet, cell phone and pager services.

Telephone	8,640
Cable	1,980
Cellular Phones	<u>7,380</u>
Total	18,000

Two way radios: This is the cost to purchase equipment only.

Advertisement (Recruitment): This includes the cost for advertisements, etc.

Insurance:	
Comprehensive	24,972
Auto for 2 Vehicles	6,552
Other (Describe)	84
Total	<u>31,608</u>

Licensure: This cost is for miscellaneous licenses as required.

Office Supplies: This includes the cost for pens, calculators, paper, binders, post-it notes, toners etc.

Administrative Equipment: flash drives, network equipment, etc.

General and Administrative Costs:	
Misc Contract Service	2,000
Freight	900
Postage	<u>4,000</u>
Total	6,900

Corporate Overhead: Salaries of corporate staff responsible for the oversight of the program are to be listed, by position, on Attachment H-3. Other costs can include, but not be limited to: Auditing fees, purchasing, financial analysis, IT support, HR Administration, training, employee benefits administration, profit/ loss. Costs must be broken out and we are looking for a total combined percentage of G/A costs and Corporate Overhead to be 10% or less

Overhead	33,762
Profit/ Loss	<u>(79,996)</u>
<b>Line # 41</b>	<b>(46,234)</b>

ATTACHMENT H-5  
SERVICE EXPENDITURES

Line Item #	1	2	3	4	5	6
	<b>Budget - Annual</b>					
	Type of Services	Unit Cost		Number of Units	Matching Funds	Total
Amount		Unit				
1	Building Repair* (A/C, lift station, generator, plumbing, CCTV system, etc.); maintenance agreements, etc.	154.17	per month	12	0	1,850
2	Food (Catered)	1,000.00	per month	12	0	12,000
3	Dietitian	100.00	per month	12	0	1,200
4	Grounds Maintenance	400.00	per month	12	0	4,800
5	Pest Control	0.00	per month	12	0	0
6	Fire Alarm Inspection	181.25	per month	12	0	2,175
7	Boiler Inspection	0.00	per month	12	0	0
8	Administrative equipment repairs, two way radio repairs, etc.	333.33	per month	12	0	4,000
9	Medical Waste	75.00	per month	12	0	900
10	Payroll Processing	500.00	per month	12	0	6,000
11	Program Services	350.00	per month	12	0	4,200
12	Lab/Diag Testing	0.00	per month	12	0	0
13	Medical/Dental Services	0.00	per month	12	0	0
14	Computer Services	125.00	per month	12	0	1,500
15	Dental Services	0.00	per month	12	0	0
<b>TOTALS</b>		3,218.75			0	38,625

Examples of costs explanations would be as follows:

**Always indicate a predicate or how costs computed**

Building Repair: This is the cost to contract with an outside vendor to provide preventive maintenance and repairs for the following: A/C, lift station, generator, plumbing, CCTV system, Fire Alarm, Fire Sprinkler, etc.

Food (Catered): Cost to supply food for special events and youth family days.

Dietitian: This is the cost for dietary consultation & menu development.

Grounds Maintenance: This is the cost for a professional landscaper to maintain the external property.

Pest Control: This is the cost for a professional pest control service to treat the property for various species of vermin.

Fire Alarm: Inspection Only.

Administrative Equipment Repairs: This cost includes repair of printers, radios etc.

Medical Waste: This is the cost to dispose of medical waste.

Program Services: This is the cost for special services such as youth haircuts (\$7 per year, per month).

Computer Services: This is the cost for IT services, repairs, & installations performed by an external provider.

**ATTACHMENT H-6  
BUDGET SUMMARY  
BUDGET - ANNUAL**

1	2	3	4	5
Budget Categories	Program	Matching Funds <sup>1</sup>	Percent of Total for Match	Total
Attachment H-1: Consultants Cost	48,000	0		48,000
Attachment H-2: Operating Capital Outlay	0	0		0
Attachment H-3: Personnel Detail	2,146,249	73,360		2,219,609
Attachment H-4: Expenditures (includes Attachment H-4.1, H-4.2, & H-4.3)	317,928	0		317,928
Attachment H-5: Services Expenditures	38,625	0		38,625
<b>TOTALS</b>	<b>2,550,802</b>	<b>73,360</b>		<b>2,624,162</b>

NOTE: 1 = Attach a narrative explaining source of matching funds or additional contributions.

**Respondent shall print information below and also submit a signed copy of this one page**

**COMPANY:** \_\_\_\_\_

**DESIGNATED REPRESENTATIVE NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

**TELEPHONE NUMBER (include ac):** \_\_\_\_\_

Number of beds	<u>50</u>
Daily Per Diem Cost	139.77
Unfilled Bed Rate Daily Costs	<u>134.77</u>
MHOS/SAOS Daily Cost (cannot exceed \$35.00/ day per service)	<u>0.00</u>
"Other Services" (If applicable, describe services e.g. BDD services) and the daily per diem cost	0
Vocational rate (if applicable). Note: days cannot exceed 250/year	<u>0</u>

**Always indicate a predicate or how costs computed**

If there are going to be matching funds, the source of those funds and the amount must be listed here

Ex:	Fundraising	\$	-
	National School Lunch Program	\$	73,360

G4S is utilizing the National School Lunch Program Funds to enhance health care services. \$73,360 is used to partially fund 2 LPNs. Previously budgeted was 1 Shift Nurse. Currently budgeted is 1 Medical Service Coordinator & 2 LPNs.