

DJJ Solicitation #: Polk R2095

G4S Youth Services, LLC v1

ATTACHMENT 4.1

EXPENDITURES - DO NOT MODIFY THIS TABLE STRUCTURE! - Use Narrative tab to enter exceptions, as needed.

Budget - Annual

Line Item #	1	2	3	4	5	6	7
	Budget - First Year						
	Type of Expense	Unit Cost		Number of Units	Program Total (DJJ)	Matching Funds	Total
Amount		Unit					
1	Rent, Mortgage or Lease payments	\$0.00	per month	12	\$0.00		\$0.00
2	Utilities (electricity, water, sewage, garbage, natural gas/propane)	\$3,591.67	per month	12	\$43,100.04		\$43,100.04
3	Copier Machines Lease Payments	\$700.00	per month	12	\$8,400.00		\$8,400.00
4	Postage Machine Lease Payments	\$100.00	per month	12	\$1,200.00		\$1,200.00
5	Building Maintenance Equipment Rental/ Leases	\$0.00	per month	12	\$0.00		\$0.00
6	Vehicle/Lease Payments (identify how many and type of vehicles)	\$0.00	per month	12	\$0.00		\$0.00
7	Vehicle Maintenance, Repair, Operation (identify how many and type of vehicles, to include fuel)	\$425.00	per month	12	\$5,100.00		\$5,100.00
8	Food (if catered, this cost needs to be shown on H-5)	\$1,333.33	per month	12	(\$34,000.04)	\$50,000.00	\$15,999.96
9	Kitchen Supplies (hairnets, gloves, utensils, plastic and aluminum wrap, etc.)	\$166.67	per month	12	\$2,000.04		\$2,000.04
10	Kitchen Equipment (pots, pans, thermometers, etc.)	\$0.00	per month	12	\$0.00		\$0.00
11	Personal Care (youth personal hygiene items)	\$166.67	per month	12	\$2,000.04		\$2,000.04
12	Clothing/Uniforms (youth)	\$150.00	per month	12	\$1,800.00		\$1,800.00
13	Housekeeping (sheets, blankets, pillows, towels, etc.) (if a linen service is used, e.g. AlSCO, move this expense to H-5)	\$87.50	per month	12	\$1,050.00		\$1,050.00
14	Janitorial and Household Supplies (all cleaning supplies, paper towels, floor wax, detergents, brooms, etc.)	\$291.67	per month	12	\$3,500.04		\$3,500.04
15	Building Maintenance and Repair (for repairs done internally, so costs would be for parts only)	\$370.83	per month	12	\$4,449.96		\$4,449.96
PAGE TOTALS					\$38,600.08	\$50,000.00	\$88,600.08

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ATTACHMENT 4.2

EXPENDITURES- DO NOT MODIFY THIS TABLE STRUCTURE! - Use Narrative tab to enter exceptions, as needed.

Budget - Annual

Line Item #	1	2	3	4	5	6	7
	Budget - First Year						
	Type of Expense	Unit Cost		Number of Units	Program Total (DJJ)	Matching Funds	Total
	Amount	Unit					
17	Medical Equipment and Supplies (Non-Medicaid covered)	\$100.00	per month	12	\$1,200.00		\$1,200.00
18	Medications (non-Medicaid covered) to include Over the Counter medications	\$0.00	per month	12	\$0.00		\$0.00
19	Educational Equipment - replacement only	\$0.00	per month	12	\$0.00		\$0.00
20	Educational and Vocational Supplies	\$83.33	per month	12	\$999.96		\$999.96
21	Educational and Vocational Books	\$0.00	per month	12	\$0.00		\$0.00
22	Furniture (common area) - replacement only	\$346.00	per month	12	\$4,152.00		\$4,152.00
23	Furniture (youth room) - replacement only	\$262.67	per month	12	\$3,152.04		\$3,152.04
24	Electronics (TV, VCR, music, etc.) - replacement only	\$346.00	per month	12	\$4,152.00		\$4,152.00
25	Recreation Supplies	\$62.50	per month	12	\$750.00		\$750.00
26	Recreation Equipment	\$62.50	per month	12	\$750.00		\$750.00
27	Youth Incentives	\$708.33	per month	12	\$8,499.96		\$8,499.96
28	Staff Expenses	\$291.67	per month	12	\$3,500.04		\$3,500.04
29	Staff Training	\$833.33	per month	12	\$9,999.96		\$9,999.96
PAGE TOTALS					\$37,155.96	\$0.00	\$37,155.96

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ATTACHMENT 4.3

EXPENDITURES - DO NOT MODIFY THIS TABLE STRUCTURE! - Use Narrative tab to enter exceptions, as needed.

Budget - Annual

Line Item #	1	2	3	4	5	6	7
	Budget - First Year						
	Type of Expense	Unit Cost		Number of Units	Program Total	Matching Funds	Total
	Amount	Unit					
30	Staff Travel	\$ 375.00	per month	12	\$ 4,500.00		\$ 4,500.00
31	Communications (telephones, cable, internet, cell phones, pagers)	\$ 1,000.00	per month	12	\$ 12,000.00		\$ 12,000.00
32	Two way radios (purchase of equipment only)	\$ 250.00	per month	12	\$ 3,000.00		\$ 3,000.00
33	Advertising (recruitment)	\$ 104.17	per month	12	\$ 1,250.04		\$ 1,250.04
34	Auditing Fees	\$ -	per month	12	\$ -		\$ -
35	Insurance (comprehensive, liability)	\$ 1,122.00	per month	12	\$ 13,464.00		\$ 13,464.00
36	Insurance (vehicle)	\$ 343.33	per month	12	\$ 4,119.96		\$ 4,119.96
37	Licensure (ACA, other - Describe)	\$ -	per month	12	\$ -		\$ -
38	Office Supplies	\$ 558.33	per month	12	\$ 6,699.96		\$ 6,699.96
39	Administrative Equipment (Under \$1000)	\$ 346.00	per month	12	\$ 4,152.00		\$ 4,152.00
40	Safety and Security	\$ 640.00	per month	12	\$ 7,680.00		\$ 7,680.00
41	Secure Facilities Maintenance	\$ -	per month	12	\$ -		\$ -
42	General & Administrative Costs (Provide detail in Narrative)	\$ 640.00	per month	12	\$ 7,680.00		\$ 7,680.00
43	Corporate Overhead (Provide detail in Narrative)	\$ 16,835.00	per month	12	\$ (202,020.00)		\$ (202,020.00)
44	Profit (must be greater than or equal to \$0)	\$ -		1	\$ -		\$ -
PAGE TOTALS					\$ (137,474.04)	\$ -	\$ (137,474.04)
TOTALS (Sum of attachments H-4.1, H-4.2, H4.3)					\$ (61,718.00)	\$ 50,000.00	\$ (11,718.00)

Note: Corporate Overhead salaries should be included in Attachment H-3.

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H-4.2 Narrative

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Examples and explanations of costs in this attachment include:

Medications: Over the counter medications (Antacids, cotton balls, etc.)

Safety and Security: intake books and replacement doors and locks (parts only)

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

Staff Expenses: staff uniforms (3 shirts, 2 pairs of pants each quarter; drug testing and background checks.

NOTE: bonuses nor rewards/ awards to staff are not allowed with the use of state funds

Staff Training: First Aid and CPR Training, Life skills, etc.

Expense Narrative Table (H-4.2)

Expense Item	Total Cost	Explanation of Purchase

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ATTACHMENT H-5

ICE EXPENDITURES - DO NOT MODIFY THIS TABLE STRUCTURE! - Use Narrative tab to enter exceptions, as needed.

Line Item #	Type of Services	Budget - Annual					
		Unit Cost		Number of Units	Program Total (DJJ)	Matching Funds	Total
		Amount	Unit				
1	Building Repair* (A/C, lift station, generator, plumbing, CCTV system, Fire Alarm, Fire Sprinkler, etc.); maintenance agreements, etc.	\$366.67	per month	12	\$ 4,400.04		\$ 4,400.04
2	Food (Catered)	\$5,000.00	per month	12	\$ 60,000.00		\$ 60,000.00
3	Dietitian	\$100.00	per month	12	\$ 1,200.00		\$ 1,200.00
4	Grounds Maintenance	\$250.00	per month	12	\$ 3,000.00		\$ 3,000.00
5	Pest Control	\$150.00	per month	12	\$ 1,800.00		\$ 1,800.00
6	Fire Alarm Inspection	\$291.67	per month	12	\$ 3,500.04		\$ 3,500.04
8	Boiler Inspection	\$0.00	per month	12	\$ -		\$ -
7	Administrative equipment repairs, two way radio repairs, etc.	\$41.67	per month	12	\$ 500.04		\$ 500.04
9	Medical Waste	\$0.00	per month	12	\$ -		\$ -
10	Payroll Processing	\$500.00	per month	12	\$ 6,000.00		\$ 6,000.00
11	Other Services (Provide line item detail in H-5 Narrative)				\$4,284.00	\$0.00	\$4,284.00
TOTALS					\$ 84,684.12	\$ -	\$ 84,684.12

NOTE: For state owned buildings, these costs for repair services conducted by an outside vendor under \$1,000. For provider owned/ leased buildings it will be all repair services regardless of amount conducted by an outside vendor.

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H-5 Narrative

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Examples of costs explanations would be as follows:

Food: Costs catered with _____ (insert name of company) at a daily cost of \$11.20/day per youth to include 3 meals and 2 snacks. Dietitian services are included in these costs

(Note: Staff meals are only allowed as long as the staff pays for the meals at a costs equal to the food costs.)

Repair Costs: To contract with an outside vendor to provide preventive maintenance, inspections and repairs

Service Narrative Table

Use the table below to clarify expenses identified in Attachment H-5 tab as illustrated in the examples above.

Service Expense	Total Cost	Explanation of Costs

"Other" Services Expense Detail

Itemize any ADDITIONAL contracted expenses not depicted in H-5. The total value will be aggregated in the Attachment H-5.

Type of Services	Unit Cost		Number of Units	Program Total (DJJ)	Matching Funds	Total
	Amount	Unit				
Computer Services	\$150.00	1	12.00	\$1,800.00		\$1,800.00
Program Services	\$168.00	1	12.00	\$2,016.00		\$2,016.00
Medical/Dental Services	\$39.00	1	12.00	\$468.00		\$468.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
<i>Insert additional rows above this line as needed and edit summary columns/rows as required to capture all costs.</i>						
Total Other Services				\$4,284.00	\$0.00	\$4,284.00

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ATTACHMENT H-6
BUDGET SUMMARY - DO NOT MODIFY THIS TABLE STRUCTURE! - Use Narrative tab to enter exceptions, as needed.
BUDGET - ANNUAL

(Note: All fields in table below calculated based on entries to other attachments. However, bidders must provide figures for individual cells below table denoted by red font.)

1	2	3	4	5
Budget Categories	Program Total (DJJ)	Matching Funds ¹	Percent of Total for Matching Funds	Total (DJJ & Matching Funds)
Attachment H-1: Consultants Cost	\$ 34,000.20	\$ -	0%	\$ 34,000.20
Attachment H-3: Personnel Detail	\$ 1,338,808.32	\$ -	0%	\$ 1,338,808.32
Attachment H-4: Expenses (includes Attachment H-4.1, H-4.2, & H-4.3)	\$ (61,718.00)	\$ 50,000.00	-427%	\$ (11,718.00)
Attachment H-5: Services Expenditures	\$ 84,684.12	\$ -	0%	\$ 84,684.12
SUB TOTAL (Total of H-1, H-3, H-4, & H-5)	\$ 1,395,774.64	\$ 50,000.00	3%	\$ 1,445,774.64
Major Maintenance Fund (Monthly costs are calculated as Program Cost x .005)	\$ 6,978.87	\$ -	N/A	\$ -
SUB TOTAL + MMF	\$ 1,402,753.51	\$ 50,000.00	N/A	\$ 1,445,774.64
Attachment H-2: Operating Capital Outlay	\$ -	\$ -	N/A	\$ -
GRAND TOTAL	\$ 1,402,753.51	\$ 50,000.00	3%	\$ 1,445,774.64

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/slots	24
Calendar Days	365
Daily Per Diem Cost	160.1316792

Should reflect total cost from B15 divided by E19 divided by E20

Unfilled Bed Rate Daily Costs \$155.13

Total General & Administrative Expenses: (see line 42 from Attachment H-4.3/Expenses)	\$7,680.00	Total Overhead: (Sum of lines 42, 43, and 44 from Attachment H-4.3.)	\$ (194,340.00)
G & A as % of Total Budget (should not exceed 5%)	0.5%	Overhead as % of Total Budget (should not exceed 10%)	-13.4%

