

INVITATION TO NEGOTIATE (ITN)

ADDENDUM #1

September 29, 2017

ITN Number: 10553

ITN Services: The Department is seeking a forty (40) bed Residential Program for boys appropriate for nonsecure residential placement, between the ages of thirteen (13) and eighteen (18) with innovations in delinquency programming and treatment services. Basic Care and Custody of a residential program shall be provided in accordance with Florida Statutes (F.S.), Florida Administrative Rules and Department policy to meet the minimum requirements as described in Attachments A-1 and A-2 and in keeping with A-3, References and Definitions, of the ITN. The proposed services shall also include funding for forty (40) filled slots for boys in need of Substance Abuse Treatment Overlay Services (SAOS) as described in Attachment A-2, of the ITN. The program shall be located in a Department owned/leased building in DJJ South Region, Circuit 17 at 8301 South Palm Drive, Building 2, Pembroke Pines, Florida 33025.

UNSPSC Code: 93141507

Subject: This Addendum contains questions submitted by prospective Respondents and the Department's answer and updates to ITN language.

Deletions are indicated by "strikethrough" or reference. Additions, updates or replacements are indicated by underscore, reference or highlighting.

REFERENCE: Page 46, Attachment B, Section XIV., Funding Amount

UPDATE: A. The maximum filled bed per diem amount a Respondent can propose for this ITN is ~~\$186.65~~ **\$223.00**.

Return of this Addendum is not mandatory; however, the Provider is responsible for its contents and is requested to sign and submit this Addendum with its response to the ITN.

Protests must be filed with the General Counsel's Office, Department of Juvenile Justice, 2737 Centerview Drive, Tallahassee, Florida 32399-3100, within the time prescribed in section 120.57(3), Florida Statutes, and chapter 28-110, Florida Administrative Code. Notices delivered by hand delivery or delivery service shall be to the Agency Clerk, Office of the General Counsel, Florida Department of Juvenile Justice, 2737 Centerview Drive, Tallahassee, Florida 32399-3100, with a copy to the Department's Procurement Manager responsible for this solicitation.

Failure to file a protest within the time prescribed in section 120.57 (3), Florida Statutes, or failure to post the bond or other security required by law within the time allowed for filing a bond, shall constitute a waiver of proceedings under chapter 120, Florida Statutes. Written notices, formal requests and proceedings must conform to the requirements set forth in chapter 28-110, Florida Administrative Code.

Any person who files an action protesting a decision or intended decision pertaining to contracts administered by the department or agency pursuant to section 120.57(3), Florida Statutes, shall post with the department or the agency at the time of filing the formal written protest a bond payable to the department or agency in an amount equal to 1 percent (1%) of the estimated contract amount. The estimated contract amount shall be based upon the contract price submitted by the protestor or, if no contract price was submitted, the department or agency shall estimate the contract amount based on factors including, but not limited to, the price of previous or existing contracts for similar commodities or contractual services, the amount appropriated by the Legislature for the contract, or the fair market value of similar commodities or contractual services. The agency shall provide the estimated contract amount to the Provider within seventy-two (72) hours, excluding Saturdays, Sundays, and state holidays, after the filing of the notice of

protest by the Provider. The estimated contract amount is not subject to protest pursuant to section 120.57(3), Florida Statutes. The bond shall be conditioned upon the payment of all costs and charges that are adjudged against the protestor in the administrative hearing in which the action is brought and in any subsequent appellate court proceeding. In lieu of a bond, the department or agency may, in either case, accept a cashier's check, official bank check, or money order in the amount of the bond. If, after completion of the administrative hearing process and any appellate court proceedings, the department or agency prevails, it shall recover all costs and charges which shall be included in the final order or judgment, excluding attorney's fees. This section shall not apply to protests filed by the Office of Supplier Diversity. Upon payment of such costs and charges by the protestor, the bond, cashier's check, official bank check, or money order shall be returned to the protestor. If, after the completion of the administrative hearing process and any appellate court proceedings, the protestor prevails, it shall recover all costs and charges which shall be included in the final order or judgment, excluding attorney's fees.

SIGNED BY: _____

NAME: _____

COMPANY: _____

TITLE: _____

DATE: _____

ITN 10553

A forty (40) bed Residential Program for boys appropriate for nonsecure residential placement, between the ages of thirteen (13) and eighteen (18) with innovations in delinquency programming and treatment services. Basic Care and Custody of a residential program shall be provided in accordance with Florida Statutes (F.S.), Florida Administrative Rules and Department policy to meet the minimum requirements as described in Attachments A-1 and A-2 and in keeping with A-3, References and Definitions. The proposed services shall also include funding for forty (40) filled slots for boys in need of Substance Abuse Treatment Overlay Services (SAOS) as described in Attachment A-2.

(Questions are presented in exact manner received)

Questions from Sequel Youth & Family Services, LLC on August 31, 2017	
Question #1	Are all of the Surveillance Cameras Operable?
Answer #1	Yes, all cameras are operational. Two (2) monitors are in need of repair and are being assessed for repair.
Question #2	What is in the major maintenance fund balance?
Answer #2	The Department does not currently own or lease this building; however, the Department is in the process of working with the Lessor to obtain the lease. Therefore, there is no Major Maintenance Fund now.
Question #3	Are there state vehicles that will transfer to the new provider? If yes, how many and are the vehicles operational?
Answer #3	Yes, there is one (1) 2006 Ford E350 12 passenger van. This vehicle is operational and will remain at the program.
Question #4	Can we get a copy of the current H-attachment and current Org chart?
Answer #4	Please see Attachment H, Budget and Organizational Chart, included as a part of this Addendum.
Question #5	What is the monthly cost for the DHA and Psychiatrist?
Answer #5	Please see Attachment H, Budget, included as a part of this Addendum.
Question #6	How old are the computers and have they been updated?
Answer #6	Broward Youth Treatment Center (BYTC) computers are refurbished computers, transferred from Thompson Academy in 2011. The computers are over six (6) years old. The computers have not been updated.
Question #7	Are there any pending Major Maintenance Projects pending?
Answer #7	The Department does not currently own or lease this building; therefore, the Department is not responsible for any Major Maintenance Projects. Please see the answer to Question #2.
Question #8	Does the master control on Alpha Dorm operate any of the security doors?
Answer #8	No, the Master Control on the Alpha Dorm does not operate any of the security doors. It operates the front entrance (lobby) door only.
Question #9	How old are the HVAC Units and do they have yearly inspections?
Answer #9	The Department does not currently own or lease this building; therefore, the age of the HVAC Units is unknown. However, the HVAC units will be replaced contingent upon the Department obtaining the lease.
Question #10	Is the roof of the building intact and are there any leaks in the building?

Answer #10	Yes, the roof is intact. Roof leaks have been identified in some areas of the building such as the conference room, hallways and classroom. The Lessor has been notified of the leaks. The status of those repairs is unknown at this time.
Question #11	How many operational radios do they have?
Answer #11	The program has thirteen (13) radios with four (4) in need of repair.
Question #12	Can we have the last fire inspection
Answer #12	Please see attached fire inspection document.
Question #13	Are all extinguishers less than 6 years old?
Answer #13	The age of the extinguishers is unknown; however, the extinguishers are inspected annually and replaced as needed.
Question #14	Is the maximum per diem \$186.65 negotiable?
Answer #14	The per diem is negotiable and will not exceed the new maximum amount of \$223.00, as stated above.
Question #15	What is the yearly cost for the below items: a. Food cost b. Utility cost c. Maintenance and repair cost
Answer #15	Please see Attachment H-Budget, included as a part of this Addendum.



SERVICE REQUEST

FIRE ALARM SYSTEMS AND SECURITY, INC.

Monitoring • Service • Installations • Certifications • 24 Hr. Service

Licensed & Insured • Licence # EF-0000008

3901 S.W. 47th Ave. • Ste 408 • Davie, Florida 33314

Broward: 954-327-8670 • Dade: 305-652-1613 • Statewide: 1-800-413-FIRE(3473) • Fax: 954-327-8674

www.fass-fla.com



Job Name: Broward Youth Treatment Center Bill To: Return Done

Job Address: 8301 S Palm Dr Address:

City: Pembroke Pines State: FL Zip: 33025 City: _____ State: _____ Zip: _____

Reported By: _____ Phone _____ Contact: _____ Phone: _____

SERVICE TYPE: Service PM Service Install Inspection Deficiency Delivery

Ticket # _____ Ordered By: _____ Service Request: _____ P.O.# _____

Type of System: FIRE ACCESS CCTV BURGLAR CENTRAL STATION OTHER _____

STATUS ON ARRIVAL: Normal Condition False Alarm Ground Fault Trouble In Alarm Phone Ln Fault

Water Damage Lighting Vandalism Under Construction Other _____

STATUS AT DEPARTURE: SYSTEM NORMAL SYSTEM IN TROUBLE SYSTEM BYPASSED DEFICIENCY REPAIRED

REASON TO RETURN: No Return Required (completed) Continue to Troubleshoot Parts Needed
 Addl. Tech Needed Pending Callback No Access Other _____

Description Work: Annual Test & Inspection

Material Used			Material Used / Need		
Qty	Model	Description	Qty	Model	Description

DATE <u>8-7-17</u>	TECHNICIAN <u>RCM</u>	TECHNICIAN <u>BW</u>	TECHNICIAN	TOTAL HOURS	<input checked="" type="checkbox"/> REGULAR HOURS <input type="checkbox"/> AFTER HOURS
-----------------------	--------------------------	-------------------------	------------	-------------	---

I understand that repair services have been provided under the terms of my agreement with Fire Alarm Systems and Security, Inc. and agree that the limitations of liability shall apply to all repair work performed. By signing below I am acknowledging that: (I) I received a fully completed copy of this work order; and (II) the work has been completed in a satisfactory manner and the equipment has been left in good order and working condition; and (III) the additional terms and conditions shall apply to all work performed under this work order; and (IV) service charges will be billable at a minimum of (1) one hour labor during normal business hours and (2) two hours minimum after hours

Customer Signature: _____ Print Name: _____ Date: _____



FIRE ALARM SYSTEMS AND SECURITY, INC.

Monitoring Service Installations Certifications 24 Hr. Service
Licensed & Insured Licence # EF-0000008
3901 S.W. 47th Avenue #408 Davie, Florida 33314
Broward: 954-327-8670 ~ Dade: 305-652-1613
Statewide: 1-800-413-FIRE(3473) ~ Fax: 954-327-8674



FIRE ALARM SYSTEM INSPECTION AND TESTING FORM

Date: 8-7-17
Time: PT
MONITORING ENTITY
Contact: _____
Tel: _____
Monitoring Ref. No. Local

PROPERTY NAME (USER)
Name: Summit Youth Treatment
Address: 8301 S Palm Pl
Owner Contract: MS Rollins
Telephone: 954-953-9199
APPROVING AGENCY
Contact: Local AHS
Telephone: _____

TYPE TRANSMISSION
 McCulloh Reverse Priority
 Multiplex RF
 Digital Other (Specify)
Local

SERVICE
 Weekly Semi Annually
 Monthly Annually
 Quarterly Other (Specify)

Panel manufacture: Fire Lite
Model number: FS9760 UD
Circuit styles: 1-4
Number of circuits: _____

Software rev: _____
Last date system had any service performed: _____
Last date that any software or configuration was revised: _____

ALARM INITIATING DEVICES AND CIRCUIT INFORMATION

Qty of	Circuit Style	
<u>9</u>	<u>B</u>	Manual Stations
<u>0</u>		Ion Detectors
<u>14</u>		Photo Detectors
<u>3</u>		Duct Detectors
<u>1</u>		Heat Detectors
<u>1</u>		Waterflow Switches
		Supervisory Switches
		Other (Specify) _____

ALARM INITIATING APPLIANCES AND CIRCUIT INFORMATION

Qty of	Circuit Style	
<u>0</u>		Bells
<u>17</u>		Horns
<u>0</u>		Chimes
<u>77</u>		Strobes
<u>0</u>		Speakers
<u>0</u>		Other (Specify) _____

No. of alarm indicating circuits: _____ Are Circuits supervised? Yes No

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

Qty of	Circuit Style	
		Building Temp.
		Site water Temp.
		Site water Level
		Fire Pump Power
		Fire Pump Running
		Fire Pump Auto Position
		Fire Pump or Pump Controller Trouble
		Fire Pump Running
		Generator in Auto Position
		Generator or Controller Trouble
		Switch Transfer
		Generator Engine Running
		Other (Specify) _____

SIGNALING LINE CIRCUITS

Quantity and styles (see NFPA 72, Table 3-6.1) of signaling line circuits to system:
Quantity _____ Styles _____

POWER SYSTEM SUPPLY

A. Primary (Main) Nominal Voltage 120 Amps 20
Overcurrent Protection Type Bike Amps 20
Location (Panel Number) HP
Disconnecting Means Location #9
B. Secondary (Standby) 2x120 Storage Battery, Amp-Hr Rating 7
Calculated capacity to operate system, in hours: 24 60
 Engine-driven generator dedicated to fire alarm system:
Location of fuel storage _____

TYPE BATTERY:

Dry Cell Nickel Cadmium Sealed Lead-Acid Lead-Acid Other (Specify) _____

C. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

Emergency system described in NFPA 70, Article 700
 Legally required standby described in NFPA 70, Article 701
 Optional standby system described in NFPA 70, Article 702, which also meets _____

FIRE ALARM SYSTEM INSPECTION AND TESTING FORM

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE:	YES	NO	WHO	TIME
MONITORING ENTITY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Local	PM
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All	
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mung	
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>		
ALL (NOTIFIED) OF ANY IMPAIRMENTS	<input type="checkbox"/>	<input type="checkbox"/>		

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
CONTROL PANEL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OK
INTERFACE F.Q.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
LAMPS/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
FUSES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
PRIMARY POWER SUPPLY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
TROUBLE SIGNALS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
DISCONNECT SWITCHES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
GROUND FAULT MONITORING	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
SECONDARY POWER TYPE	<input type="checkbox"/>	<input type="checkbox"/>	
BATTERY CONDITION	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OK
LOAD VOLTAGE	<input type="checkbox"/>	<input type="checkbox"/>	
DISCHARGE TEST	<input type="checkbox"/>	<input type="checkbox"/>	
CHARGER TEST	<input type="checkbox"/>	<input type="checkbox"/>	
SPECIFIC GRAVITY	<input type="checkbox"/>	<input type="checkbox"/>	
TRANSIENT SUPPRESSORS	<input type="checkbox"/>	<input type="checkbox"/>	
REMOTE ANNUNCIATORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OK
NOTIFICATION APPLIANCES			
AUDIBLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OK
VISUAL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OK
SPEAKERS	<input type="checkbox"/>	<input type="checkbox"/>	
VOICE CLARITY	<input type="checkbox"/>	<input type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOC & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTINGS	MEAS. SETTING	PASS	FAIL
9	PS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	LED	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
2	DID	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
14	SD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

COMMENTS: Tested As Installed

EMERGENCY COMMUNICATIONS EQUIPMENT

	VISUAL	FUNCTIONAL	COMMENTS
PHONE SET	<input type="checkbox"/>	<input type="checkbox"/>	N/A
PHONE JACKS	<input type="checkbox"/>	<input type="checkbox"/>	
OFF HOOK INDICATOR	<input type="checkbox"/>	<input type="checkbox"/>	
AMPLIFIER(S)	<input type="checkbox"/>	<input type="checkbox"/>	
PHONE GENERATOR(S)	<input type="checkbox"/>	<input type="checkbox"/>	
CALL IN SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	
SYSTEM PERFORMANCE	<input type="checkbox"/>	<input type="checkbox"/>	

INTERFACE EQUIPMENT

(SPECIFY)	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
A/C Studder	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HALLARD SYSTEMS

(SPECIFY)	N/A
(SPECIFY)	
(SPECIFY)	

ON/OFF PREMISES MONITORING

	YES	NO	TIME	COMMENTS
ALARM SIGNAL	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Local
ALARM RESTORAL	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
TROUBLE SIGNAL	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
SUPERVISORY SIGNAL	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
SUPERVISORY RESTORAL	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE

	YES	NO	WHO	TIME
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mung	PM
MONITORING AGENCY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Local	
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All	
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>		

THE FOLLOWING DID NOT OPERATE CORRECTLY:

SYSTEM RESTORED TO NORMAL OPERATION: DATE 8-7-17 TIME PM

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

NAME OF INSPECTOR: Richard Brown DATE: 8-7-17 TIME: PM

SIGNATURE: [Signature]

NAME OF OWNER OR REPRESENTATIVE:

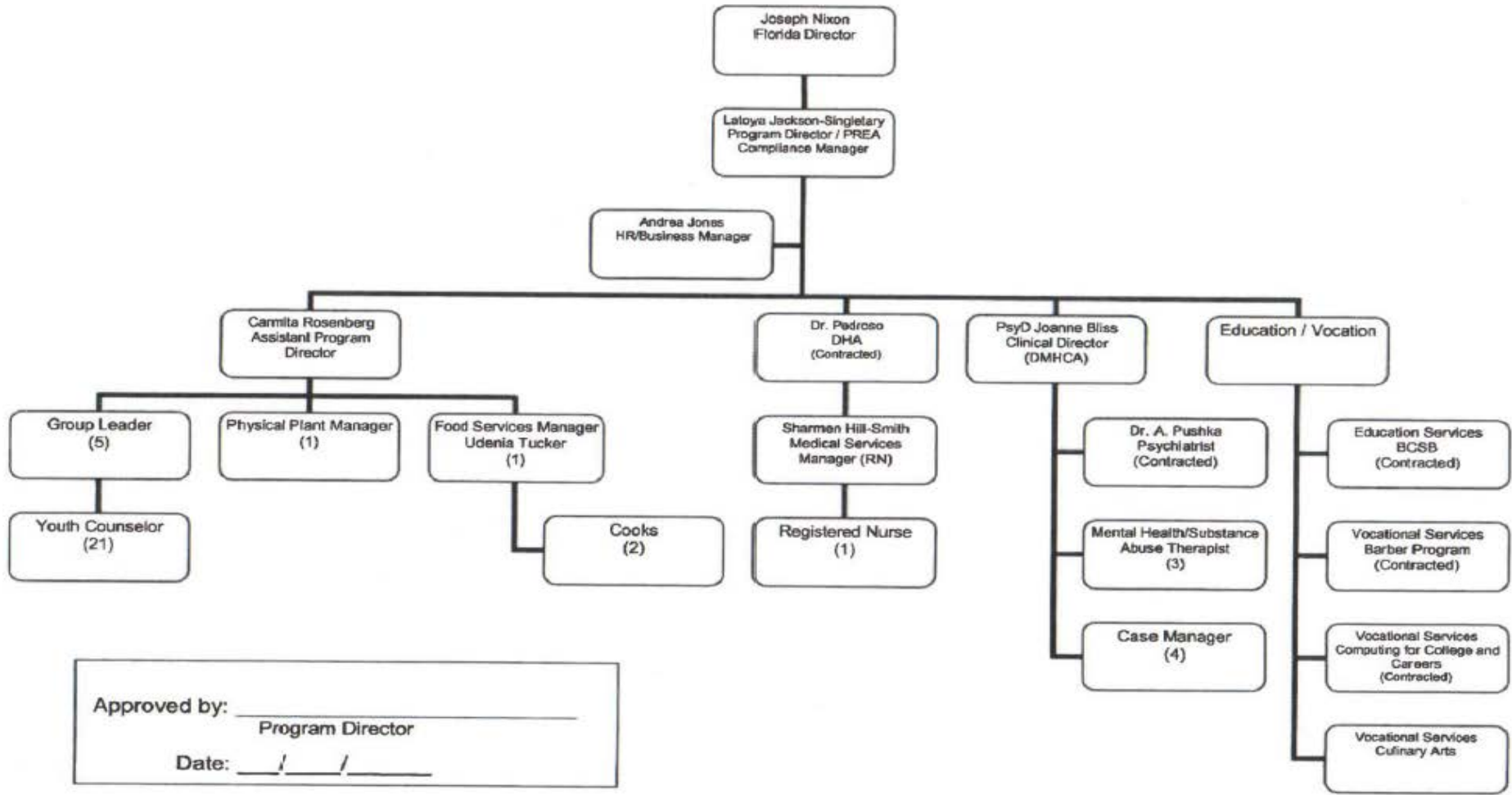
DATE: 8-7-17 TIME: PM

SIGNATURE: [Signature]



YOUTH OPPORTUNITY INVESTMENTS
Achieving Success & Independence with Youth and Families

Broward Youth Treatment Center Facility Organizational Chart



ATTACHMENT H-1

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

Line Item #	1	2	3	4	5	6	7
	Type of Consultant	Budget - Annual					
		Unit Cost		Number of Units	Program Total (DJJ)	Matching Funds	Total
Amount	Unit						
1	Psychiatrist	\$ 250.00	Hour	156	\$39,000.00		\$39,000.00
2	Psychologist	\$ 120.00	Month	12	\$1,440.00		\$1,440.00
3	Medical Doctor (DHA)/ARNP	\$ 200.00	Hour	156	\$31,200.00		\$31,200.00
4	Medical Doctor/ARNP (On-Call)	\$ 500.00	Month	12	\$6,000.00		\$6,000.00
5					\$0.00		\$0.00
6					\$0.00		\$0.00
7					\$0.00		\$0.00
8					\$0.00		\$0.00
9					\$0.00		\$0.00
10	Other Consultants (provide detail in H-1 Narrative)			n/a	n/a	n/a	n/a
TOTALS				n/a	\$77,640.00	\$0.00	\$77,640.00

NOTE: Contracts with medical and/or mental health professionals 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 the 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.)

H-1 Narrative

Provide explanations of consultants reported in Attachment H-1 in the table below. For example:

Psychiatrist - Costs to subcontract with a psychiatrist to meet the needs of the program in accordance with DJJ's requirements, based on the technical proposal submitted which is for 2 on site hours per week and 24/7 on call availability

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

Type of Consultant	Explanation (include how costs are computed)
1. Psychiatrist	
2. Psychologist	
3.- 4. Medical Doctor (DHA)/ARNP	

"Other Consultants" Detail (totals reflected in Attachment H-1, line 10)

Type of Consultant	Unit Cost		Number of Units	Program Total (DJJ)	Matching Funds	Total
	Amount	Unit				
				\$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
				\$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
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
				\$0.00		\$0.00
Insert additional rows ABOVE THIS LINE as needed and edit summary formulas as required to capture all costs.						
Total, 0 Consultant Titles	\$0.00	n/a	n/a	n/a	n/a	n/a

ATTACHMENT H-2

OPERATING CAPITAL OUTLAY (OCO) - **DO NOT MODIFY THIS TABLE STRUCTURE!** - Use Narrative tab to enter exceptions, as needed.
or ONE-TIME ONLY REQUEST FOR FURNITURE/EQUIPMENT

Line Item #	1	2	3	4	5	6	7
	Budget - FIRST YEAR COSTS ONLY						
	Operating Capital Outlay(s)	Unit Cost		Number of Units	Program Total (DJJ)	Matching Funds	Total
Amount		Unit					
1					\$0.00		\$0.00
2					\$0.00		\$0.00
3					\$0.00		\$0.00
4					\$0.00		\$0.00
5					\$0.00		\$0.00
6					\$0.00		\$0.00
7					\$0.00		\$0.00
8					\$0.00		\$0.00
9					\$0.00		\$0.00
10					\$0.00		\$0.00
TOTALS				0	\$0.00	\$0.00	\$0.00

Note: Amounts should reflect portion of capital expense allocation to the budget term/year.

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

Examples of costs explanations would be as follows:

- Computers needed for vocational programming and education
- Desks needed for educational needs

Operating Capital Outlay

Operating Capital Outlay	Total Cost	Explanation of Costs

ATTACHMENT H-3
PERSONNEL DETAIL - DO NOT MODIFY THIS TABLE STRUCTURE! - Use Narrative tab to enter exceptions, as needed.
Budget - Annual

1	2		3	4	5	6	7	8	9	10	11	12	13	14
Line Item #	Position Title (All positions common to similar solicitations are included below. Please note any exceptions in H-3 Narrative)	Alternate Titles (Other titles that have been used by providers for similar roles or services)	Total Number of FTEs	Number of FTEs with Benefits (subgroup of column 3)	Full-Time Equivalent Monthly Salary (1)	Monthly Fringe Benefits					Total Fringe Benefits	Program Total Salary and Benefits (DJJ)	Total Matching Funds	Total Annual Salaries and Benefits
						Retirement	FICA	Health Insurance	Life Insurance	Other (2)				
1	Program Director	Facility Administrator, Regional Diversion Manager, Executive Director, Project Coordinator	1.00	1.00	\$5,833.00	\$135.00	\$446.22	\$550.00	\$0.00	\$418.30	\$1,549.52	\$88,590.29		\$88,590.29
2	Assistant Program Director	Assistant Program Director, Director of Operations, Assistant Facility Administrator	1.00	1.00	\$3,917.00	\$100.00	\$299.65	\$550.00	\$0.00	\$308.80	\$1,258.45	\$62,105.41		\$62,105.41
3	Administrative Assistant	Intake Specialist, Medical Services Clerk, Records Clerk, Program Assistant, Human Resources Manager, Operations Compliance, QI, Accounting / HR Tech	1.00	1.00	\$3,000.00	\$59.00	\$229.50	\$550.00	\$0.00	\$199.67	\$1,038.17	\$48,458.04		\$48,458.04
4	Case Manager Supervisor	Case Manager Supervisor, Unit Manager, Lead Case Manager	0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
5	Case Manager	Care Manager, JJ Case Manager	3.00	3.00	\$3,167.67	\$71.00	\$242.33	\$550.00	\$0.00	\$218.97	\$1,082.30	\$152,998.80		\$152,998.80
6	Health Services Administrator, RN	Senior Health Services Administrator	0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
7	Shift Supervisor	Staff Mentor, Unit Manager, Program Lead Staff, Circuit Supervisor, Night Supervisor, Resident Supervisors	5.00	5.00	\$2,500.00	\$86.00	\$191.25	\$550.00	\$0.00	\$206.10	\$1,013.35	\$210,801.00		\$210,801.00
8	Transporter Youth Care Worker	Driver, Transport, Rec Aide/Transporter	1.00	1.00	\$1,993.33	\$51.00	\$152.49	\$550.00	\$0.00	\$245.41	\$998.90	\$35,906.78		\$35,906.78
9	Recreation Therapist	Recreation Specialist	0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
10	Youth Care Worker I	Program Specialists, Direct Care Staff, Youth Care Specialist I, Youth Care Specialist II, Security Youth Care Workers, Youth Care Counselors	20.30	20.30	\$1,993.33	\$51.00	\$152.49	\$550.00	\$0.00	\$245.41	\$998.90	\$728,907.17		\$728,907.17
11	Youth Care Worker II	Program Specialists, Direct Care Staff, Youth Care Specialist I, Youth Care Specialist II, Security Youth Care Workers, Youth Care Counselors	0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
12	Master Control Room Supervisor		0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
13	Control Room Personnel		0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
14	Physical Plant Worker	Maintenance	1.00	1.00	\$2,083.00	\$46.00	\$159.35	\$550.00	\$0.00	\$132.65	\$888.00	\$35,651.99		\$35,651.99
15	Employment Transition Specialist	Employment/Transition Specialist	0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
16	Food Services Manager	National School Lunch Coordinator, Kitchen Supervisor	1.00	1.00	\$2,083.00	\$48.00	\$159.35	\$550.00	\$0.00	\$127.98	\$885.33	\$35,619.95		\$35,619.95
17	Dietary Worker	Food Service Worker, Food Support, Cook	1.00	1.00	\$1,750.00	\$45.00	\$133.88	\$550.00	\$0.00	\$118.44	\$847.32	\$31,167.78		\$31,167.78
18	Vocational Instructor	Vocational Instructor I	0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
19	Vocational Aide		0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
20	Teacher	Certified Teacher	0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
21	DHA (Designated Health Authority)	Director of Clinical Services, Medical Doctor	0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00
22	DMHA (Designated Mental Health Authority)	Clinical Manager, Clinical Director	1.00	1.00	\$5,167.00	\$97.00	\$395.28	\$550.00	\$0.00	\$108.32	\$1,150.60	\$75,811.15		\$75,811.15
23	Clinical Coordinator	Licensed Clinical Coordinator/Supervisor	0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00

1	2	3	4	5	6	7	8	9	10	11	12	13	14	
Line Item #	Position Title (All positions common to similar solicitations are included below. Please note any exceptions in H-3 Narrative)	Alternate Titles (Other titles that have been used by providers for similar roles or services)	Total Number of FTEs	Number of FTEs with Benefits (subgroup of column 3)	Full-Time Equivalent Monthly Salary (1)	Monthly Fringe Benefits					Total Fringe Benefits	Program Total Salary and Benefits (DJJ)	Total Matching Funds	Total Annual Salaries and Benefits
						Retirement	FICA	Health Insurance	Life Insurance	Other (2)				
24	Nurse (RN)	<i>Nurse, RN, Shift Nurse, LPN</i>	2.00	2.00	\$4,850.00	\$97.00	\$371.03	\$550.00	\$0.00	\$299.10	\$1,317.13	\$148,011.00	\$148,011.00	
25	Local Care Counselor		0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
26	Clinical Counselor / Therapist	<i>Therapist, Substance Abuse Counselor, Restorative Justice Counselor, Group Treatment Therapist</i>	3.00	3.00	\$3,750.00	\$79.00	\$298.88	\$550.00	\$0.00	\$244.30	\$1,180.18	\$176,766.30	\$176,766.30	
27	Psychiatrist		0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
28	Psychologist		0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
29	Certified Behavioral Analyst (CBA)		0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
30	Juvenile Sex Offender Therapist		0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
31	Transition Services Manager		0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
32	Community Safety Specialist		0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
33	Staff Development Coordinator		0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	Additional Program Staff (Provide detail in H-3 Narrative)		0.26	0.26	\$2,491.67	\$49.53	\$190.61	\$143.00	\$0.00	\$147.28	\$2,040.07	\$36,265.02	\$36,265.02	
	Corporate Direct Service Staff (Provide detail in H-3 Narrative)		0.00	0.00	n/a	n/a	n/a	n/a	n/a	n/a	0	\$0.00	\$0.00	
	TOTALS		41.56	41.56	\$109,891.77	\$2,603.18	\$8,406.72	\$22,752.18	\$0.00	\$9,698.20	\$43,852.78	\$1,867,060.66	\$1,867,060.66	
					Aggregate Benefits Rates:	2.37%	7.65%	20.70%	0.00%	8.83%	39.91%			

Notes:

- (1) Full Time Equivalent Monthly Salary - The salary rate in this cell should be the full-time equivalent (e.g., 40 hour per week) rate associated with the position. Adjustments necessary to reflect costs of part-time staff or partial allocations should be made using the "Total Number of FTEs" column.
- (2) Other - Please define items included in "Other" fringe benefits in the H-3 Narrative tab.
- (3) Line 34 - Other Program Staff - If other direct care (program-specific) staff are required for the program that do NOT align with the standard positions provided, please include detail in H-3 Narrative tab.
- (4) Line 35 - Corporate Staff - Positions not listed in the array provided, who are associated with the management of the program but not engaged in direct care (Other Program Staff) should be listed by position and FTE allocation in the H-3 Narrative tab.

H-3 Narrative
Examples of costs explanations would be as follows:

Monthly Total Compensation per FTE (Salary + Benefits)

Personnel Narrative Tables

Additional Program Staff

Title / Position	# of FTEs (may be less than 1.00)	# of FTEs with Benefits (subgroup of total)	Monthly Salary per FTE	Monthly Fringe Benefits per FTE						Annual Program Total Salary and Benefits (DJJ)	Annual Matching Funds	Annual Total Salary and Benefits	Explanation of Postion / Title
				Retirement	FICA	Health Insurance	Life Insurance	Other (2)	Total Fringe Benefits				
Florida Director	0.26	0.26	\$9,583.33	\$190.50	\$733.12	\$550.00		\$566.45	\$2,040.07	\$36,265.02		\$36,265.02	
					\$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	
									\$0.00	\$0.00		\$0.00	
									\$0.00	\$0.00		\$0.00	
									\$0.00	\$0.00		\$0.00	
Insert additional rows above this line as needed and edit summary columns/rows as required to capture all costs.													
Total, 1 Positions	0.26	0.26	\$2,491.67	\$49.53	\$190.61	\$143.00	\$0.00	\$147.28	\$2,040.07	\$36,265.02	\$0.00	\$36,265.02	

Corporate Direct Service Staff

Title / Position	# of FTEs (may be less than 1.00)	# of FTEs with Benefits (subgroup of total)	Monthly Salary per FTE	Monthly Fringe Benefits per FTE						Annual Program Total Salary and Benefits (DJJ)	Annual Matching Funds	Annual Total Salary and Benefits	Explanation of Postion / Title
				Retirement	FICA	Health Insurance	Life Insurance	Other (2)	Total Fringe Benefits				
					\$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	
									\$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		\$0.00	
Insert additional rows above this line as needed and edit summary columns/rows as required to capture all costs.													
Total, 0 Positions	0.00	0.00	n/a	n/a	n/a	n/a	n/a	n/a	0	\$0.00	\$0.00	\$0.00	

Please define what is included in "Other" fringe benefits if dollars included in budget:

Other is defined as FUTA and SUTA Employer Taxes.

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	\$20,140.00	Month	12	\$241,680.00		\$241,680.00
2	Utilities (electricity, water, sewage, garbage, natural gas/propane)	\$5,000.00	Month	12	\$60,000.00		\$60,000.00
3	Copier Machines Lease Payments	\$808.00	Month	12	\$9,696.00		\$9,696.00
4	Postage Machine Lease Payments	\$0.00	Month	12	\$0.00		\$0.00
5	Building Maintenance Equipment Rental/ Leases	\$0.00	Month	12	\$0.00		\$0.00
6	Vehicle/Lease Payments (identify how many and type of vehicles)	\$0.00	Month		\$0.00		\$0.00
7	Vehicle Maintenance, Repair, Operation (identify how many and type of vehicles, to include fuel)	\$533.33	Month	12	\$6,399.96		\$6,399.96
8	Food (if catered, this cost needs to be shown on H-5)	\$13,000.00	Month	12	\$156,000.00		\$156,000.00
9	Kitchen Supplies (hairnets, gloves, utensils, plastic and aluminum wrap, etc.)	\$450.00	Month	12	\$5,400.00		\$5,400.00
10	Kitchen Equipment (pots, pans, thermometers, etc.)	\$0.00	Month	12	\$0.00		\$0.00
11	Personal Care (youth personal hygiene items)	\$333.30	Month	12	\$3,999.60		\$3,999.60
12	Clothing/Uniforms (youth)	\$460.00	Month	12	\$5,520.00		\$5,520.00
13	Housekeeping (sheets, blankets, pillows, towels, etc.) (if a linen service is used, e.g. Alscos, move this expense to H-5)	\$394.00	Month	12	\$4,728.00		\$4,728.00
14	Janitorial and Household Supplies (all cleaning supplies, paper towels, floor was, detergents, brooms, etc.)	\$800.00	Month	12	\$9,600.00		\$9,600.00
15	Building Maintenance and Repair (for repairs done internally, so costs would be for parts only)	\$2,000.00	Month	12	\$24,000.00		\$24,000.00
PAGE TOTALS					\$527,023.56	\$0.00	\$527,023.56

H-4.1 Narrative

Examples and explanations of costs in this attachment include:

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

Building Maintenance Leases Rental of other facility equipment such as floor cleaning equipment, pressure washers and any other non-owned products needed for a short term period

Personal care: All items for youth such as soap, shampoo, toothpaste, hair clippers, hair products, toothbrushes, etc.

Expense Narrative Table (H-4.1)

Expense Item	Total Cost	Explanation of Purchase
Rent, Mortgage or Lease payments	\$241,680.00	
Utilities (electricity, water, sewage, garbage, natural gas/ propane)	\$60,000.00	
Copier Machines Lease Payments	\$9,896.00	
Postage Machine Lease Payments	\$0.00	
Building Maintenance Equipment Rental/ Leases	\$0.00	
Vehicle/Lease Payments (identify how many and type of vehicles)	\$0.00	
Vehicle Maintenance, Repair, Operation (identify how many and type of vehicles, to include fuel)	\$6,399.96	
Food (if catered, this cost needs to be shown on H-5)	\$156,000.00	
Kitchen Supplies (hairnets, gloves, utensils, plastic and aluminum wrap, etc.)	\$5,400.00	
Kitchen Equipment (pots, pans, thermometers, etc.)	\$0.00	
Personal Care (youth personal hygiene items)	\$3,999.60	
Clothing/Uniforms (youth)	\$5,520.00	
Housekeeping (sheets, blankets, pillows, towels, etc.) (if a linen service is used, e.g. Also, move this expense to H-5)	\$4,728.00	
Janitorial and Household Supplies (all cleaning supplies, paper towels, floor was, detergents, brooms, etc.)	\$9,600.00	
Building Maintenance and Repair (for repairs done internally, so costs would be for parts only)	\$24,000.00	

ATTACHMENT 4.2

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

Budget - Annual

	1	2	3	4	5	6	7
Line Item #	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	Month	12	\$1,200.00		\$1,200.00
18	Medications (non-Medicaid covered) to include Over the Counter medications	\$1,150.00	Month	12	\$13,800.00		\$13,800.00
19	Educational Equipment - replacement only	\$0.00	Youth/ per Day	10220	\$0.00		\$0.00
20	Educational and Vocational Supplies	\$800.00	Month	12	\$9,600.00		\$9,600.00
21	Educational and Vocational Books	\$0.00	per Day	10220	\$0.00		\$0.00
22	Furniture (common area) - replacement only	\$0.00	per Day	10220	\$0.00		\$0.00
23	Furniture (youth room) - replacement only	\$0.00	per Day	10220	\$0.00		\$0.00
24	Electronics (TV, VCR, music, etc.) - replacement only	\$0.00	Youth/ per Day	10220	\$0.00		\$0.00
25	Recreation Supplies	\$200.00	Month	12	\$2,400.00		\$2,400.00
26	Recreation Equipment	\$0.00	per Day	10220	\$0.00		\$0.00
27	Youth Incentives	\$1,180.00	Month	12	\$14,160.00		\$14,160.00
28	Staff Expenses	\$64.19	FTE	40.7	\$2,612.53		\$2,612.53
29	Staff Training	\$115.67	FTE	40.7	\$4,707.77		\$4,707.77
PAGE TOTALS					\$48,480.30	\$0.00	\$48,480.30

H-4.2 Narrative

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
Medical Equipment and Supplies (Non-Medicaid covered)	\$1,200.00	
Medications (non-Medicaid covered) to include Over the Counter medications	\$13,800.00	
Educational Equipment - replacement only	\$0.00	
Educational and Vocational Supplies	\$9,600.00	
Educational and Vocational Books	\$0.00	
Furniture (common area) - replacement only	\$0.00	
Furniture (youth room) - replacement only	\$0.00	
Electronics (TV, VCR, music, etc.) - replacement only	\$0.00	
Recreation Supplies	\$2,400.00	
Recreation Equipment	\$0.00	
Youth Incentives	\$14,160.00	
Staff Expenses	\$2,812.53	
Staff Training	\$4,707.77	

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	\$ 2,400.00	monthly	12	\$ 28,800.00		\$ 28,800.00
31	Communications (telephones, cable, internet, cell phones, pagers)	\$ 2,640.00	monthly	12	\$ 31,680.00		\$ 31,680.00
32	Two way radios (purchase of equipment only)	\$ 200.00	monthly	12	\$ 2,400.00		\$ 2,400.00
33	Advertising (recruitment)	\$ 400.00	monthly	12	\$ 4,800.00		\$ 4,800.00
34	Auditing Fees	\$ -	monthly	12	\$ -		\$ -
35	Insurance (comprehensive, liability)	\$ 4,066.00	monthly	12	\$ 48,792.00		\$ 48,792.00
36	Insurance (vehicle)	\$ -	monthly	12	\$ -		\$ -
37	Licensure (ACA, other - Describe)	\$ 208.33	monthly	12	\$ 2,500.00		\$ 2,500.00
38	Office Supplies	\$ 500.00	monthly	12	\$ 6,000.00		\$ 6,000.00
39	Administrative Equipment (Under \$1000)	\$ -	monthly	12	\$ -		\$ -
40	Safety and Security	\$ 100.00	monthly	12	\$ 1,200.00		\$ 1,200.00
41	Secure Facilities Maintenance	\$ -	monthly	12	\$ -		\$ -
42	General & Administrative Costs (Provide detail in Narrative)	\$ 700.00	monthly	12	\$ 8,400.00		\$ 8,400.00
43	Corporate Overhead (Provide detail in Narrative)	\$ 1,760.00	monthly	12	\$ 21,120.00		\$ 21,120.00
44	Profit (must be greater than or equal to \$0)	\$ 1,204.50	monthly	12	\$ 14,454.00		\$ 14,454.00
PAGE TOTALS					\$ 170,146.00	\$ -	\$ 170,146.00
TOTALS (Sum of attachments H-4.1, H-4.2, H4.3)					\$ 745,649.86	\$ -	\$745,649.86

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

Examples and explanations of costs in this attachment include:

Staff Travel: QI travel, meetings and trainings, etc.

Should include the corporate staff's travel who are responsible for the oversight of this program & travel related to that oversight

Mileage and Gas:

Lodging:

Meals:

Communications: to include monthly telephone, internet, cell phone and pager services. Indicate the number of telephone lines, cell phones and pagers and monthly costs for each

Insurance:

Commercial

Auto

Marine

Other (Describe)

Administrative Equipment: flash drives, network equipment, etc.

General and Administrative Costs:

Postage

Licensing/ permits

Sales Tax

General & Administrative and Corporate Overhead Expense lines

General & Administrative expenses are the day to day expenses required to operate the business, which are not directly attributed to the programs delivered. Examples of G&A expenses include accounting and tax fees, legal fees, auditing, office supplies, postage, communications, subscriptions, payroll, advertising, etc.

Salaries of corporate staff directly responsible for the oversight of the program should NOT be listed in this table (see Attachment H-3 and H-3 Narrative). Other administrative and related personnel expenses that do not have direct oversight to the program should be included in this total.

Profit: Indicate profit expected for the contract based on quoted services. This must be a positive value.

Expense Narrative Table (H-4.3)

Expense Item	Total Cost	Explanation of Purchase
Staff Travel	\$ 28,800.00	
Communications (telephones, cable, internet, cell phones, pagers)	\$ 31,680.00	
Two way radios (purchase of equipment only)	\$ 2,400.00	
Advertising (recruitment)	\$ 4,800.00	
Auditing Fees	\$ -	
Insurance (comprehensive, liability)	\$ 48,792.00	
Insurance (vehicle)	\$ -	
Licensure (ACA, other - Describe)	\$ 2,500.00	
Office Supplies	\$ 6,000.00	
Administrative Equipment (Under \$1000)	\$ -	
Safety and Security	\$ 1,200.00	
Secure Facilities Maintenance	\$ -	
General & Administrative Costs (Provide detail in Narrative)	\$ 8,400.00	
Corporate Overhead (Provide detail in Narrative)		
	\$ 1,000.00	Postage
	\$ 2,000.00	Office Supplies
	\$ 350.00	Bank Fees
	\$ 6,500.00	IT Services
	\$ -	Property Taxes
	\$ 10,368.00	Rent
	\$ 8,000.00	Corporate Legal Fees
	\$ 28,218.00	
Profit	\$ 14,454.00	

ATTACHMENT H-5

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

Line Item #	1	2	3	4	5	6	7
	Budget - Annual						
	Type of Services	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.	\$2,000.00	monthly	12	\$ 24,000.00		\$ 24,000.00
2	Food (Catered)	\$0.00	Youth/Day	10220	\$ -		\$ -
3	Dietitian	\$0.00	Youth/Day	10220	\$ -		\$ -
4	Grounds Maintenance	\$0.00	monthly	12	\$ -		\$ -
5	Pest Control	\$200.00	monthly	12	\$ 2,400.00		\$ 2,400.00
6	Fire Alarm Inspection	\$0.00	monthly	12	\$ -		\$ -
8	Boiler Inspection	\$0.00	monthly	12	\$ -		\$ -
7	Administrative equipment repairs, two way radio repairs, etc.	\$125.00	monthly	12	\$ 1,500.00		\$ 1,500.00
9	Medical Waste	\$200.00	quarterly	4	\$ 800.00		\$ 800.00
10	Payroll Processing	\$400.00	monthly	12	\$ 4,800.00		\$ 4,800.00
11	Other Services (Provide line item detail in H-5 Narrative)				\$1,250.00	\$0.00	\$1,250.00
TOTALS					\$ 34,750.00	\$ -	\$ 34,750.00

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.

H-5 Narrative

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
Building Repair* (A/C, lift station, generator, plumbing, CCTV system, Fire Alarm, Fire Sprinkler, etc.); maintenance agreements, etc.	\$ 24,000.00	
Food (Catered)	\$ -	
Dietitian	\$ -	
Grounds Maintenance	\$ -	
Pest Control	\$ 2,400.00	
Fire Alarm Inspection	\$ -	
Boiler Inspection	\$ -	
Administrative equipment repairs, two way radio repairs, etc.	\$ 1,500.00	
Medical Waste	\$ 800.00	
Payroll Processing	\$ 4,800.00	

"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				
Security Camera System Maintenance	\$104.17	Monthly	12.00	\$1,250.00		\$1,250.00
				\$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
				\$0.00		\$0.00
Insert additional rows above this line as needed and edit summary columns/rows as required to capture all costs.						
Total, 1 Other Services				\$1,250.00	\$0.00	\$1,250.00

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	\$ 77,640.00	\$ -	0%	\$ 77,640.00
Attachment H-3: Personnel Detail	\$ 1,867,060.66	\$ -	0%	\$ 1,867,060.66
Attachment H-4: Expenses (includes Attachment H-4.1, H-4.2, & H-4.3)	\$ 745,649.86	\$ -	0%	\$ 745,649.86
Attachment H-5: Services Expenditures	\$ 34,750.00	\$ -	0%	\$ 34,750.00
SUB TOTAL (Total of H-1, H-3, H-4, & H-5)	\$ 2,725,100.52	\$ -	N/A	\$ 2,725,100.52
Major Maintenance Fund (Monthly costs are calculated as Program Cost x .005)	\$ -	\$ -	N/A	\$ -
SUB TOTAL + MMF	\$ 2,725,100.52	\$ -	N/A	\$ 2,725,100.52
Attachment H-2: Operating Capital Outlay	\$ -	\$ -	N/A	\$ -
GRAND TOTAL	\$ 2,725,100.52	\$ -	N/A	\$ 2,725,100.52

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
 Calendar Days
 Daily Per Diem Cost

40
365
\$186.65

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

Unfilled Bed Rate Daily Costs

\$176.65

Total General & Administrative Expenses:
 (see line 42 from Attachment H-4.3/Expenses)

\$8,400.00

Total Overhead:
 (Sum of lines 42, 43, and 44 from Attachment H-4.3.)

\$ 43,974.00

G & A as % of Total Budget
 (should not exceed 5%)

0.3% (should not exceed 10%)

Overhead as % of Total Budget

1.6%

H-6 Narrative

Overlay Services

Please state what percentage of the total budget is for the provision of overlay services.	
Please state what percentage of the total budget is for the provision of the Vocational rate (if applicable). Note: days cannot exceed 250/year	

Matching Funds

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

Example:
Fundraising \$ 200,000.00
National School Lunch Program \$ 45,000.00

Matching Funds Narrative Table

Matching Funds Source	Amount Matched	Comments