ATTACHMENT H-1

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

	1	2	3	4	5	6	7
				В	udget - Annual		
Line		Unit	Cost	Number	Program Total	Matching	
Item #	Type of Consultant	Amount	Unit	of Units	(DJJ)	Funds	Total
1	Licensed Psychiatrist	\$ 161.54	hour	208	\$33,600.32		\$33,600.32
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	Other Consultants (provide detail in h	H-1 Narrative)		n/a	n/a	n/a	n/a
	TOTALS			n/a	\$33,600.32	\$0.00	\$33,600.32

**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 6 on site hours every other week and 24/7 on call

Certifed Behavior Analyst (CBA) Costs to subcontract with a Certifed Behavior Analyst to meet the needs of the program in accordance with DJJ's requirements, based on the technical proposal submitted which is for 7 on site hours per week

Type of Consultant	Explanation (include how costs are computed)
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 up to 6 on site hours bi-weekly and 24/7 on call availability. G4S presently operates 24 residential commitment programs within the State of Florida. We have derived this hourly rate from current contract comparison for the same service delivery.

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

·	Unit C	ost	Number	Program Total	Matching	Total				
Type of Consultant	Amount	Unit	of Units	(DJJ)	Funds	iotai				
				\$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				

DJJ Solicitation #: Spring Lake R2101

G4S Youth Services, LLC v1

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

	1	2	3	4	5	6	7
		Budge	et - FIRST YEAF	COSTS ONLY			
Line Item		Unit	Cost	Number of	Program Total	Matching	
#	Operating Capital Outlay(s)	Amount	Unit	Units	(DJJ)	Funds	Total
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			C		\$0.00	\$0.00

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

## H-2 Narrative

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
operating dapital dataly	10101 0001	Explanation of cools

## DJJ Solicitation #: Spring Lake R2101 G4S Youth Services, LLC v1

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
								Monthly Frin	nge Benefits					
	Position Title			Number of					ľ					
	(All positions common to similar	Alternate Titles		FTEs with	Full-Time									
			T-4-1									D	T-4-1	
	solicitations are included below.	(Other titles that have been used by	Total	Benefits	Equivalent							Program Total	Total	
Line	Please note any exceptions in H-3	providers for similar roles or	Number of	(subgroup of	Monthly Salary			Health	Life		Total Fringe	Salary and	Matching	Total Annual Salaries
Item #	Narrative)	services)	FTEs	column 3)	(1)	Retirement	FICA	Insurance	Insurance	Other (2)	Benefits	Benefits (DJJ)	Funds	and Benefits
1	Program Director	Facility Administrator, Regional	1.00	1.00	\$4,416.67	\$25.00	\$273.83	\$391.00	\$8.48	\$339.48	\$1,037.79	\$65,453.52		\$65,453.52
	rogram Birostor	Diversion Manager, Executive	1.00	1.00	ψ1,110.01	Q20.00	Ψ2. 0.00	<b>\$001.00</b>	ψοο	<b>\$000.10</b>	ψ1,001.10	ψου, 100.0 <u>2</u>		\$00,100.02
		Director, Project Coordinator												
2	Ass't Program Director	Assistant Program Director,	1.00	1.00	\$3,333.00	\$25.00	\$206.67	\$391.00	\$6.40	\$270.23	\$899.30	\$50,787.60		\$50,787.60
		Director of Operations, Assistant												
		Facility Administrator												
3	Administrative Assistant	Intake Specialist, Medical Services	1.00	1.00	\$2,500.00	\$25.00	\$155.00	\$391.00	\$4.80	\$216.97	\$792.77	\$39,513.24		\$39,513.24
3	Auministrative Assistant		1.00	1.00	\$2,500.00	\$25.00	\$ 155.00	\$391.00	\$4.00	\$210.97	\$192.11	\$39,513.24		\$39,513.24
		Clerk, Records Clerk, Program												
		Assistant, Human Resources												
		Manager, Operations Compliance,												
		QI, Accounting / HR Tech												
		QI, Accounting The Tech												
	0 11 0 :	0 11 0 11 11									00.00	20.00		***
4	Case Manager Supervisor	Case Manager Supervisor, Unit		ĺ					l	l	\$0.00	\$0.00		\$0.00
		Manager, Lead Case Manager		L		<u> </u>		L	L	L				
5	Case Manager	Care Manager, JJ Case Manager	2.00	2.00	\$2,500.00	\$25.00	\$180.83	\$391.00	\$5.60	\$243.60	\$846.03	\$80,304.80		\$80,304.80
6	Health Services Administrator, RN	Senior Health Services	1.00		\$3,750.00	\$25.00	\$232.50	\$391.00		\$296.87	\$952.57	\$56,430.84		\$56,430.84
	Ticalar Services Administrator, KIN	Administrator	1.00	1.00	ψυ, ευθ.00	Ψ25.00	Ψ202.00	ψυσ1.00	Ψ1.20	Ψ230.07	ψ332.31	φυυ,+υυ.04		Ψ50,430.84
_	0.10		,		00.04	005	0.105	0004	05	0045	00.45	****		8400
7	Shift Supervisor	Staff Mentor, Unit Manager,	4.20	4.20	\$2,916.67	\$25.00	\$180.83	\$391.00	\$5.60	\$243.60	\$846.03	\$189,640.08		\$189,640.08
		Program Lead Staff, Circuit												
		Supervisor, Night Supervisor,		I		1			1	1				
		Resident Supervisors		ĺ					l	l				
												05		
8	Transporter Youth Care Worker	Driver, Transport, Rec	1.00	1.00	\$2,083.00	\$25.00	\$129.17	\$391.00	\$4.00	\$444.99	\$994.16	\$36,925.92		\$36,925.92
		Aide/Transporter												
9	Recreation Therapist	Recreation Specialist									\$0.00	\$0.00		\$0.00
10	Youth Care Worker I	Program Specialists, Direct Care	10.37	10.37	\$2,083.33	\$25.00	\$129.17	\$391.00	\$4.00	\$444.99	\$994.16			\$382,962.44
10	Todili Cale Worker I		10.37	10.37	\$2,000.00	\$25.00	\$129.17	\$391.00	\$4.00	\$444.99	\$994.10	\$302,902.44		\$302,902.44
		Staff, Youth Care Specialist I, Youth												
		Care Specialist II, Security Youth												
		Care Workers, Youth Care												
		Counselors												
11	Youth Care Worker II	Program Specialists, Direct Care	8.00	8.00	\$2,250.00	\$25.00	\$139.50	\$391.00	\$4.32	\$460.78	\$1,020.60	\$313,977.60		\$313,977.60
11	Youth Care Worker II		8.00	8.00	\$2,250.00	\$25.00	\$139.50	\$391.00	\$4.32	\$460.78	\$1,020.60	\$313,977.60		\$313,977.60
		Staff, Youth Care Specialist I, Youth												
		Care Specialist II, Security Youth												
		Care Workers, Youth Care												
		Counselors												
	N	Couriseiors									00.00	00.00		***
	Master Contol Room Supervisor										\$0.00			\$0.00
13	Control Room Personnel										\$0.00	\$0.00		\$0.00
14	Physical Plant Worker	Maintenance	1.00	1.00	\$2,427.00	\$25.00	\$150.45	\$391.00	\$4.66	\$402.80	\$973.91	\$40,810.92		\$40,810.92
15	Employment Transition Specialist	Employment/Transition Specialist									\$0.00	\$0.00		\$0.00
16	Food Services Manager	National School Lunch Coordinator,	1.00	1.00	\$2,208.00	\$25.00	\$136.92	\$391.00	\$4.24	\$198.32	\$755.48	\$35,561.76		\$35,561.76
10	1 000 Gel Vices ivialiagei		1.00	1.00	φ2,200.00	φ∠5.00	φ 130.92	φυσ 1.00	φ4.24	φ 180.32	φ100.40	φου,ου1./6		φυυ,561.76
		Kitchen Supervisor									,			
17	Dietary Worker	Food Service Worker, Food	1.50	1.50	\$1,666.67	\$25.00	\$103.33	\$391.00	\$3.20	\$405.53	\$928.06	\$46,705.14		\$46,705.14
		Support, Cook,		I		1			1	l				
18	Vocational Instructor	Vocational Instructor I									\$0.00	\$0.00		\$0.00
19	Vocational Aide			1		t 1			l	l	\$0.00			\$0.00
20	Teacher	Certified Teacher		-		-			l	-	\$0.00	\$0.00		\$0.00
21	DHA (Designated Health Authority)	Director of Clinical Services,	0.09	0.09	\$13,250.00	\$25.00	\$62.78	\$35.19	\$1.94	\$101.03	\$225.94	\$14,554.02		\$14,554.02
		Medical Doctor		<u> </u>	<u></u>	<u> </u>		L	L	L				
22	DMHA (Designated Mental Health	Clinical Manager, Clinical Director	1.00	1.00	\$4,250.00	\$25.00	\$263.50	\$391.00	\$8.16	\$328.83	\$1,016.49	\$63,197.88		\$63,197.88
	Authority)			1	Ţ., <u>2</u> 00.00	720.00	2200.00	,55550	\$5.10	]	Ç.,0.0.40	, Jo, 101.00		\$55,.57.50
22		Licensed Clinical		<b>!</b>		<b></b>			<b> </b>	<b> </b>	60.00	\$0.00		60.00
23	Clinical Coordinator			I		1			1	1	\$0.00	\$0.00		\$0.00
		Coordinator/Supervisor												
24	Nurse (RN)	Nurse, RN, Shift Nurse, LPN									\$0.00	\$0.00		\$0.00
25	Local Care Counselor										\$0.00	\$0.00		\$0.00
26	Clinical Counselor / Therapist	Therapist, Substance Abuse	2.00	2.00	\$3,750.00	\$25.00	\$232.50	\$391.00	\$7.20	\$296.87	\$952.57	\$112,861.68		\$112,861.68
20	Cirrical Couriseior / Trierapist		2.00	2.00	აა, / 50.00	ֆ∠5.00	φ∠3∠.50	დაფ 1.00	\$7.20	\$290.87	\$952.57	\$112,001.08		\$112,861.68
		Counselor, Restorative Justice		ĺ					l	l				
		Counselor, Group Treatment		I		1			1	1				
		Therapist		I		1			1	1				
27	Psychiatrist	, nor aprot							l	l	\$0.00	\$0.00		\$0.00
						ļ			<b> </b>	l				
28	Psychologist								l	l	\$0.00	\$0.00		\$0.00
29	Certified Behavioral Analyst (CBA)			L		L T					\$0.00	\$0.00		\$0.00
30	Juvenile Sex Offender Therapist	Licensed Lead Therapist									\$0.00	\$0.00		\$0.00
31	Transition Services Manager			1		1					\$0.00			\$0.00
						1			<b>-</b>	<b>-</b>	\$0.00			\$0.00
32	Community Safety Specialist					ļ								
33	Staff Development Coordinator		l	I	l	1			1	i	\$0.00	\$0.00		\$0.00

Please enter "Other"

1	2		3	4	5	6	7	8	9	10	11	12	13	14
								Monthly Frin	nge Benefits					
	Position Title			Number of										
	(All positions common to similar	Alternate Titles		FTEs with	Full-Time									
	solicitations are included below.	(Other titles that have been used by	Total	Benefits	Equivalent							Program Total	Total	
Line	Please note any exceptions in H-3	providers for similar roles or	Number of	(subgroup of	Monthly Salary			Health	Life		Total Fringe	Salary and	Matching	<b>Total Annual Salaries</b>
Item #	Narrative)	services)	FTEs	column 3)	(1)	Retirement	FICA	Insurance	Insurance	Other (2)	Benefits	Benefits (DJJ)	Funds	and Benefits
	Other Program Staff (3)		0.00	0.00	n/a	n/a	n/a	n/a	n/a	n/a	\$0.00	\$0.00	\$0.00	\$0.00
	(Provide detail in H-3 Narrative)													
	Corporate Staff (4)		2.15	2.15	\$159,833.32	\$700.00	\$9,909.67	\$10,948.00	\$306.88	\$16,737.78	\$38,602.33	\$208,029.11	\$0.00	\$208,029.11
	(Provide detail in H-3 Narrative)													
	TOTALS		38.31	38.31	\$436,815.80	\$2,409.70	\$27,065.99	\$37,655.69	\$838.17	\$49,523.69	\$117,493.24	\$1,737,716.54	\$0.00	\$1,737,716.54
			Aggregate	Benefits Rates:	0.55%	6.20%	8.62%	0.19%	11.34%	26.90%				

Please enter "Other"

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.

<sup>(2)</sup> 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.

items here

items here

#### ation #: Spring Lake R2101 G4S Youth Services, LLC v1 H-3 Narrative Examples of costs explanations would be as follows

#### Personnel Narrative Tables

#### Monthly Total Compensation per FTE (Salary + Benefits)

							Other	Program Staff					
					Monthly Fringe Benefits per FTE								
Title / Position		# of FTEs with Benefits (subgroup of total)	Monthly Salary per FTE	Retirement	FICA	Health Insurance	Life Insurance	Other (2)	Total Fringe Benefits	Monthly Program Total Salary and Benefits (DJJ)	Monthly Matching Funds	Monthly Total Salary and Benefits	Explanation of Postion / Title
									\$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	
l									\$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 summ	ary columns/rows	as required to cap	oture all costs.								
Total, 0 Positions	0.00	0.00	n/a	n/a	n/a	n/a	n/a	n/a	\$0.00	\$0.00	\$0.00	\$0.00	

							Corpor	ate Personnel					
						Monthly Fringe E	Benefits per FTE						
Title / Position	# of FTEs (may be less than 1.00)	# of FTEs with Benefits (subgroup of total)	Monthly Salary per FTE	Retirement	FICA	Health Insurance	Life Insurance	Other (2)	Total Fringe Benefits	Monthly Program Total Salary and Benefits (DJJ)	Monthly Matching Funds	Monthly Total Salary and Benefits	Explanation of Postion / Title
Staff Development Manager	0.02	0.02	\$4,166.67	\$25.00	\$258.33	\$391.00	\$8.00	\$451.77	\$1,134.10	\$1,399.40		\$1,399.40	
Staff Development Coordinator	0.02	0.02	\$3,500.00	\$25.00	\$217.00	\$391.00	\$6.72	\$388.64	\$1,028.36	\$1,195.49		\$1,195.49	
Specialty Trainer	0.02	0.02	\$5,166.67	\$25.00	\$320.33	\$391.00	\$9.92	\$546.48	\$1,292.73	\$1,705.28		\$1,705.28	
Training Fidelity & Review Specialist	0.02	0.02	\$3,500.00	\$25.00	\$217.00	\$391.00	\$6.72	\$388.64	\$1,028.36	\$1,195.49		\$1,195.49	
Superintendent of Schools	0.08	0.08	\$7,250.00	\$25.00	\$449.50	\$391.00	\$13.92	\$743.78	\$1,623.20	\$8,837.71		\$8,837.71	
Director of Research & Prog Development	0.02	0.02	\$7,416.67	\$25.00	\$459.83	\$391.00	\$14.24	\$759.57	\$1,649.64	\$2,393.51		\$2,393.51	
Administrative Assistant	0.02	0.02	\$2,916.67	\$25.00	\$180.83	\$391.00	\$5.60	\$333.39	\$935.82	\$1,017.06		\$1,017.06	
Director of Volunteer Services	0.02	0.02	\$2,500.00	\$25.00	\$155.00	\$391.00	\$4.80	\$293.93	\$869.73	\$889.61		\$889.61	
Director of Food Services	0.02	0.02	\$4,166.67	\$25.00	\$258.33	\$391.00	\$8.00	\$451.77	\$1,134.10	\$1,399.40		\$1,399.40	
Director of Projects and	0.02	0.02	\$6,000.00	\$25.00	\$372.00	\$391.00	\$11.52	\$625.40	\$1,424.92	\$1,960.18		\$1,960.18	
System Support Regional HSA & Regional Compliance Manager	0.58	0.58	\$6,666.66	\$25.00	\$413.33	\$391.00	\$12.80	\$688.54	\$1,530.67	\$57,053.44		\$57,053.44	
Accounts Payable & Payroll Assistant	0.13	0.13	\$3,750.00	\$25.00	\$232.50	\$391.00	\$7.20	\$412.31	\$1,068.01	\$7,747.36		\$7,747.36	
Assistant Executive Assistant	0.02	0.02	\$5.083.33	\$25.00	\$315.17	\$391.00	\$9.76	\$538.59	\$1 279 52	\$1 679 79		\$1,679.79	
Assistant Controller	0.02	0.02	\$7.416.67	\$25.00	\$459.83	\$391.00	\$14.24	\$759.57	\$1,649.64	\$2,393.51		\$2,393.51	
Accounting Manager	0.29	0.29	\$4,000.00	\$25.00	\$248.00	\$391.00	\$7.68	\$435.99	\$1,107.67	\$17,774.69		\$17,774.69	
Payroll Manager	0.02	0.02	\$5,333,33	\$25.00	\$330.67	\$391.00	\$10.24	\$562.26	\$1,319,17	\$1,756.26		\$1,756.26	
Corporate HR Manager	0.02	0.02	\$6,166,67	\$25.00	\$382.33	\$391.00	\$11.84	\$641.19	\$1,451.36	\$2,011,16		\$2.011.16	
Corporate HR Assistant	0.02	0.02	\$4,583,33	\$25.00	\$284.17	\$391.00	\$8.80	\$491.23	\$1,200.20	\$1,526.85		\$1,526.85	
Director of Business Development	0.02	0.02	\$8,166.67	\$25.00	\$506.33	\$391.00	\$15.68	\$830.60	\$1,768.61	\$2,622.91		\$2,622.91	
Business Development Manager	0.02	0.02	\$5,166.67	\$25.00	\$320.33	\$391.00	\$9.92	\$546.48	\$1,292.73	\$1,705.28		\$1,705.28	
Regional Director	0.29	0.29	\$10,000.00	\$25.00	\$620.00	\$391.00	\$19.20	\$1,004,20	\$2,059,40	\$41,966,71		\$41,966,71	
Regional Clinical Director	0.29	0.29	\$8,333.33	\$25.00	\$516.67	\$391.00	\$16.00	\$846.38	\$1,795.05	\$35,246.76		\$35,246.76	
Director of Program Support	0.02	0.02	\$8,083.33	\$25.00	\$501.17	\$391.00	\$15.52	\$822.71	\$1,755.40	\$2,597.42		\$2,597.42	
Manager of Program Support	0.02	0.02	\$6,500.00	\$25.00	\$403.00	\$391.00	\$12.48	\$672.75	\$1,504.23	\$2,113.12		\$2,113.12	
Director of Contract & Policy Development	0.02	0.02	\$5,666.67	\$25.00	\$351.33	\$391.00	\$10.88	\$593.83	\$1,372.04	\$1,858.22		\$1,858.22	·
Project Manager of Data & Electronic Records	0.02	0.02	\$4,750.00	\$25.00	\$294.50	\$391.00	\$9.12	\$507.02	\$1,226.64	\$1,577.83		\$1,577.83	
Director of Project Evaluation & Training	0.02	0.02	\$7,416.67	\$25.00	\$459.83	\$391.00	\$14.24	\$759.57	\$1,649.64	\$2,393.51		\$2,393.51	
Director of Staff Development & Training	0.02	0.02	\$6,166.67	\$25.00	\$382.33	\$391.00	\$11.84	\$641.19	\$1,451.36	\$2,011.16		\$2,011.16	
Insert additional rows above this	line as needed	and edit summ	ary columns/rows	as required to cap	ture all costs.								
Total, 28 Positions	2.15	2.15	159.833.32	700.00	9,909,67	10.948.00	306.88	16,737,78	38,602,33	\$208.029.11	\$0.00	\$208,029,11	

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

There all or or Designates below lives in the control in the contr rougam Malistania APTO Records for the program. Corporate MR Manager. Develops and securities solly creative and proactive recording species, Networks Prough Industry.

\*\*Assists in partnering reference descars, pre-expression of species and an adjustant species of the program on a daily basis with a species of the revoluting species of the program of the program on a daily basis with a species of the revoluting species of the program of access furnished by Faility Specific Oversity Sp he program châre sports an invitament of Physicial and conformal fairly not a final formation and the program châre sports as invitament and the program châre sports as invitament and the program châre sports as invitament and the program châre sports are invitated to contact against an extraction and the program policy and procedures the invitation working and services. However, the invitation working the procedure of program sports are sports on a subject to contact and policy and procedures the invitation working and services. However, the invitation working and services are displayed in the descriptor of the program of a policy and procedures. However, the procedures the procedure the procedures the procedures the p

ATTACHMENT 4.1

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

Budget - Annual

	1	2	3	4	5	6	7
	E	Budget - Firs	t Year				
		Unit	Cost				
Line Item #	Type of Expense	Amount	Unit	Number of Units	Program Total (DJJ)	Matching Funds	Total
1	Rent, Mortgage or Lease payments	\$0.00	per month	12	\$0.00		\$0.00
2	Utilities (electricity, water, sewage, garbage, natural gas/ propane)	\$5,266.67	per month	12	\$63,200.04		\$63,200.04
3	Copier Machines Lease Payments	\$900.00	per month	12	\$10,800.00		\$10,800.00
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) Vehicle Maintenance, Repair, Operation (identify how many and	\$0.00	per month	12	\$0.00		\$0.00
7	type of vehicles, to include fuel)	\$2,023.17	per month	12	\$24,278.04		\$24,278.04
8	Food (if catered, this cost needs to be shown on H-5)	\$7,000.00	per month	12	\$34,000.00	\$50,000.00	\$84,000.00
9	Kitchen Supplies (hairnets, gloves, utensils, plastic and aluminum wrap, etc.)	\$750.00	per month	12	\$9,000.00		\$9,000.00
10	Kitchen Equipment (pots, pans, thermometers, etc.)	\$0.00	per month	12	\$0.00		\$0.00
11	Personal Care (youth personal hygiene items)	\$291.67	per month	12	\$3,500.04		\$3,500.04
12	Clothing/Uniforms (youth)	\$250.00	per month	12	\$3,000.00		\$3,000.00
13	Housekeeping (sheets, blankets, pillows, towels, etc.) (if a linen service is used, e.g. Alsco, move this expense to H-5)	\$275.00	per month	12	\$3,300.00		\$3,300.00
14	Janitorial and Household Supplies (all cleaning supplies, paper towels, floor was, detergents, brooms, etc.)	\$333.33	per month	12	\$3,999.96		\$3,999.96
15	Building Maintenance and Repair (for repairs done internally, so costs would be for parts only)	\$354.17	per month	12			\$4,250.04
	PAGE TOTALS				\$160,528.12	\$50,000.00	\$210,528.12

## 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)**

	=xpo.	100 1441144170 14510 (11 4.1)
Expense Item	Total Cost	Explanation of Purchase

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
	В	udget - First	Year				
		Unit (	Cost				
Line Item #	Type of Expense	Amount	Unit	Number of Units	Program Total (DJJ)	Matching Funds	Total
17	Medical Equipment and Supplies (Non-Medicaid covered)	\$125.00	per month	12	\$1,500.00		\$1,500.00
18	Medications (non-Medicaid covered) to include Over the Counter medications	\$166.67	per month	12	\$2,000.04		\$2,000.04
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	\$125.00	per month	12	\$1,500.00		\$1,500.00
23	Furniture (youth room) - replacement only	\$41.67	per month	12	\$500.04		\$500.04
24	Electronics (TV, VCR, music, etc.) - replacement only	\$125.00	per month	12	\$1,500.00		\$1,500.00
25	Recreation Supplies	\$50.00	per month	12	\$600.00		\$600.00
26	Recreation Equipment	\$50.00	per month	12	\$600.00		\$600.00
27	Youth Incentives	\$333.33	per month	12	\$3,999.96		\$3,999.96
28	Staff Expenses	\$366.67	per month	12	\$4,400.04		\$4,400.04
29	Staff Training	\$1,000.00	per month	12	\$12,000.00		\$12,000.00
	PAGE TOTALS				\$29,600.04	\$0.00	\$29,600.04

## 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 Nariative Table (11-4.2)				
Expense Item	Total Cost	Explanation of Purchase		
-	-			

## DJJ Solicitation #: Spring Lake R2101 G4S Youth Services, LLC v1

ATTACHMENT 4.3

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

Budget - Annual

	1		2	3	4		5	6		7
	Budget - First Year									
Line Item #	Type of Expense		Unit Co	ost Unit	Number of Units	Pr	ogram Total	Matching Funds		Total
30	Staff Travel	\$	375.00	per month	12	\$	4,500.00		\$	4,500.00
31	Communications (telephones, cable, internet, cell phones, pagers)	\$	1,033.33	per month	12	\$	12,399.96		\$	12,399.96
32	Two way radios (purchase of equipment only)	\$	83.33	per month	12	\$	999.96		\$	999.96
33	Advertising (recruitment)	\$	41.67	per month	12	\$	500.04		\$	500.04
34	Auditing Fees	\$	-	per month	12	\$	-		\$	-
35	Insurance (comprehensive, liability)	\$	1,397.00	per month	12	\$	16,764.00		\$	16,764.00
36	Insurance (vehicle)	\$	358.00	per month	12	\$	4,296.00		\$	4,296.00
37	Licensure (ACA, other - Describe)	\$	-	per month	12	\$	-		\$	-
38	Office Supplies	\$	833.33	per month	12	\$	9,999.96		\$	9,999.96
39	Administrative Equipment (Under \$1000)	\$	250.00	per month	12	\$	3,000.00		\$	3,000.00
40	Safety and Security	\$	-	per month	12	\$	-		\$	-
41	Secure Facilities Maintenance	\$	_	per month	12	\$	-		\$	-
42	General & Administrative Costs (Provide detail in Narrative)	\$	867.17	per month	12	\$	10,406.04		\$	10,406.04
43	Corporate Overhead (Provide detail in Narrative)	\$	30,400.00	per month	12	\$	(364,800.00)		\$	(364,800.00)
44	Profit (must be greater than or equal to \$0)	\$	-	1	1	\$	-		\$	-
	PAGE TOTALS					\$	(301,934.04)		\$	(301,934.04)
	TOTALS (Sum of attachments H-4.1, H-4.2, H4.3)					\$	(111,805.88)	\$ 50,000.00		(\$61,805.88)

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

#### G4S Youth Services, LLC v1

#### H-4.3 Narrative

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 and travel related to that oversight Mileage and Gas: 2500

750 Lodging: Meals: 500

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 16,500.00 Auto 4.296.00 Marine \$ Other (Describe) 264.00

Administrative Equipment: flash drives, network equipment, etc.

General and Administrative Costs:

Postage Licensing/ permits Sales Tax

General & Adminstrative 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

**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
General & Administrative Costs		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.
Corporate Overhead		Corporate Overhead: Other costs can include, but not be limited to: Purchasing, financial analysis, IT support, HR Administration, training, employee benefits administration, profit/ loss. Costs are allocated based on a percentage of the amount of beds divided by the total amount of beds for the company.

ATTACHMENT H-5

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

	1	2	3	4	5	6		7
			Budget - A	nnual			•	
Line		Unit (	Cost	Number	Program Total	Matching		
Item #	Type of Services	Amount	Unit	of Units	(DJJ)	Funds		Total
1	Building Repair* (A/C, lift station, generator, plumbing, CCTV system, Fire Alarm, Fire Sprinkler, etc.); maintenance agreements, etc.	\$1,000.00	per month	12	\$ 12,000.00		\$	12,000.00
2	Food (Catered)	\$583.33	per month	12	\$ 6,999.96		\$	6,999.96
3	Dietitian	\$100.00		12	\$ 1,200.00		\$	1,200.00
4	Grounds Maintenance	\$83.33		12	\$ 999.96		\$	999.96
5	Pest Control	\$91.67		12	\$ 1,100.04		\$	1,100.04
6	Fire Alarm Inspection	\$1,833.33	per month	12	\$ 21,999.96		\$	21,999.96
8	Boiler Inspection	\$0.00	per month	12	\$ -		\$	-
7	Administrative equipment repairs, two way radio repairs, etc.	\$208.33	per month	12			\$	2,499.96
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)				\$3,519.96	\$0.00		\$3,519.96
	TOTALS				\$ 56,319.84	\$ -	\$	56,319.84

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 3 meals and 2 snacks. Dietitian services are included	_ (insert name of company) at a daily cost of \$11.20/day per youth to include uded 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 t	o 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.

	Unit	Cost	Number of	Program	Matching	
Type of Services	Amount	Unit	Units	Total (DJJ)	Funds	Total
Computer Services	\$83.33	1	12.00	\$999.96		\$999.96
Program Services	\$210.00	1	12.00	\$2,520.00		\$2,520.00
				\$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	s line as needed an	d edit summary	columns/rows a	as required to ca	pture all costs.	
Total, 2 Other Services				\$3,519,96	\$0.00	\$3.519.96

(should not exceed 5%)

-20.1%

## **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 <sup>1</sup>	Percent of Total for Matching Funds	Total (DJJ & Matching Funds)
Attachment H-1: Consultants Cost	\$ 33,600.32	\$ -	0%	\$ 33,600.32
Attachment H-3: Personnel Detail	\$ 1,737,716.54	\$ -	0%	\$ 1,737,716.54
Attachment H-4: Expenses (includes Attachment H-4.1, H-4.2, & H-4.3)	\$ (111,805.88)	\$ 50,000.00	-81%	\$ (61,805.88)
Attachment H-5: Services Expenditures	\$ 56,319.84	-	0%	\$ 56,319.84
SUB TOTAL (Total of H-1, H-3, H-4, & H-5)	\$ 1,715,830.82	\$ 50,000.00	3%	\$ 1,765,830.82
Major Maintenance Fund (Monthly costs are calculated as Program Cost x .005)	\$ 8,579.15	•	N/A	\$ -
SUB TOTAL + MMF	\$ 1,724,409.98	\$ 50,000.00	N/A	\$ 1,765,830.82
Attachment H-2: Operating Capital Outlay	\$ -	-	N/A	\$ -
GRAND TOTAL	\$ 1,724,409.98	\$ 50,000.00	3%	\$ 1,765,830.82

	<u> </u>		
NOTE: 4 - Attach a powertive explaining source of metab	ing funds or additional contributions	Number of beds/slots	30
NOTE: 1 = Attach a narrative explaining source of match	ing runds or additional contributions.		
		Calendar Days	365
Respondent shall print information below and also subm	it a signed copy of this one page	Daily Per Diem Cost	157.4803633
		Should reflect total cost from B1	5 divided by E19 divided by E20
COMPANY:			
DESIGNATED REPRESENTATIVE NAME:		Unfilled Bed Rate Daily Costs	\$147.48
TITLE:			
SIGNATURE:			
DATE:			
E-MAIL ADDDESS:			
E-MAIL ADDRESS:			
TELEPHONE NUMBER (include ac):			
TEEEFTIONE NOMBER (Include ac).	<del></del>		
Total General & Adminstrative Expenses:	Total Overhead:		
(see line 42 from Attachment H-4.3/Expenses)	\$10,406.04 (Sum of lines 42, 43, and	44 from Attachment H-4 3 )	\$ (354,393.96)
. ,	· · · · · · · · · · · · · · · · · · ·	•	<del>+ (004,000.00)</del>
G & A as % of Total Budget	Overhead as % of Total	Rnadet	

0.6% (should not exceed 10%)

## H-6 Narrative

## **Overlay Services**

Please state what percentage of the total budget is for the provision of overlay services.	10%
Please state what percentage of the total budget is for the provision of the Vocational rate (if applicable). Note: days cannot exceed 250/year	10%

## **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 Narrative Table					
Matching Funds Source	Amount Matched	Comments			
Federal funding	\$ 50,000.00	National School Lunch Program			