

ATTACHMENT H-1

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

Line Item #	1 Type of Consultant	2		3	4	5	6	7
		Budget - Annual						
		Unit Cost		Number of Units	Program Total (DJJ)	Matching Funds	Total	
Amount	Unit							
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-1 Narrative)			n/a	n/a	n/a	n/a	n/a
<b>TOTALS</b>				n/a	<b>\$33,600.32</b>	<b>\$0.00</b>		<b>\$33,600.32</b>

**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

**Certified Behavior Analyst (CBA)** Costs to subcontract with a Certified 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)

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
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				\$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
<b>TOTALS</b>				<b>0</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

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



**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					11	12	13	14	
					Monthly Fringe Benefits									
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)	Retirement	FICA	Health Insurance	Life Insurance	Other (2)	Total Fringe Benefits	Program Total Salary and Benefits (DJJ)	Total Matching Funds	Total Annual Salaries and Benefits
1	Program Director	Facility Administrator, Regional Diversion Manager, Executive Director, Project Coordinator	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
2	Ass't Program Director	Assistant Program Director, Director of Operations, Assistant Facility Administrator	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
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	\$2,500.00	\$25.00	\$155.00	\$391.00	\$4.80	\$216.97	\$792.77	\$39,513.24		\$39,513.24
4	Case Manager Supervisor	Case Manager Supervisor, Unit Manager, Lead Case Manager									\$0.00	\$0.00		\$0.00
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 Administrator	1.00	1.00	\$3,750.00	\$25.00	\$232.50	\$391.00	\$7.20	\$296.87	\$952.57	\$56,430.84		\$56,430.84
7	Shift Supervisor	Staff Mentor, Unit Manager, Program Lead Staff, Circuit Supervisor, Night Supervisor, Resident Supervisors	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
8	Transporter Youth Care Worker	Driver, Transport, Rec Aide/Transporter	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
9	Recreation Therapist	Recreation Specialist									\$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	10.37	10.37	\$2,083.33	\$25.00	\$129.17	\$391.00	\$4.00	\$444.99	\$994.16	\$382,962.44		\$382,962.44
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	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
12	Master Control Room Supervisor										\$0.00	\$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, Kitchen Supervisor	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
17	Dietary Worker	Food Service Worker, Food Support, Cook	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
18	Vocational Instructor	Vocational Instructor I									\$0.00	\$0.00		\$0.00
19	Vocational Aide										\$0.00	\$0.00		\$0.00
20	Teacher	Certified Teacher									\$0.00	\$0.00		\$0.00
21	DHA (Designated Health Authority)	Director of Clinical Services, Medical Doctor	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
22	DMHA (Designated Mental Health Authority)	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
23	Clinical Coordinator	Licensed Clinical Coordinator/Supervisor									\$0.00	\$0.00		\$0.00
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 Counselor, Restorative Justice Counselor, Group Treatment Therapist	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
27	Psychiatrist										\$0.00	\$0.00		\$0.00
28	Psychologist										\$0.00	\$0.00		\$0.00
29	Certified Behavioral Analyst (CBA)										\$0.00	\$0.00		\$0.00
30	Juvenile Sex Offender Therapist	Licensed Lead Therapist									\$0.00	\$0.00		\$0.00
31	Transition Services Manager										\$0.00	\$0.00		\$0.00
32	Community Safety Specialist										\$0.00	\$0.00		\$0.00
33	Staff Development Coordinator										\$0.00	\$0.00		\$0.00

Please enter "Other"

Please enter "Other"

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)				
	Other Program Staff (3) (Provide detail in H-3 Narrative)		0.00	0.00	n/a	n/a	n/a	n/a	n/a	n/a	\$0.00	\$0.00	\$0.00	\$0.00
	Corporate Staff (4) (Provide detail in H-3 Narrative)		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
	<b>TOTALS</b>		<b>38.31</b>	<b>38.31</b>	<b>\$436,815.80</b>	<b>\$2,409.70</b>	<b>\$27,065.99</b>	<b>\$37,655.69</b>	<b>\$838.17</b>	<b>\$49,523.69</b>	<b>\$117,493.24</b>	<b>\$1,737,716.54</b>	<b>\$0.00</b>	<b>\$1,737,716.54</b>
				<b>Aggregate Benefits Rates:</b>		<b>0.55%</b>	<b>6.20%</b>	<b>8.62%</b>	<b>0.19%</b>	<b>11.34%</b>	<b>26.90%</b>			

**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.

items here

items here





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)	\$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)	\$0.00	per month	12	\$0.00		\$0.00
7	Vehicle Maintenance, Repair, Operation (identify how many and 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		\$4,250.04
<b>PAGE TOTALS</b>					<b>\$160,528.12</b>	<b>\$50,000.00</b>	<b>\$210,528.12</b>

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)

Table with 3 columns: Expense Item, Total Cost, Explanation of Purchase. Multiple empty rows for data entry.

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)	\$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
<b>PAGE TOTALS</b>					<b>\$29,600.04</b>	<b>\$0.00</b>	<b>\$29,600.04</b>



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)	\$ 1,033.33	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	\$ -		\$ -
<b>PAGE TOTALS</b>					\$ (301,934.04)	\$ -	\$ (301,934.04)
<b>TOTALS (Sum of attachments H-4.1, H-4.2, H4.3)</b>					\$ (111,805.88)	\$ 50,000.00	\$ (\$61,805.88)

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



ATTACHMENT H-5

ICE 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.	\$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	per month	12	\$ 1,200.00		\$ 1,200.00
4	Grounds Maintenance	\$83.33	per month	12	\$ 999.96		\$ 999.96
5	Pest Control	\$91.67	per month	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		\$ 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	<b>Other Services</b> (Provide line item detail in H-5 Narrative)				<b>\$3,519.96</b>	<b>\$0.00</b>	<b>\$3,519.96</b>
<b>TOTALS</b>					<b>\$ 56,319.84</b>	<b>\$ -</b>	<b>\$ 56,319.84</b>

**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

**"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	\$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
<i>Insert additional rows above this line as needed and edit summary columns/rows as required to capture all costs.</i>						
Total, 2 Other Services				\$3,519.96	\$0.00	\$3,519.96

**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
<b>SUB TOTAL</b> (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	\$ -
<b>SUB TOTAL + MMF</b>	\$ 1,724,409.98	\$ 50,000.00	N/A	\$ 1,765,830.82
Attachment H-2: Operating Capital Outlay	\$ -	\$ -	N/A	\$ -
<b>GRAND TOTAL</b>	\$ 1,724,409.98	\$ 50,000.00	3%	\$ 1,765,830.82

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

30
365
157.4803633

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

Unfilled Bed Rate Daily Costs

\$147.48
----------

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

\$10,406.04

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

\$

(354,393.96)

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

0.6%

Overhead as % of Total Budget  
 (should not exceed 10%)

-20.1%

