

#2
Fiscal Reports

#3
Cost Allocation Plan

**SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES
AGENCY CAPACITY REPORT**

AGENCY: HEART OF FLORIDA UNITED WAY, INC. DATE PREPARED: 7/22/2013 INITIAL: _____
 CONTRACT #: UW214 BUDGET PERIOD: From 7/01/13 To 06/30/14 FINAL: _____

STATE-DESIGNATED SAMH COST CENTERS a. - e. DATA CATEGORIES	PROGRAMS					
	TOTAL AGENCY B	Adult		Child/Adolescent		Substance Abuse F
		Mental Health C	Substance Abuse D	Mental Health E	Substance Abuse	
1. Assessment						
a. Number of Direct Service Delivery FTE's	_____	_____	_____	_____	_____	_____
b. Available Units (Contact Hours)	_____	_____	_____	_____	_____	_____
c. Minimum Units (Contact Hours)	_____	_____	_____	_____	_____	_____
d. Total Cost	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
e. Unit Cost Rate per Contact Hour (e = d divided by c)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
2. Case Management						
a. Number of Direct Service Delivery FTE's	_____	_____	_____	_____	_____	_____
b. Available Units (Dir. Staff Hours)	_____	_____	_____	_____	_____	_____
c. Minimum Units (Dir. Staff Hours)	_____	_____	_____	_____	_____	_____
d. Total Cost	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
e. Unit Cost Rate per Dir. Staff Hour (e = d divided by c)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
3. Crisis Stabilization						
a. Number of licensed Beds	_____	_____	_____	_____	_____	_____
b. Available Units (Bed-Days)	_____	_____	_____	_____	_____	_____
c. Minimum Units (Bed-Days)	_____	_____	_____	_____	_____	_____
d. Total Cost	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
e. Unit Cost Rate per Bed-Day (e = d divided by c)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

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STATE-DESIGNATED SAMH COST CENTERS a. - e. DATA CATEGORIES	PROGRAMS					
	TOTAL AGENCY B	Adult		Child/Adolescent		Substance Abuse F
		Mental Health C	Substance Abuse D	Mental Health E	Substance Abuse	
4. Crisis Support/Emergency						
a. Number of Direct Service Delivery FTE's	_____	_____	_____	_____	_____	_____
b. Available Units (Staff Hours)	_____	_____	_____	_____	_____	_____
c. Minimum Units (Staff Hours)	_____	_____	_____	_____	_____	_____
d. Total Cost	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
e. Unit Cost Rate per Staff Hour (e = d divided by c)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
5. Day Care						
a. Number of Slots	_____	_____	_____	_____	_____	_____
b. Available Units (4-hr Days)	_____	_____	_____	_____	_____	_____
c. Minimum Units (4-hr Days)	_____	_____	_____	_____	_____	_____
d. Total Cost	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
e. Unit Cost Rate per 4-hr Day (e = d divided by c)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
6. Day-Night						
a. Number of Slots	_____	_____	_____	_____	_____	_____
b. Available Units (4-hr Days)	_____	_____	_____	_____	_____	_____
c. Minimum Units (4-hr Days)	_____	_____	_____	_____	_____	_____
d. Total Cost	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
e. Unit Cost Rate per 4-hr Day (e = d divided by c)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

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STATE-DESIGNATED SAMH COST CENTERS a. - e. DATA CATEGORIES	PROGRAMS					
	TOTAL AGENCY B	Adult		Child/Adolescent		Substance Abuse F
		Mental Health C	Substance Abuse D	Mental Health E	Substance Abuse	
7. Drop-In/Self-Help Centers						
b. Available Units (Facility Days)	_____	_____	_____	_____	_____	_____
c. Minimum Units (Facility Days)	_____	_____	_____	_____	_____	_____
d. Total Cost	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
e. Unit Cost Rate per Facility Day (e = d divided by c)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
8. In-Home and On-Site Services						
a. Number of Direct Service Delivery FTE's	_____	_____	_____	_____	_____	_____
b. Available Units (Dir. Staff Hours)	_____	_____	_____	_____	_____	_____
c. Minimum Units (Dir. Staff Hours)	_____	_____	_____	_____	_____	_____
d. Total Cost	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
e. Unit Cost Rate per Dir. Staff Hour (e = d divided by c)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
9. Inpatient						
b. Available Units (24-hr Days)	_____	_____	_____	_____	_____	_____
c. Minimum Units (24-hr Days)	_____	_____	_____	_____	_____	_____
d. Total Cost	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
e. Unit Cost Rate per 24-hr Day (e = d divided by c)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

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STATE-DESIGNATED SAMH COST CENTERS a. - e. DATA CATEGORIES	PROGRAMS					
	TOTAL AGENCY B	Adult		Child/Adolescent		Substance Abuse F
		Mental Health C	Substance Abuse D	Mental Health E	Substance Abuse	
10. Intensive Case Management						
a. Number of Direct Service Delivery FTE's						
b. Available Units (Dir. Staff Hours)						
c. Minimum Units (Dir. Staff Hours)						
d. Total Cost	\$	\$				\$
e. Unit Cost Rate per Dir. Staff Hour (e = d divided by c)	\$	\$				\$
11. Intervention						
a. Number of Direct Service Delivery FTE's						
b. Available Units (Dir. Staff Hours)						
c. Minimum Units (Dir. Staff Hours)						
d. Total Cost	\$	\$				\$
e. Unit Cost Rate per Dir. Staff Hour (e = d divided by c)	\$	\$				\$
42. Intervention - Group						
f. Unit Cost for Group Rate (Contact Hour) (e*.25)	\$	\$				\$
12. Medical Services						
a. Number of Direct Service Delivery FTE's						
b. Available Units (Contact Hours)						
c. Minimum Units (Contact Hours)						
d. Total Cost	\$	\$				\$
e. Unit Cost Rate per Contact Hour (e = d divided by c)	\$	\$				\$

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STATE-DESIGNATED SAMH COST CENTERS a. - e. DATA CATEGORIES	PROGRAMS					
	TOTAL AGENCY		Adult		Child/Adolescent	
	A	B	C	D	E	F
13. Methadone Maintenance						
b. Available Units (Dosages)						
c. Minimum Units (Dosages)						
d. Total Cost	\$		\$			\$
e. Unit Cost Rate per Dosage (e = d divided by c)	\$		\$			\$
14. Outpatient						
a. Number of Direct Service Delivery FTE's						
b. Available Units (Contact Hours)						
c. Minimum Units (Contact Hours)						
d. Total Cost	\$		\$			\$
e. Unit Cost Rate per Contact Hour (e = d divided by c)	\$		\$			\$
35. Outpatient - Group						
f. Unit Cost for Group Rate (Contact Hour) (e*.25)	\$		\$			\$
15. Outreach						
a. Number of Direct Service Delivery FTE's						
b. Available Units (Non-Dir Staff Hours)						
c. Minimum Units (Non-Dir. Staff Hours)						
d. Total Cost	\$		\$			\$
e. Unit Cost Rate per Non-Dir. Staff Hour (e = d divided by c)	\$		\$			\$

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STATE-DESIGNATED SAMH COST CENTERS a. - e. DATA CATEGORIES	PROGRAMS					
	TOTAL AGENCY B	Adult		Child/Adolescent		Substance Abuse F
		Mental Health C	Substance Abuse D	Mental Health E	Substance Abuse	
16. Prevention						
a. Number of Direct Service Delivery FTE's	_____	_____	_____	_____	_____	_____
b. Available Units (Non-Dir. Staff Hours)	_____	_____	_____	_____	_____	_____
c. Minimum Units (Non-Dir. Staff Hours)	_____	_____	_____	_____	_____	_____
d. Total Cost	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
e. Unit Cost Rate per Non-Dir. Staff Hour (e = d divided by c)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
17. Prevention/Intervention - Day						
a. Number of Slots	_____	_____	_____	_____	_____	_____
b. Available Units (4-hr Days)	_____	_____	_____	_____	_____	_____
c. Minimum Units (4-hr Days)	_____	_____	_____	_____	_____	_____
d. Total Cost	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
e. Unit Cost Rate per 4-hr Day (e = d divided by c)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
18. Residential Level I						
a. Number of Licensed Beds	_____	_____	_____	_____	_____	_____
b. Available Units (24-hr Days)	_____	_____	_____	_____	_____	_____
c. Minimum Units (24-hr Days)	_____	_____	_____	_____	_____	_____
d. Total Cost	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
e. Unit Cost Rate per 24-hr Day (e = d divided by c)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
f. n/a						
g. Additional Costs for Enhanced Services for _(specify population)_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
h. Total Costs for Enhanced Services for _(specify population)_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
(h = g plus d)						
i. Unit Cost Rate per 24-hr Day for Enhanced Services for _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
(i = h divided by c)						

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STATE-DESIGNATED SAMH COST CENTERS a. - e. DATA CATEGORIES	PROGRAMS					
	TOTAL AGENCY B	Adult		Child/Adolescent		Substance Abuse F
		Mental Health C	Substance Abuse D	Mental Health E	Substance Abuse	
19. Residential Level II						
a. Number of Licensed Beds	_____	_____	_____	_____	_____	_____
b. Available Units (24-hr Days)	_____	_____	_____	_____	_____	_____
c. Minimum Units (24-hr Days)	_____	_____	_____	_____	_____	_____
d. Total Cost	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
e. Unit Cost Rate per 24-hr Day (e = d divided by c)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
20. Residential Level III						
a. Number of Licensed Beds	_____	_____	_____	_____	_____	_____
b. Available Units (24-hr Days)	_____	_____	_____	_____	_____	_____
c. Minimum Units (24-hr Days)	_____	_____	_____	_____	_____	_____
d. Total Cost	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
e. Unit Cost Rate per 24-hr Day (e = d divided by c)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
21. Residential Level IV						
a. Number of Licensed Beds	_____	_____	_____	_____	_____	_____
b. Available Units (24-hr Days)	_____	_____	_____	_____	_____	_____
c. Minimum Units (24-hr Days)	_____	_____	_____	_____	_____	_____
d. Total Cost	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
e. Unit Cost Rate per 24-hr Day (e = d divided by c)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

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STATE-DESIGNATED SAMH COST CENTERS a. - e. DATA CATEGORIES	TOTAL AGENCY B	PROGRAMS			
		Adult		Child/Adolescent	Substance Abuse
A		Mental Health C	Substance Abuse D	Mental Health E	

22. Respite Services

- a. Number of Direct Service Delivery FTE's _____
- b. Available Units (Contact Hours) _____
- c. Minimum Units (Contact Hours) _____
- d. Total Cost \$ _____
- e. Unit Cost Rate per Contact Hour
(e = d divided by c) \$ _____

23. Sheltered Employment

- a. Number of Slots _____
- b. Available Units (4-hr Days) _____
- c. Minimum Units (4-hr Days) _____
- d. Total Cost \$ _____
- e. Unit Cost Rate per 4-hr Day
(e = d divided by c) \$ _____

24. Substance Abuse Detoxification

- a. Number of Licensed Beds _____
- b. Available Units (Bed-Days) _____
- c. Minimum Units (Bed-Days) _____
- d. Total Cost \$ _____
- e. Unit Cost Rate per Bed-Day
(e = d divided by c) \$ _____

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STATE-DESIGNATED SAMH COST CENTERS a. - e. DATA CATEGORIES	PROGRAMS					
	TOTAL AGENCY B	Adult		Child/Adolescent		Substance Abuse F
		Mental Health C	Substance Abuse D	Mental Health E	Substance Abuse	
25. Supported Employment						
a. Number of Direct Service Delivery FTE's						
b. Available Units (Dir. Staff Hours)						
c. Minimum Units (Dir. Staff Hours)						
d. Total Cost	\$	\$	\$	\$	\$	\$
e. Unit Cost Rate per Dir. Staff Hour (e = d divided by c)	\$	\$	\$	\$	\$	\$
26. Supported Housing/Living						
a. Number of Direct Service Delivery FTE's						
b. Available Units (Dir. Staff Hours)						
c. Minimum Units (Dir. Staff Hours)						
d. Total Cost	\$	\$	\$	\$	\$	\$
e. Unit Cost Rate per Dir. Staff Hour (e = d divided by c)	\$	\$	\$	\$	\$	\$
27. TASC						
a. Number of Direct Service Delivery FTE's						
b. Available Units (Dir. Staff Hours)						
c. Minimum Units (Dir. Staff Hours)						
d. Total Cost	\$	\$	\$	\$	\$	\$
e. Unit Cost Rate per Dir. Staff Hour (e = d divided by c)	\$	\$	\$	\$	\$	\$

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STATE-DESIGNATED SAMH COST CENTERS a. - e. DATA CATEGORIES	PROGRAMS					
	TOTAL AGENCY B	Adult		Child/Adolescent		Substance Abuse F
		Mental Health C	Substance Abuse D	Mental Health E	Substance Abuse	
28. Incidental Expenses						
c. Minimum Units (c = d divided by e)						
d. Total Cost	\$	\$50	\$	\$50	\$	\$50
e. Unit Cost Rate						
29. Aftercare						
a. Number of Direct Service Delivery FTE's						
b. Available Units (Dir. Staff Hours)	\$		\$		\$	
c. Minimum Units (Dir. Staff Hours)	\$		\$		\$	
d. Total Cost	\$		\$		\$	
e. Unit Cost Rate per Dir. Staff Hour (e = d divided by c)						
43. Aftercare - Group						
f. Unit Cost for Group Rate (Contact Hour) (e*.25)	\$		\$		\$	
30. Information and Referral						
a. Number of Direct Service Delivery FTE's	66666666666666666666					
b. Available Units (Staff Hours)	12480					
c. Minimum Units (Staff Hours)	8580					
d. Total Cost	299575	\$	\$	\$	\$	\$
e. Unit Cost Rate per Staff Hour (e = d divided by c)	34.91550117	\$	\$	\$	\$	\$

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STATE-DESIGNATED SAMH COST CENTERS a. - e. DATA CATEGORIES	TOTAL AGENCY B	PROGRAMS					
		Adult		Child/Adolescent		Substance Abuse	F
		Mental Health C	Substance Abuse D	Mental Health E	Substance Abuse		
31. Reserved							
32. Outpatient Detoxification							
a. Number of Slots							
b. Available Units (4-hr Days)							
c. Minimum Units (4-hr Days)							
d. Total Cost	\$	\$	\$	\$	\$	\$	\$
e. Unit Cost Rate per 4-hr Day (e = d divided by c)	\$	\$	\$	\$	\$	\$	\$
33. Reserved							
34. FACT Team							
a. Number of Direct Service Delivery FTE's							
b. Available Units (Staff Hours)							
c. Minimum Units (Staff Hours)							
d. Total Cost	\$	\$	\$	\$	\$	\$	\$
e. Unit Cost Rate per Staff Hour (e = d divided by c)	\$	\$	\$	\$	\$	\$	\$
36. Room & Board with Supervision Level I							
a. Number of Licensed Beds							
b. Available Units (24-hr Days)							
c. Minimum Units (24-hr Days)							
d. Total Cost	\$	\$	\$	\$	\$	\$	\$
e. Unit Cost Rate per 24-hr Day (e = d divided by c)	\$	\$	\$	\$	\$	\$	\$

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STATE-DESIGNATED SAMH COST CENTERS a. - e. DATA CATEGORIES	TOTAL AGENCY B	PROGRAMS					
		Adult		Child/Adolescent		Substance Abuse	F
		Mental Health C	Substance Abuse D	Mental Health E	Substance Abuse		
37. Room & Board with Supervision Level II							
a. Number of Licensed Beds							
b. Available Units (24-hr Days)							
c. Minimum Units (24-hr Days)							
d. Total Cost	\$	\$	\$	\$	\$	\$	\$
e. Unit Cost Rate per 24-hr Day (e = d divided by c)	\$	\$	\$	\$	\$	\$	\$
38. Room & Board with Supervision Level III							
a. Number of Licensed Beds							
b. Available Units (24-hr Days)							
c. Minimum Units (24-hr Days)							
d. Total Cost	\$	\$	\$	\$	\$	\$	\$
e. Unit Cost Rate per 24-hr Day (e = d divided by c)	\$	\$	\$	\$	\$	\$	\$
39. Short-term Residential Treatment							
a. Number of Licensed Beds							
b. Available Units (Bed-Days)							
c. Minimum Units (Bed-Days)							
d. Total Cost	\$	\$	\$	\$	\$	\$	\$
e. Unit Cost Rate per Bed-Day (e = d divided by c)	\$	\$	\$	\$	\$	\$	\$

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STATE-DESIGNATED SAMH COST CENTERS a. - e. DATA CATEGORIES	PROGRAMS					
	TOTAL AGENCY B	Adult		Child/Adolescent		Substance Abuse F
		Mental Health C	Substance Abuse D	Mental Health E	Substance Abuse	
40. Mental Health Clubhouse Services						
a. Number of Direct Service Delivery FTE's	_____	_____	_____	_____	_____	_____
b. Available Units (Contact Hours)	_____	_____	_____	_____	_____	_____
c. Minimum Units (Contact Hours)	_____	_____	_____	_____	_____	_____
d. Total Cost	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
e. Unit Cost Rate per Contact Hour <i>(e = d divided by c)</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
44. Comprehensive Community Service Teams						
a. Number of Direct Service Delivery FTE's	_____	_____	_____	_____	_____	_____
b. Available Units (Staff Hours)	_____	_____	_____	_____	_____	_____
c. Minimum Units (Staff Hours)	_____	_____	_____	_____	_____	_____
d. Total cost	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
e. Unit cost Rate per Staff Hour <i>e = (d divided by c)</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
45. Comprehensive Community Service Teams - Groups						
f. Unit Cost for Group Rate (Contact Hour) <i>(e*.25)</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
46. Substance Abuse Recovery Support Services						
a. Number of Direct Service Delivery FTE's	_____	_____	_____	_____	_____	_____
b. Available Units (Direct Staff Hours)	_____	_____	_____	_____	_____	_____
c. Minimum Units (Direct Staff Hours)	_____	_____	_____	_____	_____	_____
d. Total Cost	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
e. Unit Cost Rate per Direct Staff Hour <i>e = (d divided by c)</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
47. Substance Abuse Recovery Support Services - Groups						
f. Unit Cost for Group Rate (Contact Hour) <i>(e*.25)</i>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

**SUBSTANCE ABUSE & MENTAL HEALTH SERVICES
PROJECTED COST CENTER OPERATING AND CAPITAL BUDGET**

AGENCY: HEART OF FLORIDA UNITED WAY, INC. DATE PREPARED: 07/22/2013 INITIAL: ---
 CONTRACT #: UM214 BUDGET PERIOD: FROM 07/01/2013 TO 06/30/2014 FINAL: ---

PART I - PROJECTED FUNDING SOURCES & REVENUES

FUNDING SOURCES & REVENUES	STATE-DESIGNATED SAMH COST CENTERS										Total Funding (F+G)	
	STATE SAMH-FUNDED COST CENTERS					Tot. for All State-Designated SAMH Cost Centers (D+E)						
	Combined Programs		Program 1		Total for SAMH-Funded Cost Centers (C1+...+C5)	Total for Non-State-Funded SAMH Cost Centers (E)	Total for All State-Designated SAMH Cost Centers (D+E)	Non-SAMH Cost Center (G)	Total Funding (F+G)			
(CC name) B1-a	(CC name) B1-b	(CC name) B2-a	(CC name) B2-b	(B3-a+...+B3-d) C1						(B3-e+...+B3-j) C2		
IA. TOTAL STATE SAMH FUNDING	180,471.00					180,471.00				180,471.00		180,471
(1) From the District funding this contract												
(2) From Other Districts												
IB. OTHER GOVT. FUNDING												
(1) Other State Agency Funding												
(2) Medicaid												
(3) Local Government												
(4) Federal Grants and Contracts												
(5) In-kind from local govt. only												
TOT. OTHER GOVT. FUNDING =												
IC. ALL OTHER REVENUES												
(1) 1st & 2nd Party Payments												
(2) 3rd Party Payments (except Medicare)												
(3) Medicare												
(4) Contributions and Donations												
(5) Other												
(6) In-kind												
TOT. ALL OTHER REVENUES =												
TOTAL PROJECTED FUNDING =	1,233,306.00					1,233,306.00				1,233,306.00		21,386,512.00

**SUBSTANCE ABUSE & MENTAL HEALTH SERVICES
PROJECTED COST CENTER OPERATING AND CAPITAL BUDGET**

AGENCY: HEART OF FLORIDA UNITED WAY, INC. INITIAL: _____
 DATE PREPARED: 07/22/2013 FINAL: _____
 BUDGET PERIOD: FROM 07/01/2013 TO 06/30/2014

PART II: PROJECTED EXPENSES

EXPENSE CATEGORIES	STATE-DESIGNATED SAMH COST CENTERS										Total Expenses (F+G+H+I+J)			
	STATE SAMH-FUNDED COST CENTERS					Total for All State-Designated SAMH Cost Centers (D+E)								
	Combined Programs		Program 1			Total for Non-State-Funded SAMH Cost Centers		Other Support Costs (optional)				Administration		
	(CC name) B _{1a}	(CC name) B _{1b}	(CC name) B _{2a}	(CC name) B _{2b}	(CC name) C ₁	(CC name) C ₂	Total for State SAMH-Funded Cost Centers (C ₁ +...+C ₂) D	Total for Non-State-Funded SAMH Cost Centers E	Non-SAMH Cost Center G	H				
A	B _{1a}	B _{1b}	B _{2a}	B _{2b}	C ₁	C ₂	D	E	F	G	H	I	J	
IIA. PERSONNEL EXPENSES	191,424.00	92,163.00						191,424.00	92,163.00	283,587.00			85,670	277,294
(1) Salaries														
(2) Fringe Benefits														
TOTAL PERSONNEL EXPENSES =	191,424.00	92,163.00						191,424.00	92,163.00	283,587.00			85,670	277,294
IIIB. OTHER EXPENSES														
(1) Building Occupancy	\$6,346							\$6,346		7,464				\$13,810
(2) Professional Services														
(3) Travel														
(4) Equipment	\$511							\$511		4,923				\$5,434
(5) Food Services														
(6) Medical and Pharmacy														
(7) Subcontracted Services														
(8) Insurance	\$3,902							\$3,902		4,608				\$8,510
(9) Interest Paid														
(10) Operating Supplies & Expenses	\$5,562							\$5,562		207,694.20				\$213,256.20
(11) Other														
(12) Donated Items														
TOTAL OTHER EXPENSES =	\$16,321							\$16,321		\$20,939.385				\$37,260.385
TOT. PERSONNEL & OTH. EXP. =	207,745.00	92,163.00						207,745.00	92,163.00	304,526.385			116,619	421,551.385
IIIC. DISTRIBUTED INDIRECT COSTS														
(a) Other Support Costs (Optional)														
(b) Administration														
TOT. DISTRID INDIRECT COSTS =	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
TOTAL PROJECTED OPER. EXPENSES =	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
IIID. UNALLOWABLE COSTS														
IIETOTAL SAMH LINES OF CREDIT EQUIVALENT =	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
TOT. ALLOWABLE PROJ'D OPERATING EXP., Excluding SAMH Credit Equivalent =	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
IIIF. CAPITAL EXPENDITURES														
IIIG. BUDGET NARRATIVE (attach separate set of worksheets)														
PART III: CERTIFICATION	I certify the above to be an accurate projection and in agreement with this agency's records and with the terms of this agency's contract with the department.													
	Signature _____ Title _____ Date _____													