***Staff Personnel***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Position Title and Name** | **Annual Salary** | **Time** | **Months** | **Amount Requested** |
| Executive Director  *Name* | $60,000.00 | 100% | 12 | $60,000.00 |
| Assistant Director  *Name* | $50,000.00 | 100% | 12 | $50,000.00 |
| Case Manager  *Name* | $35,000.00 | 100% | 12 | $35,000.00 |
| Clerical Support  *Name* | $25,000.00 | 75% | 12 | $18,750.00 |
| **Total Personnel** |  |  |  | **$163,750.00** |

**Justification:** Our Staff complement consists of four full time employees. Positions titles and descriptions are as follows:

*Executive Director, Name:* Provides assistance in development, support implementation, and funding of a coordinated regional system of service delivery for person with HIV infection. Oversees daily operations, prepares annual workplans, budgets and expenditures. Liaison to individuals, board and community members for the purpose of information, communication, documenting of issues and or events related to the provision of HIV/AIDS services in the area…

*Assistant Director, Name:* Provides assistance in development, support implementation, and funding of a coordinated regional system of service delivery for persons with HIV infection…

*Case Manager, Name:* Accomplishes clients' care by assessing treatment needs; developing, monitoring, and evaluating treatment plans and progress; facilitating interdisciplinary approaches; monitoring staff performance…

*Clerical Support, Name:* Provides clerical support to the team to assure the efficient operation of the office. To include general office duties answering phone, receiving and directing visitors, maintain and track inventory, incoming and outgoing mail, assist staff in monthly, quarterly, and yearly reports. Perform duties as assigned.

*Note:* Positions that include program hours in their salary please include the following type of additional justification.

This position will perform # hour per week at # hours per year for a total of # program hours spent on the (Program Name) included in the Annual Salary.

# hours x $XX.XX = $XX.XX Salary

$XX.XX x .40 = $XX.XX Fringe

Total= $XX.XX Program Hours

We are requesting to add this position in order to provide assistance to staff to maintain office while staff are out monitoring Subcontractors and the added responsibilities for the Dental program.

***Fringe Benefits: Computed by an established rate.***

|  |  |  |
| --- | --- | --- |
| **Fringe Benefit** | **Percentage of Salary** | **Amount Requested** |
| **Total Fringe** | **40%** | **$65,500.00** |

**Justification:** Fringe benefits are calculated on actual costs, with anticipated increases built in for rising costs of medical insurance. Fringe benefits include FICA and Medicare taxes, Unemployment Compensation, Retirement and Health Insurance. This calculates to a 40% fringe benefit cost based on the four full time employees listed above.

***Consultant Services***

|  |  |  |
| --- | --- | --- |
| **Item Requested** | **Detail** | **Amount Requested** |
| Temporary Clerical | 104 hours max | $1,000.48 |
| Computer | Training/Consultant | $XX.XX |
| Accounting | Consultant | $XX.XX |
| **Total Consultant Services** |  | **$XX.XX** |

**Justification:** Temporary Clerical at an average of $9.62 per hour to assist the office during times with high work volumes throughout the year. Computer training for new staff and new programs as needed at $XX.XX at an hourly rate of $XX.XX per hour. Accounting consultant on an as needed basis at $XX.XX at an hourly rate of $XX.XX per hour.

***Patient Services***

|  |  |  |  |
| --- | --- | --- | --- |
| **Item Requested** | **# of Clients** | **Unit Cost $** | **Amount Requested** |
| Medical Case Management |  |  | $XX.XX |
| Non-Medical Case Management |  |  | $XX.XX |
| Emergency Financial Assistance |  |  | $XX.XX |
| Health Insurance Premiums and Cost Sharing |  |  | $XX.XX |
| Medical Transportation |  |  | $XX.XX |
| Home and Community-Based Health Services |  |  | $XX.XX |
| Housing |  |  | $XX.XX |
| Mental Health Services |  |  | $XX.XX |
| Other Professional Services/Legal |  |  | $XX.XX |
| Psychosocial Support Services |  |  | $XX.XX |
| Linguistic Services |  |  | $XX.XX |
| Prevention/Education |  |  | $XX.XX |
| **Total** |  |  | **$XX.XX** |

**Justification:** Subcontracted services are based on previous expenditures and unit cost calculations.

**Medical Case Management** services including treatment adherence is a range of client centered services that link clients with health care, psychosocial, and other services provided by trained professionals, including both medically credentialed and other health care staff.

* $XX.XX to provide approximately # units of Medical Case Management to approximately # clients at approximately $XX per unit.

**Non-Medical Case Management services** includes the provision of advice and assistance in obtaining medical, social, community, legal, financial, and other needed services. Non-medical case management does not involve coordination and follow-up of medical treatments, as medical case management does.

* $XX.XX to provide approximately # units of Non- Medical Case Management to approximately # clients at approximately $XX per unit.

**Emergency Financial Assistance** is the provision of one time or short term payments to agencies or the establishment of voucher programs when other resources are not available to help with emergency expenses related to essential utilities, housing, food (including groceries, food vouchers, and food stamps), transportation and medication.

* $XX.XX to provide approximately # units of Emergency Financial Assistance-Utility to approximately # clients at approximately $XX per unit.
* $XX.XX to provide approximately # units of Emergency Financial Assistance-Prescription to approximately # clients at approximately $XX per unit.

**Health Insurance Premium & Cost Sharing Assistance** is the provision of financial assistance for eligible individuals living with HIV to maintain a continuity of health insurance or to receive medical benefits under a health insurance program. This includes premium payments, risk pools, co-payments, and deductibles.

* $XX.XX to provide approximately # units of Health Insurance Premium & Cost Sharing Assistance - Premiums to approximately # clients at approximately $XX per unit.
* $XX.XX to provide approximately # units of Health Insurance Premium & Cost Sharing Assistance - Deductibles to approximately # clients at approximately $XX per unit.
* $XX.XX to provide approximately # units of Health Insurance Premium & Cost Sharing Assistance – Co-payments to approximately # clients at approximately $XX per unit.

**Medical Transportation Services** to include conveyance services provided, directly or through a voucher, to a client to enable him or her to access health care services. Medical transportation is classified as a support service and is used to provide transportation for eligible Ryan White HIV/AIDS Program clients to core medical services and support services. Medical transportation must be reported as a support service in all cases, regardless of whether the client is transported to a medical core service or to a support service.

* $XX.XX to provide approximately # units of Medical Transportation-Bus, Train, Taxi to approximately # clients at approximately $XX per unit.
* $XX.XX to provide approximately # units of Medical Transportation by Agency Staff to approximately # clients at approximately $XX per unit.
* $XX.XX to provide approximately # units of Medical Transportation-Volunteer/Consumer Gas Cards to approximately # clients at approximately $XX per unit.

**Home and Community-Based Health Services** to include skilled health services furnished to the individuals in the individual’s home, based on a written plan of care established a team that includes appropriate health care professionals.

* $XX.XX to provide approximately # units of Home and Community-Based Health – Durable Medical Equipment to approximately # clients at approximately $XX per unit.

**Housing Services** provide limited short-term assistance to support emergency, temporary, or transitional housing to enable a client or family to gain or maintain outpatient/ambulatory health services.

* $XX.XX to provide approximately # units of Housing Services to approximately # clients at approximately $XX per unit.
* $XX.XX- Housing Opportunities for People Living with AIDS
* $XX.XX- to provide approximately # units of Tenant- Based Rental Assistance to approximately # persons and # households.
* $XX.XX – to provide approximately # units of Short- Term Mortgage to approximately # persons and # households.
* $XX.XX- to provide approximately # units of Permanent Housing Placement to approximately # persons and # households.

**Mental Health Services** credentialed agencies to provide treatment services which are goal oriented and designed to maximize the personal and information resources, linking clients to community and formal resources as needed and to assure that these resources are the least restrictive as possible to provide specialized services for persons living with HIV/AIDS.

* $XX.XX to provide approximately # units of Mental Health Services to approximately # clients at approximately $XX per unit.

**Other Professional Services** allow for the provision of professional and consultant services rendered by members of particular professions licensed and/or qualified to offer such services by local governing authorities. Funds may be used to support and complement pro bono activities.

* $XX.XX to provide approximately # units of Legal Services to approximately # clients at approximately $XX per unit.

**Psychosocial Support Services** the provision of support and counseling activities, child abuse and neglect counseling, HIV support groups, pastoral care, caregiver support, and bereavement counseling. Nutrition counseling services provided by a non-registered dietitian are reported in this service category.

* $XX.XX to provide approximately # units of Support Group/Individual to approximately # clients at approximately $XX per unit.

**Linguistics Services** includes the provision of interpretation (oral) and translation (written) services, provided by qualified individuals as a component of HIV service delivery between the provider and client, when such services are necessary to facilitate communication between the provider and client and/or support the delivery of Ryan White-eligible services.

* $XX.XX to provide approximately # units of Legal Services to approximately # clients at approximately $XX per unit.

**Prevention/Education Services** behavioral interventions intended to teach skills and strategies demonstrated to influence changes in the behaviors that place persons at risk for STD or HIV infection.

* $XX.XX- Anti-Retroviral Treatment and Access to Services (ARTAS) is an individual-level, multi-session, time-limited intervention with the goal of linking recently diagnosed persons with HIV to medical care soon after receiving their positive test result. ARTAS is based on the Strengths-based Case Management (SBCM) model, which is rooted in Social Cognitive Theory (particularly self-efficacy) and Humanistic Psychology. SBCM is a model that encourages the client to identify and use personal strengths; create goals for himself/herself; and establish an effective, working relationship with the Linkage Coordinator (LC). ARTAS consists of up to five client sessions conducted over a 90 day period or until the client links to medical care- which ever comes first.
* $XX.XX to provide approximately # units of Anti-Retroviral Treatment and Access to Services (ARTAS) to approximately # clients at approximately $XX per unit.

***Equipment***

|  |  |  |  |
| --- | --- | --- | --- |
| **Item Requested** | **Number Needed** | **Unit Cost** | **Amount Requested** |
| Workstation | # | $XX.XX | $XX.XX |
| Computer | # | $XX.XX | $XX.XX |
| **Total Equipment** |  |  | **$XX.XX** |

**Justification:** Any item needed to replace equipment that has gone out of service due to age or failure.

***Supplies***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item Requested** | **Type** | **Number Needed** | **Unit Cost** | **Amount Requested** |
| General Office Supplies | Pens, Pencils, Paper, Steno Pads, Note Pads, Folders, Staples, Tape, Post-Its, Labels, Toiletries/Paper Products, Cleaning Supplies, Garbage Bags, Paper Clips, Rubber Bands, Highlighters/Markers, Jump drives, Printer Ink, Envelopes, Binders, Batteries, Erasers | 12 Months | $20/month per person for 10 people | $2,400.00 |
| Computer Software | Antivirus | # units | $XX.XX per computer | $XX.XX |
| Computer Software | Peachtree Financial | # units | $XX.XX per computer | $XX.XX |
| Computer Software | Microsoft Office 365 | # units | $XX.XX per computer | $XX.XX |
| **Total Supplies** |  |  |  | **$XX.XX** |

**Justification:** Supplies needed for daily operation of business and any office equipment needed costing under $500.00. Computer Software update of current software and the purchase of any new software that will aid in office efficiency.

***Travel (In State)***

Total: $XX.XX (Add mileage, per diem and lodging together)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Purpose Mileage** | **Number of Trips** | **Number of People** | **Cost of Airfare** | **Number of Miles** | **Cost Per Mile** | **Amount Requested** |
| Trainings | # | # | N/A | # | .545 | $XX.XX |
| Meetings | # | # | N/A | # | .545 | $XX.XX |
| **Total Mileage** |  |  |  |  |  | **$XX.XX** |

**Justification:** Trainings to continue to educate our staff so that they are able to fulfill our mission to the best of our ability. This is subject to the number of trainings available within the State. Meetings other partner agencies to work collaboratively and to build capacity.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Purpose** | **Per Diem or Lodging** | **Number of People** | **Number of Units** | **Unit Cost** | **Amount Requested** |
| Trainings | Lodging | # | # | $100/night | $XX.XX |
|  | Per Diem | # | # | $29/day | $XX.XX |
| Meetings | Lodging | # | # | $100/night | $XX.XX |
|  | Per Diem | # | # | $29/day | $XX.XX |
|  |  |  |  |  | **$XX.XX** |

**Justification:** Trainings to continue to educate our staff so that they are able to fulfill our mission to the best of our ability. This is subject to the number of trainings available within the State. Meetings other partner agencies to work collaboratively and to build capacity.

***Travel (Out of State)***

Total: $5,370.00

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Purpose** | **Number of Trips** | **Number of People** | **Cost of Airfare** | **Number of Miles** | **Cost Per Mile** | **Amount Requested** |
| National Conference | 1 | 2 | $1,500.00 | N/A | N/A | $3,000.00 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Purpose** | **Per Diem or Lodging** | **Number of People** | **Number of Units** | **Unit Cost** | **Amount Requested** |
| National Conference | Lodging | 2 | 10 | $170.00/night | $1,700.00 |
|  | Per Diem | 2 | 10 | $59.00/day | $590.00 |

|  |  |  |
| --- | --- | --- |
| **Ground Transportation** | **Number of People** | **Amount Requested** |
| Yes | 2 round trips to airport | $80.00 |

**Justification:** The Assistant Director and Case Manager plan to travel to Orlando, Florida to attend the United States Conference on AIDS if approved by the Pennsylvania Department of Health. To stay abreast on the latest regulations and innovations in the HIV/AIDS field.

***Other Costs***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item Requested** | **Numbers of Months** | **Estimated Cost per Month** | **Number of Staff** | **Amount Requested** |
| Occupancy | # | $XX.XX | n/a | $XX.XX |
| Telephone | # | $XX.XX | n/a | $XX.XX |
| Postage | # | $XX.XX | n/a | $XX.XX |
| Audit Fees | # | $XX.XX | n/a | $XX.XX |
| Legal Fees | # | $XX.XX | n/a | $XX.XX |
| Insurance | # | $XX.XX | n/a | $XX.XX |
| Payroll Services/Bank Charges | # | $XX.XX | n/a | $XX.XX |
| Facility Maintenance | # | $XX.XX | n/a | $XX.XX |
| *\*Subscriptions/Books* | # | $XX.XX | n/a | $XX.XX |
| *\*Memberships and Dues* | # | $XX.XX | n/a | $XX.XX |
| Professional Development/Training/Education | # | $XX.XX | n/a | $XX.XX |
| Meetings | # | $XX.XX | n/a | $XX.XX |
| Board Expenses | # | $XX.XX | n/a | $XX.XX |
| Maintenance, Office Equipment | # | $XX.XX | n/a | $XX.XX |
| Utilities | # | $XX.XX | n/a | $XX.XX |
| Copier Lease | # | $XX.XX | n/a | $XX.XX |
| Printing\*\*(See below) | # | $XX.XX | n/a | $XX.XX |
| *\*Advertising\*\*\** (See below) | # | $XX.XX | n/a | $XX.XX |
| **Total Other Costs** |  |  |  | **$XX.XX** |

*\*No expenses for subscriptions, advertising, or memberships can be included in the Rebate or HOPWA budgets.*

**Justification:** Occupancy, rent for one year at $XX.XX per month for our facility. Telephone, bill at $XX.XX per month. Postage for mailing bill payments, checks and board information. Audit fees payment for yearly financial audit and filing 990. Legal fees to cover any and all cost associated with legal needs. Insurance general business insurance. Payroll services direct deposit fees, line of credit interest fees and any fees incurred from the bank. Facility Maintenance, maintenance/cleaning of office, reconfiguring facility signage. Subscriptions/books to help staff maintain knowledge of any updates on the position or the industry. Memberships and Dues to join local economic partnership to utilize their services. Memberships will help with outreach in our local communities to spread awareness. Professional Development and Training, sending at least two people to the National AIDS Conference and any other conferences/trainings/continuing education that will assist in serving our region. Meetings for renting off-site facility for meeting location. Board Expenses, travel reimbursement for client board members and meeting materials needed for our quarterly meetings. Maintenance Office Equipment covers cost of any copies made that exceed the lease limit. Basic office utilities at $XX.XX per month. Copier Lease continued lease agreement. Printing and Advertising broken out and explained separately.

**Printing and Advertising need to be broken out in detail below.**

***Printing\*\****

|  |  |  |  |
| --- | --- | --- | --- |
| **Item Requested** | **Number Needed** | **Unit Cost** | **Amount Requested** |
| Letterhead | # | $.XX/ sheet | $XX.XX |
| Letterhead Envelopes | # per box | $XX.XX/ box | $XX.XX |
| Window Envelopes | # per box | $XX.XX/box | $XX.XX |
| **Total Printing** |  |  | **$XX.XX** |

**Justification:** Printing and copying, purchase of new envelopes and letterhead with current address. This line item has been added to Other Costs in the Appendix C.

***Advertising\*\*\****

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** | **Number of Ads** | **Unit Cost** | **Amount Requested** |
| Newspaper/Magazine | # | $XX.XX/ad | $XX.XX |
| Radio/Television | # | $XX.XX/ad | $XX.XX |
| Other | # | $XX.XX/ad | $XX.XX |
| **Total Advertising** |  |  | **$XX.XX** |

**Justification:** Newspaper/Magazine advertisements to announce upcoming events and clinics. Radio/Television advertisements for prevention and community awareness. This line item has been added to Other Costs in the Appendix C.