

Applicant/Recipient County of Broward	Application/Award Number
Project Title:	One Community Partnership 4

	Start Date	End Date	Budget Year
Budget Period:	09/29/2023	09/29/2024	1

For Multi-Year Funded (MYF) awards only
(not applicable to new applications for funding) ☐
 Check the box to select the Incremental Period

COST SHARING AND MATCHING

Matching Required: ☒ YES ☐ NO

Match Ratio stated in the NOFO:

The matching funds must not be less than \$ 1 for each \$ 3 of federal funds provided.

A. Personnel

Line Item #	Position	Name	Key Position per the NOFO	Check if Hourly Rate	Calculation						FEDERAL REQUEST	NON-FEDERAL MATCH
					Hourly Rate	Hours	# of Staff	Annual Salary	% Level of Effort (LOE)	Personnel Cost		
1	Contract Grants Administrator	Debra Kuhn	<input type="checkbox"/>	<input type="checkbox"/>			1	\$75,008	45.00%	\$33,754	\$33,754	
2	Senior Contracts Grants Administrator		<input type="checkbox"/>	<input type="checkbox"/>			1	\$92,638	15.54%	\$14,396	\$14,396	
3	Accountant	Irina Tamez	<input type="checkbox"/>	<input type="checkbox"/>			1	\$75,800	6.00%	\$4,548	\$0	\$4,548
4	Accounting Specialist	Marie Nicole Doret	<input type="checkbox"/>	<input type="checkbox"/>			1	\$47,999	6.00%	\$2,880	\$0	\$2,880
5	Business Manager	David James	<input type="checkbox"/>	<input type="checkbox"/>			1	\$110,160	4.35%	\$4,792	\$0	\$4,792
TOTAL										\$60,370	\$48,150	\$12,220

Line Item #	Personnel Narrative:						
1	Contract Grants Administrator	Debra Kuhn		Salary \$75,008	# of Staff 1	LOE 45.00%	Personnel Cost \$33,754
	This position will oversee the contract with Broward Behavioral Health Coalition, Inc. (BBHC), which is the selected Managing Entity for Broward County overseeing and managing the State of Florida Department of Children and Families behavioral health services for children and adults. Forty-Five (45%) percent of the employee's time and effort will be to the grant.						
2	Senior Contracts Grants Administrator			Salary \$92,638	# of Staff 1	LOE 15.54%	Personnel Cost \$14,396
	This position will assist the Contract Grants Administrator (CGA) overseeing the contract with BBHC. Nineteen (15.54%) percent of the employee's time and effort will be to the grant.						
3	Accountant	Irina Tamez		Salary \$75,800	# of Staff 1	LOE 6.00%	Personnel Cost \$4,548
	Salary for the in-kind services of Broward County Human Services Department employee are calculated based on projected time they will spend on grant activities at 6% total time, as seen in the "Cost".						
	Accounting Specialist	Marie Nicole Doret		Salary \$47,999	# of Staff 1	LOE 6.00%	Personnel Cost \$2,880

Line Item #	Personnel Narrative:
4	Salary for the in-kind services of Broward County Human Services Department employee are calculated based on projected time they will spend on grant activities at 6% total time, as seen in the "Cost".
5	<div>Business Manager</div> <div>David James</div> <div>Salary \$110,160</div> <div># of Staff 1</div> <div>LOE 4.35%</div> <div>Personnel Cost \$4,792</div>
	Salary for the in-kind services of Broward County Human Services Department employee are calculated based on projected time they will spend on grant activities at 4.35% total time, as seen in the "Cost".

B. Fringe Benefits

Our organization's fringe benefits consist of the components shown below:

Fringe Component	Rate (%)
FICA	7.65%
Retirement	11.11%
Total Fringe Rate	18.76%

Fringe Benefits Cost

Line Item #	Position	Name	Calculation				FEDERAL REQUEST	NON-FEDERAL MATCH
			Personnel Cost	Total Fringe Rate (%)	Fixed / Lump Sum Fringe (if any)	Fringe Benefits Cost		
1	Contract Grants Administrator	Debra Kuhn	\$33,754	18.76%	\$6,606	\$12,938	\$12,938	
2	Senior Contracts Grants Administrator		\$14,396	18.76%	\$2,292	\$4,993	\$4,993	
3	Accountant	Irina Tamez	\$4,548	18.76%	\$855	\$1,708	\$0	\$1,708
4	Accounting Specialist	Marie Nicole Doret	\$2,880	18.76%	\$855	\$1,395	\$0	\$1,395
5	Business Manager	David James	\$4,792	18.76%	\$629	\$1,528	\$0	\$1,528
TOTAL						\$22,562	\$17,931	\$4,631

Fringe Benefits Narrative:

The above fringe benefits for the above positions comply with requirements for Broward County employees.

C. Travel

Trip #	Purpose	Origin and Destination	Calculation						FEDERAL REQUEST	NON-FEDERAL MATCH
			Item	Cost / Rate per Item	Basis	Quantity per Person	Number of Persons	Travel Cost		
1	Travel to trainings, workshops and/or conferences.	U.S. domestic locations	Airfare	\$500.00	Round Trip	1.00	1	\$500	\$1,178	
			Hotel/Lodging	\$150.00	Night	3.00	1	\$450		
			Per Diems (M&IE only)	\$76.00	Day	3.00	1	\$228		
TOTAL							\$1,178	\$1,178		

Trip #	Travel Narrative:		
1	Travel to trainings, workshops and/or conferences.	U.S. domestic locations	Travel Cost \$1,178
	In- state and/or out-of-state travel for SAMHSA hosted conferences and conferences identified as necessary to achieve goals and objectives of OCP4 grant.		

D. Equipment

Line Item #	Item	Check if Item is a Vehicle	Calculation			FEDERAL REQUEST	NON-FEDERAL MATCH
			Quantity	Purchase or Rental/Lease Cost	Percent Charged to the Project		
1		<input type="checkbox"/>				\$0	\$0
TOTAL						\$0	\$0

Line Item #	Equipment Narrative:				
1		Quantity	Purchase or Rental/Lease Cost	% Charged to the Project	Equipment Cost \$0

E. Supplies

Line Item #	Item	Calculation				FEDERAL REQUEST	NON-FEDERAL MATCH
		Unit Cost	Basis	Quantity	Duration	Supplies Cost	
1	Surface Pro	\$1,361.00		1.00	1.00	\$1,361	\$1,361
2	Surface Pro Keyboard	\$180.00		1.00		\$180	\$180
TOTAL						\$1,541	\$1,541

Line Item #	Supplies Narrative:					
1	Surface Pro	Unit Cost \$1,361.00	Basis	Quantity 1.00	Duration 1.00	Supplies Cost \$1,361
	Office supplies are needed for general operation of OCP4. All costs were based on retail values at the time the application was written.					
2	Surface Pro Keyboard	Unit Cost \$180.00	Basis	Quantity 1.00	Duration	Supplies Cost \$180
	Office supply needed to support surface pro which is needed for general operation of OCP4. All costs were based on retail values at the time the application was written.					

F. Contractual

Summary of Contractual Costs

Agreement #	Name of Organization or Consultant	Type of Agreement	Contractual Cost	FEDERAL REQUEST	NON-FEDERAL MATCH
1	Broward Behavioral Health Coalition (Program Services Implementation Team)	Consultant	\$367,104	\$367,104	\$0
2	Broward Behavioral Health Coalition (Oversight Team)	Consultant	\$62,791	\$62,791	\$0

Agreement #	Name of Organization or Consultant	Type of Agreement	Contractual Cost	FEDERAL REQUEST	NON-FEDERAL MATCH
3	System of Care Partners	Consultant	\$139,635	\$139,635	\$0
4	Broward Behavioral Health Coalition Peer Evaluator (Data Evaluation)	Consultant	\$60,178	\$60,178	\$0
5	South Florida Wellness Network	Consultant	\$134,700	\$134,700	\$0
6	Parent Child Interactive Therapy	Consultant	\$15,000	\$15,000	\$0
7	Triple P Positive Parenting Program	Consultant	\$10,000	\$10,000	\$0
8	Wraparound Training	Consultant	\$17,500	\$17,500	\$0
9	The Journey Institute	Consultant	\$8,200	\$8,200	\$0
10	Change Me Foundation, Inc.	Contract	\$84,712	\$84,712	\$0
11	Center for Community Learning - CLC	Consultant	\$6,000	\$6,000	\$0
12	LPB Concepts and Solutions, LLC	Consultant	\$5,000	\$5,000	\$0
13	Corporate Behavioral Health Financial Consultants	Consultant	\$19,998	\$19,998	\$0
14	Children's Services Council: Behavioral Health Out of School Program		\$334,000	\$0	\$334,000
TOTAL			\$1,264,818	\$930,818	\$334,000

Contractual Details for **Broward Behavioral Health Coalition (Program Services Implementation Team)**

Agreement #	Services and Deliverables Provided
1	Program Services Implementation Team

<input checked="" type="checkbox"/> Personnel	<input checked="" type="checkbox"/> Travel	<input checked="" type="checkbox"/> Supplies	<input type="checkbox"/> Indirect Charges
<input checked="" type="checkbox"/> Fringe Benefits	<input type="checkbox"/> Equipment	<input checked="" type="checkbox"/> Other	

Contractual Personnel Costs for **Broward Behavioral Health Coalition (Program Services Implementation Team)**

Line Item #	Position	Name	Key Position per the NOFO	Check if Annual Salary	Calculation						FEDERAL REQUEST	NON-FEDERAL MATCH
					Hourly Rate	Hours	# of Persons	Annual Salary	% Level of Effort (LOE)	Contractual Personnel Cost		
1	Project Director	Tiffany Lawrence	<input type="checkbox"/>	<input checked="" type="checkbox"/>			1	\$94,500	50.00%	\$47,250	\$47,250	
2	Part-Time Administrative Assistant	Nikitress Williams	<input type="checkbox"/>	<input checked="" type="checkbox"/>			1	\$37,392	10.00%	\$3,739	\$3,739	
3	Care Coordinator	TBD	<input type="checkbox"/>	<input checked="" type="checkbox"/>			1	\$55,000	100.00%	\$55,000	\$55,000	
4	Mental Health Screener	TBD	<input type="checkbox"/>	<input checked="" type="checkbox"/>			3	\$42,000	100.00%	\$126,000	\$126,000	
TOTAL										\$231,989	\$231,989	

Line Item #	Contractual Personnel Narrative:						
	Project Director	Tiffany Lawrence		Salary \$94,500	# of Persons 1	LOE 50.00%	Personnel Cost \$47,250
	Broward Behavioral Health Coalition Implementation Team will guide the delivery of OCP4 activities and services and will						

Line Item #	Contractual Personnel Narrative:					
1	ensure the cross-system collaboration, financing, and implementation of supports throughout the System of Care. Project Director, Tiffany Lawrence, LMFT at 50% level of effort will be responsible for developing a plan for the implementation of delivery of evidence-based practices, hiring of staff, provide leadership in the development of the children's system of care, provide technical assistance and training on recovery supports, and coordinate with providers and children/caregivers leveraging other community resources.					
2	Part-Time Administrative Assistant	Nikitress Williams	Salary \$37,392	# of Persons 1	LOE 10.00%	Personnel Cost \$3,739
	Provides administrative support to the Service Implementation team.					
3	Care Coordinator	TBD	Salary \$55,000	# of Persons 1	LOE 100.00%	Personnel Cost \$55,000
	The OCP4 Program Oversight Team will guide the delivery of OCP4 activities and services and will ensure the cross-system collaboration, financing, and implementation of supports throughout the System of Care. The Care Coordinator will assist with providing technical assistance and training on recovery supports, and coordinate with providers and children/family leveraging other community resources, review and process referrals for services. Provide follow-along coordination of services after children and families are enrolled in services.					
4	Mental Health Screener	TBD	Salary \$42,000	# of Persons 3	LOE 100.00%	Personnel Cost \$126,000
	Three Mental Health Screeners will engage caregivers and children in order to provide mental health screenings. The screeners will submit referrals for children who are in need of behavioral health services.					

Contractual Fringe Benefits Costs for [Broward Behavioral Health Coalition \(Program Services Implementation Team\)](#)

Contractual fringe benefits consist of the components shown below:

Contractual Fringe Component	Rate (%)
<i>Fringe benefits are recovered through an unapproved, internally calculated fringe benefit rate.</i>	30.00%
Total Fringe Rate	30.00%

Contractual Fringe Benefits Costs

Line Item #	Position	Name	Calculation				FEDERAL REQUEST	NON-FEDERAL MATCH
			Contractual Personnel Cost	Total Fringe Rate (%)	Fixed / Lump Sum Fringe (if any)	Contractual Fringe Benefits Cost		
1	Project Director	Tiffany Lawrence	\$47,250	30.00%		\$14,175	\$14,175	
2	Part-Time Administrative Assistant	Nikitress Williams	\$3,739	30.00%		\$1,122	\$1,122	
3	Care Coordinator	TBD	\$55,000	30.00%		\$16,500	\$16,500	
4	Mental Health Screener	TBD	\$126,000	30.00%		\$37,800	\$37,800	
TOTAL						\$69,597	\$69,597	

Contractual Fringe Benefits Narrative:

Fringe benefits are recovered through an unapproved, internally calculated fringe benefit rate. The benefits include: FICA, retirement, and health insurance.

Contractual Travel Costs for [Broward Behavioral Health Coalition \(Program Services Implementation Team\)](#)

Trip #	Purpose	Origin and Destination	Calculation					FEDERAL REQUEST	NON-FEDERAL MATCH
			Item	Cost / Rate per Item	Basis	Quantity per Person	Number of Persons		

Trip #	Purpose	Origin and Destination	Calculation						FEDERAL REQUEST	NON-FEDERAL MATCH
			Item	Cost / Rate per Item	Basis	Quantity per Person	Number of Persons	Contract Travel Cost		
1		Washington DC or other	Airfare	\$350.00	Round Trip	1.00	5	\$1,750	\$8,575	
			Hotel/Lodging	\$275.00	Night	3.00	5	\$4,125		
			Per Diems (M&IE only)	\$90.00	Day	3.00	5	\$1,350		
			Car Rental	\$90.00	Day	3.00	5	\$1,350		
2	Local Travel	Broward County and surrounding areas	Local Travel (POV Mileage)	\$0.655	Mile	545.26	7	\$2,500	\$2,500	
TOTAL								\$11,075	\$11,075	

Trip #	Contractual Travel Narrative:			
		Washington DC or other	Travel Cost	\$8,575
1	In- state and out-of-state travel is required to attend SAMHSA required conferences/meetings and to ensure ongoing training and certification in evidence-based practices. These evidence-based practices (EBPs) include Parent Child Interaction Therapy, Triple P Positive Parenting Education, Wraparound Training, Wellness Recovery Action Planning, Five(5) System of Care (SOC) Representatives, including peers, consultants, etc. They will be representing all aspects of the SOC including Families and children. This travel includes in-state and out-of-state travel to participate in trainings/re-certifications to continue SOC activities relevant to the grant and to participate in conferences to educate on SOC activities.			
2	Local Travel	Broward County and surrounding areas	Travel Cost	\$2,500
	Local travel/mileage is incurred by the grant oversight and project team to attend meetings and grant implementation activities.			

Contractual Supplies Costs for [Broward Behavioral Health Coalition \(Program Services Implementation Team\)](#)

Line Item #	Item	Calculation					FEDERAL REQUEST	NON-FEDERAL MATCH
		Unit Cost	Basis	Quantity	Duration	Contractual Supplies Cost		
1	Office Supplies	\$931.00			12.00	\$11,172	\$11,172	
TOTAL						\$11,172	\$11,172	

Line Item #	Contractual Supplies Narrative:								
1	Office Supplies	Unit Cost	\$931.00	Basis	Quantity	Duration	12.00	Supplies Cost	\$11,172
Office supplies are needed to execute duties associated with OCP4 grant.									

Contractual Other Costs for [Broward Behavioral Health Coalition \(Program Services Implementation Team\)](#)

Line Item #	Item	Check for Minor A&R	Calculation					FEDERAL REQUEST	NON-FEDERAL MATCH
			Unit Cost / Rate	Basis	Quantity	Duration	Contractual Other Cost		
1	Rent	<input type="checkbox"/>	\$20.77		600.00		\$12,462	\$12,462	
2	Telephone (Cellphones)	<input type="checkbox"/>	\$23.33		8.00	12.00	\$2,240	\$2,240	
3	Telephones (Landlines)	<input type="checkbox"/>	\$35.00		8.00	12.00	\$3,360	\$3,360	
4	IT Support	<input type="checkbox"/>	\$72.80		8.00	12.00	\$6,989	\$6,989	

Line Item #	Item	Check for Minor A&R	Calculation					FEDERAL REQUEST	NON-FEDERAL MATCH
			Unit Cost / Rate	Basis	Quantity	Duration	Contractual Other Cost		
5	Social Marketing	<input type="checkbox"/>	\$13,120.00		1.00		\$13,120	\$13,120	
6	Strengths & Difficulties Screening	<input type="checkbox"/>	\$1,000.00		1.00		\$1,000	\$1,000	
7	Web Social Media	<input type="checkbox"/>	\$300.00		1.00		\$300	\$300	
8	Interpretation/Translation Services	<input type="checkbox"/>	\$800.00		1.00		\$800	\$800	
9	Conference Registration Fees	<input type="checkbox"/>	\$3,000.00		1.00		\$3,000	\$3,000	
TOTAL							\$43,271	\$43,271	

Line Item #	Contractual Other Narrative:								
1	Rent	Unit Cost/Rate	\$20.77	Basis	Quantity	600.00	Duration	Other Cost	\$12,462
	Rent allocations for grant's staff to operate on grant.								
2	Telephone (Cellphones)	Unit Cost/Rate	\$23.33	Basis	Quantity	8.00	Duration	Other Cost	\$2,240
	Cellphone allocations for grant's staff to operate on grant.								
3	Telephones (Landlines)	Unit Cost/Rate	\$35.00	Basis	Quantity	8.00	Duration	Other Cost	\$3,360
	Landline allocations for grant's staff to operate on grant.								
4	IT Support	Unit Cost/Rate	\$72.80	Basis	Quantity	8.00	Duration	Other Cost	\$6,989
	IT support allocations for grant's staff to operate on grant.								
5	Social Marketing	Unit Cost/Rate	\$13,120.00	Basis	Quantity	1.00	Duration	Other Cost	\$13,120
	Social marketing to educate children and care givers about mental health.								
6	Strengths & Difficulties Screening	Unit Cost/Rate	\$1,000.00	Basis	Quantity	1.00	Duration	Other Cost	\$1,000
	For purchase of the strengths & difficulties screening tool that is used by Mental Health Screeners with children and caregivers.								
7	Web Social Media	Unit Cost/Rate	\$300.00	Basis	Quantity	1.00	Duration	Other Cost	\$300
	Used to operate and update the grant's website for educational purposes of providers, children and caregivers.								
8	Interpretation/Translation Services	Unit Cost/Rate	\$800.00	Basis	Quantity	1.00	Duration	Other Cost	\$800
	Interpretation/translation services for communicating with children and caregivers who speak languages other than English.								
9	Conference Registration Fees	Unit Cost/Rate	\$3,000.00	Basis	Quantity	1.00	Duration	Other Cost	\$3,000
	Registration fees for travel to conferences for evidence-based practice capacity building and training.								

Contractual Total Direct Charges for **Broward Behavioral Health Coalition (Program Services Implementation Team)**

TOTAL DIRECT CHARGES FOR THIS AGREEMENT	TOTAL FEDERAL REQUEST	TOTAL NON-FEDERAL MATCH
	\$367,104	

Contractual Total Cost for **Broward Behavioral Health Coalition (Program Services Implementation Team)**

TOTAL COST	TOTAL FEDERAL REQUEST	TOTAL NON-FEDERAL MATCH
\$367,104	\$367,104	

Contractual Details for **Broward Behavioral Health Coalition (Oversight Team)**

Agreement #	Services and Deliverables Provided
2	Oversight Team

<input checked="" type="checkbox"/> Personnel	<input type="checkbox"/> Travel	<input type="checkbox"/> Supplies	<input type="checkbox"/> Indirect Charges
<input checked="" type="checkbox"/> Fringe Benefits	<input type="checkbox"/> Equipment	<input type="checkbox"/> Other	

Contractual Personnel Costs for **Broward Behavioral Health Coalition (Oversight Team)**

Line Item #	Position	Name	Key Position per the NOFO	Check if Annual Salary	Calculation						FEDERAL REQUEST	NON-FEDERAL MATCH
					Hourly Rate	Hours	# of Persons	Annual Salary	% Level of Effort (LOE)	Contractual Personnel Cost		
1	Contract Manager/Analyst	Janine DeLeon	<input type="checkbox"/>	<input checked="" type="checkbox"/>			1	\$68,250	50.00%	\$34,125	\$34,125	
2	Managing Director of Operations	Elida Segrera	<input type="checkbox"/>	<input checked="" type="checkbox"/>			1	\$141,750	10.00%	\$14,175	\$14,175	
TOTAL										\$48,300	\$48,300	

Line Item #	Contractual Personnel Narrative:											
1	Contract Manager/Analyst	Janine DeLeon			Salary \$68,250	# of Persons 1		LOE 50.00%		Personnel Cost \$34,125		
	Provides oversight of the OCP4 budget and contract operations.											
2	Managing Director of Operations	Elida Segrera			Salary \$141,750	# of Persons 1		LOE 10.00%		Personnel Cost \$14,175		
	Provides oversight of the OCP4 Implementation Team.											

Contractual Fringe Benefits Costs for **Broward Behavioral Health Coalition (Oversight Team)**

Contractual fringe benefits consist of the components shown below:

Contractual Fringe Component	Rate (%)
<i>Fringe benefits are recovered through an unapproved, internally calculated fringe benefit rate.</i>	30.00%
Total Fringe Rate	30.00%

Contractual Fringe Benefits Costs

Line Item #	Position	Name	Calculation				FEDERAL REQUEST	NON-FEDERAL MATCH
			Contractual Personnel Cost	Total Fringe Rate (%)	Fixed / Lump Sum Fringe (if any)	Contractual Fringe Benefits Cost		
1	Contract Manager/Analyst	Janine DeLeon	\$34,125	30.00%		\$10,238	\$10,238	
2	Managing Director of Operations	Elida Segrera	\$14,175	30.00%		\$4,253	\$4,253	
TOTAL						\$14,491	\$14,491	

Contractual Fringe Benefits Narrative:

Contractual Fringe Benefits Narrative:

Fringe benefits are recovered through an unapproved, internally calculated fringe benefit rate. The benefits include: FICA, retirement, and health insurance.

Contractual Total Direct Charges for **Broward Behavioral Health Coalition (Oversight Team)**

TOTAL DIRECT CHARGES FOR THIS AGREEMENT	TOTAL FEDERAL REQUEST	TOTAL NON-FEDERAL MATCH
	\$62,791	

Contractual Total Cost for **Broward Behavioral Health Coalition (Oversight Team)**

TOTAL COST	TOTAL FEDERAL REQUEST	TOTAL NON-FEDERAL MATCH
\$62,791	\$62,791	

Contractual Details for **System of Care Partners**

Agreement #	Services and Deliverables Provided
3	Data Evaluation

<input type="checkbox"/> Personnel	<input type="checkbox"/> Travel	<input type="checkbox"/> Supplies	<input type="checkbox"/> Indirect Charges
<input type="checkbox"/> Fringe Benefits	<input type="checkbox"/> Equipment	<input checked="" type="checkbox"/> Other	

Contractual Other Costs for **System of Care Partners**

Line Item #	Item	Check for Minor A&R	Calculation				FEDERAL REQUEST	NON-FEDERAL MATCH
			Unit Cost / Rate	Basis	Quantity	Duration	Contractual Other Cost	
1	Data Evaluation	<input type="checkbox"/>	\$87.00		1,605.00		\$139,635	\$139,635
TOTAL							\$139,635	\$139,635

Line Item #	Contractual Other Narrative:							
1	Data Evaluation	Unit Cost/Rate	\$87.00	Basis	Quantity	1,605.00	Duration	Other Cost \$139,635
	Provides data evaluation services for OCP4 grant which includes research, and program evaluation. Responsible for the development of the Broward County Community Needs Assessment. Responsible for working with the Cultural and Linguistic Competency consultant to develop the Behavioral Health Disparities Impact Statement. Report on local and national SAMHSA evaluation requirements. The monthly rate for the evaluator includes training of the Peer Evaluator, gathering data, analysis, and reporting to OCP4 committees, co-chairing the Equity and Evaluation Committee, development of evaluation forms for children/caregivers' participation, and other instruments for evaluation as necessary or required.							

Contractual Total Direct Charges for **System of Care Partners**

TOTAL DIRECT CHARGES FOR THIS AGREEMENT	TOTAL FEDERAL REQUEST	TOTAL NON-FEDERAL MATCH
	\$139,635	

Contractual Total Cost for **System of Care Partners**

\$139,635	\$139,635	

Contractual Details for	Broward Behavioral Health Coalition Peer Evaluator (Data Evaluation)
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Agreement #	Services and Deliverables Provided
4	Broward Behavioral Health Coalition's Peer Evaluator is a person with lived experience who will assist with the data evaluation services for OCP4 grant. The Peer Evaluator will be responsible for engaging children and caregivers in the evaluation, data gathering, data entry, reporting to OCP4 committees and at conferences as necessary, co-chairing the Equity and Evaluation Committee and other activities as necessary.

<input checked="" type="checkbox"/> Personnel	<input checked="" type="checkbox"/> Travel	<input type="checkbox"/> Supplies	<input type="checkbox"/> Indirect Charges
<input checked="" type="checkbox"/> Fringe Benefits	<input type="checkbox"/> Equipment	<input checked="" type="checkbox"/> Other	

Contractual Personnel Costs for **Broward Behavioral Health Coalition Peer Evaluator (Data Evaluation)**

1	Broward Behavioral Health Coalition Peer Evaluator (Data Evaluation)	Alfonso Ruiz	<input type="checkbox"/>	<input checked="" type="checkbox"/>			1	\$52,500	80.00%	\$42,000	\$42,000	
TOTAL										\$42,000	\$42,000	

1	Broward Behavioral Health Coalition Peer Evaluator	Alfonso Ruiz	Salary \$52,500	# of Persons 1	LOE 80.00%	Personnel Cost \$42,000
	Peer Evaluator position, training, mileage, oversight to support collection of data that will be housed at Broward Behavioral Health Coalition's Behavioral Health Technology and Transfer Unit.					

Contractual Fringe Benefits Costs for **Broward Behavioral Health Coalition Peer Evaluator (Data Evaluation)**

Contractual fringe benefits consist of the components shown below:

Fringe benefits are recovered through an unapproved, internally calculated fringe benefit rate.	30.00%
Total Fringe Rate	30.00%

Contractual Fringe Benefits Costs

Line Item #	Position	Name	Contractual Personnel Cost	Total Fringe Rate (%)	Fixed / Lump Sum Fringe (if any)	Contractual Fringe Benefits Cost	FEDERAL REQUEST	NON-FEDERAL MATCH
1	Broward Behavioral Health Coalition Peer Evaluator (Data)	Alfonso Ruiz	\$42,000	30.00%		\$12,600	\$12,600	

Line Item #	Position	Name	Calculation				FEDERAL REQUEST	NON-FEDERAL MATCH
			Contractual Personnel Cost	Total Fringe Rate (%)	Fixed / Lump Sum Fringe (if any)	Contractual Fringe Benefits Cost		
	Evaluation)							
TOTAL						\$12,600	\$12,600	

Contractual Fringe Benefits Narrative:

Fringe benefits are recovered through an unapproved, internally calculated fringe benefit rate. The benefits include: FICA, retirement, health insurance.

Contractual Travel Costs for [Broward Behavioral Health Coalition Peer Evaluator \(Data Evaluation\)](#)

Trip #	Purpose	Origin and Destination	Calculation						FEDERAL REQUEST	NON-FEDERAL MATCH
			Item	Cost / Rate per Item	Basis	Quantity per Person	Number of Persons	Contract Travel Cost		
1	Mileage		Local Travel (POV Mileage)	\$0.655	Mile	250.00	26	\$4,258	\$4,258	
TOTAL								\$4,258	\$4,258	

Trip #	Contractual Travel Narrative:			
1	Mileage		Travel Cost	\$4,258
	Mileage for Peer Evaluator to collect data from children and caregivers enrolled in the OCP4 evaluation and to participate in community meetings as necessary.			

Contractual Other Costs for [Broward Behavioral Health Coalition Peer Evaluator \(Data Evaluation\)](#)

Line Item #	Item	Check for Minor A&R	Calculation					FEDERAL REQUEST	NON-FEDERAL MATCH
			Unit Cost / Rate	Basis	Quantity	Duration	Contractual Other Cost		
1	Participants' Evaluation Incentives	<input type="checkbox"/>	\$30.00		44.00		\$1,320	\$1,320	
TOTAL							\$1,320	\$1,320	

Line Item #	Contractual Other Narrative:								
1	Participants' Evaluation Incentives	Unit Cost/Rate	\$30.00	Basis	Quantity	44.00	Duration	Other Cost	\$1,320
	Participants' evaluation incentives for the first-year evaluations; covering 6 month interval reassessments for children and their caregivers. Also, provided to children and their caregivers for participation in the required Community Needs Assessment and other focus groups as necessary.								

Contractual Total Direct Charges for [Broward Behavioral Health Coalition Peer Evaluator \(Data Evaluation\)](#)

TOTAL DIRECT CHARGES FOR THIS AGREEMENT	TOTAL FEDERAL REQUEST	TOTAL NON-FEDERAL MATCH
	\$60,178	

Contractual Total Cost for [Broward Behavioral Health Coalition Peer Evaluator \(Data Evaluation\)](#)

\$60,178	\$60,178	

Contractual Details for **South Florida Wellness Network**

Agreement #	
5	Capacity building for caregivers, children, and family peers. To support families in their access to mental health services for children within the early childhood population. To provide Triple P Positive Parenting Education to caregivers of children within the early childhood age-range.

<input checked="" type="checkbox"/> Personnel	<input type="checkbox"/> Travel	<input type="checkbox"/> Supplies	<input type="checkbox"/> Indirect Charges
<input checked="" type="checkbox"/> Fringe Benefits	<input type="checkbox"/> Equipment	<input checked="" type="checkbox"/> Other	

Contractual Personnel Costs for **South Florida Wellness Network**

1	Family Peer Specialist	Kimberly Foley	<input type="checkbox"/>	<input checked="" type="checkbox"/>			1	\$40,000	100.00%	\$40,000	\$40,000	
2	Lead Family Coordinator	Rachel Craig-Dunn	<input type="checkbox"/>	<input checked="" type="checkbox"/>			1	\$50,000	100.00%	\$50,000	\$50,000	
TOTAL										\$90,000	\$90,000	

1	Family Peer Specialist	Kimberly Foley			Salary \$40,000	# of Persons 1	LOE 100.00%	Personnel Cost \$40,000
	The Family Peer Specialist works to provide peer support and outreach to family members of the children enrolled in OCP4 services. The Family Peer Specialist will provide Triple P Positive Parenting Education to caregivers of children.							
2	Lead Family Coordinator	Rachel Craig-Dunn			Salary \$50,000	# of Persons 1	LOE 100.00%	Personnel Cost \$50,000
	Lead Family Coordinator, Rachael Craig-Dunn at 100% Level of Effort, will work with the existing family run organization to expand services and activities for the early childhood population. The Lead Family Coordinator will work in partnership with OCP4 Project Staff to help with decision-making, including the development, implementation and evaluation of system of care activities for children served through the grant.							

Contractual Fringe Benefits Costs for **South Florida Wellness Network**

Contractual fringe benefits consist of the components shown below:

Fringe benefits are recovered through an unapproved, internally calculated fringe benefit rate.	30.00%
Total Fringe Rate	30.00%

Contractual Fringe Benefits Costs

Line Item #	Position	Name	Calculation				FEDERAL REQUEST	FEDERAL MATCH
			Contractual Personnel Cost	Total Fringe Rate (%)	Fixed / Lump Sum Fringe (if any)	Contractual Fringe Benefits Cost		

Line Item #	Position	Name	Calculation				FEDERAL REQUEST	NON-FEDERAL MATCH
			Contractual Personnel Cost	Total Fringe Rate (%)	Fixed / Lump Sum Fringe (if any)	Contractual Fringe Benefits Cost		
1	Family Peer Specialist	Kimberly Foley	\$40,000	30.00%		\$12,000	\$12,000	
2	Lead Family Coordinator	Rachel Craig-Dunn	\$50,000	30.00%		\$15,000	\$15,000	
TOTAL						\$27,000	\$27,000	

Contractual Fringe Benefits Narrative:

Fringe benefits are recovered through an unapproved, internally calculated fringe benefit rate. The benefits include: FICA, retirement, and health insurance.

Contractual Other Costs for [South Florida Wellness Network](#)

Line Item #	Item	Check for Minor A&R	Calculation					FEDERAL REQUEST	NON-FEDERAL MATCH
			Unit Cost / Rate	Basis	Quantity	Duration	Contractual Other Cost		
1	Wellness Recovery Action Plan (WRAP) Seminar I	<input type="checkbox"/>	\$3,700.00		1.00		\$3,700	\$3,700	
2	Flexible Funds	<input type="checkbox"/>	\$500.00		10.00		\$5,000	\$5,000	
3	Recovery Support Activities/Workshops	<input type="checkbox"/>	\$750.00		12.00		\$9,000	\$9,000	
TOTAL							\$17,700	\$17,700	

Line Item #	Contractual Other Narrative:							
1	Wellness Recovery Action Plan (WRAP) Seminar	Unit Cost/Rate	\$3,700.00	Basis	Quantity	1.00	Duration	Other Cost \$3,700
	Wellness Recovery Action Plan (WRAP) Seminar I training plus materials is \$3,700 per training will be provided to children and caregivers.							
2	Flexible Funds	Unit Cost/Rate	\$500.00	Basis	Quantity	10.00	Duration	Other Cost \$5,000
	Flexible funds to support the individualized needs of children, youth, and families that are not typically covered services and otherwise not reimbursable. Flexible funds are tied to children's/families' treatment plans as a temporary solution to address a specific need, and the funds shall non-recurring. Unit rate cost for flexible funds is \$500 per participant X 10 participants = \$5,000. If a participant needs more than \$500.00 for a specific need tied to treatment plan, funds will be made available to the children and their families.							
3	Recovery Support Activities/Workshops	Unit Cost/Rate	\$750.00	Basis	Quantity	12.00	Duration	Other Cost \$9,000
	Recovery Support Activities/Workshops to engage children and families in wellness activities driven by their voices and choices. Recovery Support Activities are for 12 workshops/activities annually at \$750 per workshop/activity.							

Contractual Total Direct Charges for [South Florida Wellness Network](#)

TOTAL DIRECT CHARGES FOR THIS AGREEMENT	TOTAL FEDERAL REQUEST	TOTAL NON-FEDERAL MATCH
	\$134,700	

Contractual Total Cost for [South Florida Wellness Network](#)

TOTAL COST	TOTAL FEDERAL REQUEST	TOTAL NON-FEDERAL MATCH
\$134,700	\$134,700	

Contractual Details for **Parent Child Interactive Therapy**

Agreement #	Services and Deliverables Provided
6	Parent Child Interactive Therapy (PCIT) is an evidence-based treatment program designed for caregivers and their young children (2 to 10 years old) who are experiencing social, behavioral, and/or emotional Parent Child Interactive Therapy training will be provided to therapists within the Broward Behavioral Health Coalition and Broward County networks to serve children and their families.

<input type="checkbox"/> Personnel	<input type="checkbox"/> Travel	<input type="checkbox"/> Supplies	<input type="checkbox"/> Indirect Charges
<input type="checkbox"/> Fringe Benefits	<input type="checkbox"/> Equipment	<input checked="" type="checkbox"/> Other	

Contractual Other Costs for **Parent Child Interactive Therapy**

Line Item #	Item	Check for Minor A&R	Calculation				FEDERAL REQUEST	NON-FEDERAL MATCH
			Unit Cost / Rate	Basis	Quantity	Duration	Contractual Other Cost	
1	Parent Child Interactive Therapy	<input type="checkbox"/>	\$3,000.00		5.00		\$15,000	\$15,000
TOTAL							\$15,000	\$15,000

Line Item #	Contractual Other Narrative:							
1	Parent Child Interactive Therapy	Unit Cost/Rate	\$3,000.00	Basis	Quantity	5.00	Duration	Other Cost \$15,000
	Parent Child Interaction Therapy - also known as PCIT - is an evidence-based treatment program designed for caregivers and their young children (2 to 7 years old) and adapted for use in children 8-10 who are experiencing social, behavioral, and/or emotional difficulties. The Training will be provided to therapists within the Broward Behavioral Health Coalition and Broward County networks to provide the therapeutic practice to children and their caregivers.							

Contractual Total Direct Charges for **Parent Child Interactive Therapy**

TOTAL DIRECT CHARGES FOR THIS AGREEMENT	TOTAL FEDERAL REQUEST	TOTAL NON-FEDERAL MATCH
	\$15,000	

Contractual Total Cost for **Parent Child Interactive Therapy**

TOTAL COST	TOTAL FEDERAL REQUEST	TOTAL NON-FEDERAL MATCH
\$15,000	\$15,000	

Contractual Details for **Triple P Positive Parenting Program**

Agreement #	Services and Deliverables Provided
7	Triple P Positive Parenting Program evidence-based practice training.

<input type="checkbox"/> Personnel	<input type="checkbox"/> Travel	<input type="checkbox"/> Supplies	<input type="checkbox"/> Indirect Charges
<input type="checkbox"/> Fringe Benefits	<input type="checkbox"/> Equipment	<input checked="" type="checkbox"/> Other	

Contractual Other Costs for **Triple P Positive Parenting Program**

Line Item #	Item	Check for Minor A&R	Calculation				FEDERAL REQUEST	NON-FEDERAL MATCH
			Unit Cost / Rate	Basis	Quantity	Duration		
1	Triple P Positive Parenting Program Training	<input type="checkbox"/>	\$2,140.00		4.00		\$8,560	\$8,560
2	Triple P Positive Parenting Program Training Materials	<input type="checkbox"/>	\$1,440.00		1.00		\$1,440	\$1,440
TOTAL							\$10,000	\$10,000

Line Item #	Contractual Other Narrative:							
1	Triple P Positive Parenting Program Training	Unit Cost/Rate	\$2,140.00	Basis	Quantity	4.00	Duration	Other Cost \$8,560
	Triple P Positive Parenting Program training to Federation of Families and Family Peer Specialists on how to facilitate Triple P Positive Parenting Program with caregivers.							
2	Triple P Positive Parenting Program Training Materials	Unit Cost/Rate	\$1,440.00	Basis	Quantity	1.00	Duration	Other Cost \$1,440
	Triple P Positive Parenting Program training materials for Family Peer Specialists as well as material for caregivers when participating in Triple P Positive Parenting Program.							

Contractual Total Direct Charges for Triple P Positive Parenting Program

	\$10,000	

Contractual Total Cost for Triple P Positive Parenting Program

\$10,000	\$10,000	

Contractual Details for Wraparound Training

Agreement #	Services and Deliverables Provided
8	Wraparound Training to Broward Behavioral Health Coalition and Broward County's network providers on implementation of Wraparound. Wraparound Training for partners within the community. Certification Coaching and Technical Assistance to Wraparound providers for staff to become Certified Wraparound Facilitators.

<input type="checkbox"/> Personnel	<input type="checkbox"/> Travel	<input type="checkbox"/> Supplies	<input type="checkbox"/> Indirect Charges
<input type="checkbox"/> Fringe Benefits	<input type="checkbox"/> Equipment	<input checked="" type="checkbox"/> Other	

Contractual Other Costs for Wraparound Training

Line Item #	Item	Check for Minor A&R	Calculation				FEDERAL REQUEST	NON-FEDERAL MATCH
			Unit Cost / Rate	Basis	Quantity	Duration		
1	Wraparound Training	<input type="checkbox"/>	\$1,000.00		2.00	3.00	\$6,000	\$6,000
2	Wraparound Facilitator's Certification Coaching	<input type="checkbox"/>	\$11,500.00		1.00		\$11,500	\$11,500
TOTAL							\$17,500	\$17,500

Line Item #		Unit Cost/Rate	Basis	Quantity	Duration	Other Cost
1	Wraparound Training	\$1,000.00		2.00	3.00	\$6,000
	Wraparound training is a three-day training designed to provide Case Managers with the skills necessary to implement Wraparound. This training is skills-based and teaches the basics of how to implement the Wraparound model.					
2	Wraparound Facilitator's Certification Coaching	\$11,500.00		1.00		\$11,500
	Wraparound Coaching is provided to Wraparound Facilitators for certification in the model.					

Contractual Total Direct Charges for **Wraparound Training**

	\$17,500	

Contractual Total Cost for **Wraparound Training**

\$17,500	\$17,500	

Contractual Details for The Journey Institute

Agreement #	Services and Deliverables Provided
9	Mental Health Trainings for Caregivers and Network Providers on identifying toxic stress and mental health challenges in the early childhood population. Training will consist of education to network providers on diagnosing the early childhood population with mental health disorders, the reflective consultation training which is a process that allows for network providers to hold case consultations about the early childhood population and vicarious trauma.

<input type="checkbox"/> Personnel	<input type="checkbox"/> Travel	<input type="checkbox"/> Supplies	<input type="checkbox"/> Indirect Charges
<input type="checkbox"/> Fringe Benefits	<input type="checkbox"/> Equipment	<input checked="" type="checkbox"/> Other	

Contractual Other Costs for **The Journey Institute**

Line Item #	Item	Check for Minor A&R	Calculation				FEDERAL REQUEST	NON-FEDERAL MATCH
			Unit Cost / Rate	Basis	Quantity	Duration		
1	Identifying Toxic Stress in Children Training	<input type="checkbox"/>	\$1,000.00		2.00		\$2,000	\$2,000
2	Diagnosing Children With Mental Health Disorders Training	<input type="checkbox"/>	\$1,500.00		1.00		\$1,500	\$1,500
3	Two-Day Reflective Consultation Training	<input type="checkbox"/>	\$2,000.00		1.00		\$2,000	\$2,000
4	Reflective Consultation Calls	<input type="checkbox"/>	\$150.00		2.00	9.00	\$2,700	\$2,700
TOTAL							\$8,200	\$8,200

Line Item #	Contractual Other Narrative:
1	Identifying Toxic Stress in Children Training
	Identifying Toxic Stress in Children is a training for parents on identifying toxic stress in children. It also trains network providers on identifying toxic stress in children.
	Diagnosing Children With Mental Health Disorder

Line Item #	Contractual Other Narrative:									
2	Diagnosing Children With Mental Health Disorders is a training to educate providers on assessing and diagnosing young children with mental health diagnoses. In addition, this training will educate network providers on how to assess for cultural barriers and considerations when diagnosing children and working with their families.									
3	Two-Day Reflective Consultation Training	Unit Cost/Rate	\$2,000.00	Basis	Quantity	1.00	Duration	Other Cost	\$2,000	
	Two-Day Reflective Consultation Training will educate providers on on vicarious trauma and how to process experiences through the reflective practice model.									
4	Reflective Consultation Calls	Unit Cost/Rate	\$150.00	Basis	Quantity	2.00	Duration	9.00	Other Cost	\$2,700
	Reflective practice consultation calls with providers will facilitate network providers' reflections and experiences of working with children in the early childhood age-range.									

Contractual Total Direct Charges for **The Journey Institute**

	\$8,200	

Contractual Total Cost for **The Journey Institute**

\$8,200	\$8,200	

Contractual Details for **Change Me Foundation, Inc.**

Agreement #	Services and Deliverables Provided
10	The Change Me Foundation is a network provider that will implement Wraparound services with children in the early childhood age-range and their families.

<input type="checkbox"/> Personnel	<input type="checkbox"/> Travel	<input type="checkbox"/> Supplies	<input type="checkbox"/> Indirect Charges
<input type="checkbox"/> Fringe Benefits	<input type="checkbox"/> Equipment	<input checked="" type="checkbox"/> Other	

Contractual Other Costs for **Change Me Foundation, Inc.**

Line Item #	Item	Check for Minor A&R	Calculation				FEDERAL REQUEST	NON-FEDERAL MATCH
			Unit Cost / Rate	Basis	Quantity	Duration	Contractual Other Cost	
1	Wraparound Services	<input type="checkbox"/>	\$19,928.00		1.00	4.00	\$79,712	\$79,712
2	Flexible Funds	<input type="checkbox"/>	\$500.00		1.00	10.00	\$5,000	\$5,000
TOTAL							\$84,712	\$84,712

Line Item #	Contractual Other Narrative:						
1	Wraparound Services	Unit Cost/Rate	\$19,928.00	Basis	Quantity 1.00	Duration 4.00	Other Cost \$79,712
	The Change Me Foundation will provide Wraparound facilitation as a team to children in the early childhood age-range and their families.						
2	Flexible Funds	Unit Cost/Rate	\$500.00	Basis	Quantity 1.00	Duration 10.00	Other Cost \$5,000
	Flexible funds to support the individualized needs of children, youth, and families that are not typically covered services and otherwise not reimbursable. Flexible funds are tied to children's/families' treatment plans as a temporary solution to address						

Line Item #	
	a specific need, and the funds shall non-recurring. Unit rate cost for flexible funds is \$500 per participant X 10 participants = \$5,000. If a participant needs more than \$500.00 for a specific need tied to treatment plan, funds will be made available to the children and their families.

Contractual Total Direct Charges for [Change Me Foundation, Inc.](#)

	\$84,712	

Contractual Total Cost for [Change Me Foundation, Inc.](#)

\$84,712	\$84,712	

Contractual Details for [Center for Community Learning - CLC](#)

Agreement #	Services and Deliverables Provided
11	The Cultural Linguistic Competency subcommittee and the System of Care will be supported with training and consultation on cultural and linguistic competency and equity by the Center for Community Learning. The Center for Community Learning will work with evaluation to develop the Disparities Impact Statement. The Center for Community Learning will assist with the ongoing implementation of CLAS Standards within the provider network, and provide technical assistance on engaging diverse and underserved populations.

<input type="checkbox"/> Personnel	<input type="checkbox"/> Travel	<input type="checkbox"/> Supplies	<input type="checkbox"/> Indirect Charges
<input type="checkbox"/> Fringe Benefits	<input type="checkbox"/> Equipment	<input checked="" type="checkbox"/> Other	

Contractual Other Costs for [Center for Community Learning - CLC](#)

Line Item #	Item	Check for Minor A&R	Calculation				FEDERAL REQUEST	NON-FEDERAL MATCH
			Unit Cost / Rate	Basis	Quantity	Duration	Contractual Other Cost	
1	Cultural and Linguistic Competency/Equity Training and Consultation	<input type="checkbox"/>	\$87.00		68.97		\$6,000	\$6,000
TOTAL							\$6,000	\$6,000

Line Item #	Contractual Other Narrative:							
1	Cultural and Linguistic Competency/Equity Training	Unit Cost/Rate	\$87.00	Basis	Quantity	68.97	Duration	Other Cost \$6,000
	The Cultural Linguistic Competency subcommittee and the System of Care will be supported with training and consultation on cultural and linguistic competency and equity by the Center for Community Learning. The Center for Community Learning will work with evaluation to develop the Disparities Impact Statement. The Center for Community Learning will assist with the ongoing implementation of CLAS Standards within the provider network, and provide technical assistance on engaging diverse and underserved populations.							

Contractual Total Direct Charges for [Center for Community Learning - CLC](#)

TOTAL DIRECT CHARGES FOR THIS AGREEMENT	TOTAL FEDERAL REQUEST	TOTAL NON-FEDERAL MATCH
	\$6,000	

Contractual Total Cost for **Center for Community Learning - CLC**

TOTAL COST	TOTAL FEDERAL REQUEST	TOTAL NON-FEDERAL MATCH
\$6,000	\$6,000	

Contractual Details for **LPB Concepts and Solutions, LLC**

Agreement #	Services and Deliverables Provided
12	Social Marketing Consultation

<input type="checkbox"/> Personnel	<input type="checkbox"/> Travel	<input type="checkbox"/> Supplies	<input type="checkbox"/> Indirect Charges
<input type="checkbox"/> Fringe Benefits	<input type="checkbox"/> Equipment	<input checked="" type="checkbox"/> Other	

Contractual Other Costs for **LPB Concepts and Solutions, LLC**

Line Item #	Item	Check for Minor A&R	Calculation				FEDERAL REQUEST	NON-FEDERAL MATCH
			Unit Cost / Rate	Basis	Quantity	Duration	Contractual Other Cost	
1	Social Marketing Consultation	<input type="checkbox"/>	\$86.20		58.00		\$5,000	\$5,000
TOTAL							\$5,000	\$5,000

Line Item #	Contractual Other Narrative:							
1	Social Marketing Consultation	Unit Cost/Rate	\$86.20	Basis	Quantity	58.00	Duration	Other Cost \$5,000
	LPB Concepts & Solutions, LLC (Social Marketing) will work with Broward Behavioral Health Coalition and the local Federation of Families Chapter under the South Florida Wellness Network in promoting OCP4 by branding and marketing the initiative through social media and events, while implementing the social marketing plan. Additionally, they will provide technical assistance and coaching to teach caregivers how to incorporate marketing knowledge for the sustainability of the initiative once grant is completed. The Social Marketing Consultation will lead the development of mental health awareness and promotion campaigns and material within the system of care, geared towards the early childhood population.							

Contractual Total Direct Charges for **LPB Concepts and Solutions, LLC**

TOTAL DIRECT CHARGES FOR THIS AGREEMENT	TOTAL FEDERAL REQUEST	TOTAL NON-FEDERAL MATCH
	\$5,000	

Contractual Total Cost for **LPB Concepts and Solutions, LLC**

TOTAL COST	TOTAL FEDERAL REQUEST	TOTAL NON-FEDERAL MATCH
\$5,000	\$5,000	

Contractual Details for **Corporate Behavioral Health Financial Consultants**

Agreement #	Services and Deliverables Provided
13	Financial Accounting, Reporting, Budgeting, Billing

<input type="checkbox"/> Personnel	<input type="checkbox"/> Travel	<input type="checkbox"/> Supplies	<input type="checkbox"/> Indirect Charges
<input type="checkbox"/> Fringe Benefits	<input type="checkbox"/> Equipment	<input checked="" type="checkbox"/> Other	

Contractual Other Costs for **Corporate Behavioral Health Financial Consultants**

Line Item #	Item	Check for Minor A&R	Calculation				FEDERAL REQUEST	NON-FEDERAL MATCH
			Unit Cost / Rate	Basis	Quantity	Duration	Contractual Other Cost	
1	Financial Accounting, Reporting, Budgeting, Billing	<input type="checkbox"/>	\$75.00		22.22	12.00	\$19,998	\$19,998
TOTAL							\$19,998	\$19,998

Line Item #	Contractual Other Narrative:									
1	Financial Accounting, Reporting, Budgeting, Billing	Unit Cost/Rate	\$75.00	Basis	Quantity	22.22	Duration	12.00	Other Cost	\$19,998
Corporate Behavioral Health Financial Consultants will provide financial, accounting, reporting, budgeting and billing services for this grant. The rate is \$1,666.67 per month (\$75 x 22.22 hrs.).										

Contractual Total Direct Charges for **Corporate Behavioral Health Financial Consultants**

TOTAL DIRECT CHARGES FOR THIS AGREEMENT	TOTAL FEDERAL REQUEST	TOTAL NON-FEDERAL MATCH
	\$19,998	

Contractual Total Cost for **Corporate Behavioral Health Financial Consultants**

TOTAL COST	TOTAL FEDERAL REQUEST	TOTAL NON-FEDERAL MATCH
\$19,998	\$19,998	

Contractual Details for Children's Services Council: Behavioral Health Out of School Program

Agreement #	Services and Deliverables Provided
14	Behavioral Health Out of School Program

<input type="checkbox"/> Personnel	<input type="checkbox"/> Travel	<input type="checkbox"/> Supplies	<input type="checkbox"/> Indirect Charges
<input type="checkbox"/> Fringe Benefits	<input type="checkbox"/> Equipment	<input checked="" type="checkbox"/> Other	

Contractual Other Costs for **Children's Services Council: Behavioral Health Out of School Program**

Line Item #	Item	Check for Minor A&R	Calculation				FEDERAL REQUEST	NON-FEDERAL MATCH
			Unit Cost / Rate	Basis	Quantity	Duration	Contractual Other Cost	

Line Item #	Item	Check for Minor A&R	Calculation					FEDERAL REQUEST	NON-FEDERAL MATCH
			Unit Cost / Rate	Basis	Quantity	Duration	Contractual Other Cost		
1	Children's Services Council: Behavioral Health Out of School Program	<input type="checkbox"/>	\$85.79		3,893.23		\$334,000	\$0	\$334,000
TOTAL							\$334,000	\$0	\$334,000

Line Item #	Contractual Other Narrative:								
1	Children's Services Council: Behavioral Health Out of School Program	Unit Cost/Rate	\$85.79	Basis	Quantity	3,893.23	Duration	Other Cost	\$334,000
1	The Children's Services Council will use the Behavioral Health Out of School Programs as match in the amount of \$334,000 during Years 1-3 of the grant. In Year 4 the Children's Services Council will provide a 1-to-1 dollar match using the Behavioral Health Out of School Programs.								

Contractual Total Direct Charges for [Children's Services Council: Behavioral Health Out of School Program](#)

TOTAL DIRECT CHARGES FOR THIS AGREEMENT	TOTAL FEDERAL REQUEST	TOTAL NON-FEDERAL MATCH
	\$0	\$334,000

Contractual Total Cost for [Children's Services Council: Behavioral Health Out of School Program](#)

TOTAL COST	TOTAL FEDERAL REQUEST	TOTAL NON-FEDERAL MATCH
\$334,000	\$0	\$334,000

G. Construction: Not Applicable

H. Other

Line Item #	Item	Check if Minor A&R	Calculation					FEDERAL REQUEST	NON-FEDERAL MATCH
			Unit Cost / Rate	Basis	Quantity	Duration	Other Cost		
1	Registration Fees for training workshops and/or conferences for Broward County staff	<input type="checkbox"/>	\$382.00		1.00		\$382	\$382	
TOTAL							\$382	\$382	

Line Item #	Other Narrative:								
1	Registration Fees for training workshops and/or conferences for Broward County staff	Unit Cost/Rate	\$382.00	Basis	Quantity	1.00	Duration	Other Cost	\$382
1	Registration, training, or workshop fees for behavioral of mental health conferences.								

I. Total Direct Charges

TOTAL DIRECT CHARGES	TOTAL FEDERAL REQUEST	TOTAL NON-FEDERAL MATCH
	\$1,000,000	\$350,851

J. Indirect Charges

Type of IDC Rate / Cost Allocation Plan

We will not charge IDC to the award

Indirect Charges

End Date of Effective Period of Approved IDC Rate Agreement	Calculation			FEDERAL REQUEST	NON- FEDERAL MATCH
	Approved IDC Rate (%)	Approved Base	IDC		
N/A	0.00%	\$0	\$0	\$0	\$0
TOTAL			\$0	\$0	\$0

Indirect Charges Narrative:

REVIEW OF COST SHARING AND MATCHING

The table below compares the amount of matching funds (NON-FEDERAL MATCH) entered in the budget with the minimum required match calculated based on the match ratio entered on page 1.

FEDERAL REQUEST (amount of federal funds requested in the budget)	NON-FEDERAL MATCH (your matching funds entered in the budget)	REQUIRED NON-FEDERAL MATCH (minimum match required per the match ratio on page 1)
\$1,000,000	\$350,851	\$333,333

BUDGET SUMMARY: YEAR 1

BUDGET CATEGORY	FEDERAL REQUEST	NON-FEDERAL MATCH
A. Personnel	\$48,150	\$12,220
B. Fringe Benefits	\$17,931	\$4,631
C. Travel	\$1,178	\$0
D. Equipment	\$0	\$0
E. Supplies	\$1,541	\$0
F. Contractual	\$930,818	\$334,000
G. Construction (N/A)	\$0	\$0
H. Other	\$382	\$0

I. Total Direct Charges (sum of A to H)	\$1,000,000	\$350,851
J. Indirect Charges	\$0	\$0
Total Projects Costs (sum of I and J)	\$1,000,000	\$350,851

BUDGET SUMMARY FOR REQUESTED FUTURE YEARS

	Year 2		Year 3		Year 4		Year 5	
Budget Category	FEDERAL REQUEST	NON-FEDERAL MATCH	FEDERAL REQUEST	NON-FEDERAL MATCH	FEDERAL REQUEST	NON-FEDERAL MATCH	FEDERAL REQUEST	NON-FEDERAL MATCH
A. Personnel	\$48,150	\$12,220	\$48,150	\$12,220	\$48,150	\$12,220		
B. Fringe Benefits	\$17,931	\$4,631	\$17,931	\$4,631	\$17,931	\$4,631		
C. Travel	\$1,178		\$1,178		\$1,178			
D. Equipment								
E. Supplies	\$1,541		\$1,541		\$1,541			
F. Contractual	\$930,818	\$334,000	\$930,818	\$334,000	\$930,818	\$1,000,000		
G. Construction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
H. Other	\$382		\$382		\$382			
I. Total Direct Charges (sum A to H)	\$1,000,000	\$350,851	\$1,000,000	\$350,851	\$1,000,000	\$1,016,851	\$0	\$0
J. Indirect Charges								
Total Project Costs (sum of I and J)	\$1,000,000	\$350,851	\$1,000,000	\$350,851	\$1,000,000	\$1,016,851	\$0	\$0

Budget Summary Narrative:

FUNDING LIMITATIONS / RESTRICTIONS

Funding Limitation/Restriction

Evaluation is 19.98% (below the limitation/restriction of 20%). Data evaluation SOC Partners = \$139,635 + Peer Evaluation Salary \$42,000 + fringe \$12,600 + mileage \$4,258 + participants' evaluation incentives \$1,320 = \$199,813.
Infrastructure is 29.8% (below the limitation/restriction of 30%). Line Items personnel = \$48,150, fringe \$17,931, travel \$1,178, supplies \$1,541, oversight \$62,791, consultants \$166,412 = \$298,003. See word document attachment.

	Year 1	Year 2	Year 3	Year 4	Year 5	Total for Budget Category
A. Personnel	\$48,150	\$48,150	\$48,150	\$48,150		\$192,600
B. Fringe Benefits	\$17,931	\$17,931	\$17,931	\$17,931		\$71,724
C. Travel	\$1,178	\$1,178	\$1,178	\$1,178		\$4,712
D. Equipment						
E. Supplies	\$1,541	\$1,541	\$1,541	\$1,541		\$6,164
F. Contractual	\$930,818	\$930,818	\$930,818	\$930,818		\$3,723,272

H. Other	\$382	\$382	\$382	\$382		\$1,528
I. Total Direct Charges (sum A to H)	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000		\$4,000,000
J. Indirect Charges						
TOTAL for the Budget Year	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000		\$4,000,000
Percentage of the Budget	100.000%	100.000%	100.000%	100.000%		

Funding Limitation/Restriction Narrative:
Agreements #4 Line Item 1, and agreement #5 Line item #1 are for data evaluation and do not exceed the restriction amount for evaluation activities.

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006

Expiration Date: 02/28/2022

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. SM-23-013 - Federal	93.104			\$1,000,000	\$0	\$1,000,000
2. SM-23-013 - Non-Federal	93.104				\$350,851	\$350,851
3.						
4.						
5. Totals				\$1,000,000	\$350,851	\$1,350,851

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	SM-23-013 - Federal	SM-23-013 - Non-Federal			
a. Personnel	\$48,150	\$12,220			\$60,370
b. Fringe Benefits	\$17,931	\$4,631			\$22,562
c. Travel	\$1,178	\$0			\$1,178
d. Equipment	\$0	\$0			\$0
e. Supplies	\$1,541	\$0			\$1,541
f. Contractual	\$930,818	\$334,000			\$1,264,818
g. Construction	\$0	\$0	\$0	\$0	\$0
h. Other	\$382	\$0			\$382
i. Total Direct Charges (sum of 6a-6h)	\$1,000,000	\$350,851			\$1,350,851
j. Indirect Charges	\$0	\$0			\$0
k. TOTALS (sum of 6i and 6j)	\$1,000,000	\$350,851			\$1,350,851
7. Program Income					

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SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8. SM-23-013 - Federal				
9. SM-23-013 - Non-Federal	\$16,851		\$334,000	\$350,851
10.				
11.				
12. TOTAL (sum of lines 8-11)	\$16,851		\$334,000	\$350,851

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$1,000,000	\$250,000	\$250,000	\$250,000	\$250,000
14. Non-Federal	\$350,851	\$87,713	\$87,713	\$87,713	\$87,712
15. TOTAL (sum of lines 13 and 14)	\$1,350,851	\$337,713	\$337,713	\$337,713	\$337,712

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16. SM-23-013 - Federal	\$1,000,000	\$1,000,000	\$1,000,000	\$0
17. SM-23-013 - Non-Federal	\$350,851	\$350,851	\$1,016,851	\$0
18.				
19.				
20. TOTAL (sum of lines 16 - 19)	\$1,350,851	\$1,350,851	\$2,016,851	\$0

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges:	22. Indirect Charges:
23. Remarks:	

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