

ADDENDUM #3 – (DTD 04/28/09) CHANGES THE PROPOSAL OPENING DATE FROM THE CURRENT 2:00 P.M./M.S.T. ON APRIL 29, 2009, TO A NEW OPENING DATE OF 2:00 P.M./M.S.T. ON MAY 20, 2009. CHANGE IS INDICATED BY BOLD.

ADDENDUM #2 – (DTD 04/10/09) CHANGES THE PROPOSAL OPENING DATE FROM THE CURRENT 2:00 P.M./M.S.T. ON APRIL 15, 2009, TO A NEW OPENING DATE OF 2:00 P.M./M.S.T. ON APRIL 29, 2009. CHANGE IS INDICATED BY BOLD.

ADDENDUM #1 – (DTD 03/23/09) CHANGES THE PROPOSAL OPENING DATE FROM THE CURRENT 2:00 P.M./M.S.T. ON MARCH 25, 2009, TO A NEW OPENING DATE OF 2:00 P.M./M.S.T. ON APRIL 15, 2009. CHANGE IS INDICATED BY BOLD.



NOTICE OF RE-SOLICITATION

SERIAL 07077-RFP

**REQUEST FOR PROPOSAL FOR: RYAN WHITE PART A SERVICES -
PRIMARY HIV MEDICAL CARE - HCM**

Notice is hereby given sealed proposals will be received by the Materials Management Department, Materials Management Center, 320 West Lincoln Street, Phoenix, Arizona 85003-2494, **until 2:00 P.M./M.S.T. on MARCH 25, 2009 ~~APRIL 15 29~~ May 20, 2009** for the furnishing of the following for Maricopa County. Proposals/Applications will be opened by the Materials Management Director (or designated representative) at an open, public meeting at the above time and place.

Proposals/Applications (**original (labeled as "original") and 3 copies, (labeled as copy)**) will be opened by the Materials Management Director (or designated representative) at an open, public meeting at the above time and place.

All Proposals must be signed, sealed and addressed to the Materials Management Department, Materials Management Center, 320 West Lincoln Street, Phoenix, Arizona 85003-2494, and marked "**SERIAL 07077-RFP REQUEST FOR PROPOSAL FOR RYAN WHITE PART A SERVICES - PRIMARY HIV MEDICAL CARE - HCM**"

The Maricopa County Procurement Code ("The Code") governs this procurement and is incorporated by this reference. Any protest concerning this Request for Proposal must be filed with the Procurement Officer in accordance with Section MC1-905 of the Code.

ALL ADMINISTRATIVE INFORMATION CONCERNING THIS REQUEST FOR PROPOSAL AND THE CONTRACTUAL TERMS AND CONDITIONS CAN BE LOCATED AT <http://www.maricopa.gov/materials>. THE MCDWM&D RYAN WHITE PROGRAM POLICIES MANUAL MAY ALSO BE FOUND AT THE ABOVE NOTED LINK. ANY ADDENDA TO THIS REQUEST FOR PROPOSAL WILL BE POSTED ON THE MARICOPA COUNTY MATERIALS MANAGEMENT WEB SITE UNDER THE SOLICITATION SERIAL NUMBER.

PROPOSAL ENVELOPES WITH INSUFFICIENT POSTAGE WILL NOT BE ACCEPTED BY THE
MARICOPA COUNTY MATERIALS MANAGEMENT CENTER

DIRECT ALL INQUIRIES TO:

STAN FISHER
SENIOR PROCUREMENT OFFICER
TELEPHONE: (602) 506-3274
E-mail: sfisher@mail.maricopa.gov

NOTE: MARICOPA COUNTY PUBLISHES ITS SOLICITATIONS ONLINE AND THEY ARE AVAILABLE FOR VIEWING AND/OR DOWNLOADING AT THE FOLLOWING INTERNET ADDRESS:

<http://www.maricopa.gov/materials/advbd/advbd.asp>

VENDORS MUST ACKNOWLEDGE RECEIPT OF THIS ADDENDUM WITH THEIR BID

Signature:

Date:

NO RESPONSE

Respondents not responding to this Request for Proposal are asked to complete this document and return it to Maricopa County Materials Management Department, 320 W. Lincoln St., Phoenix, AZ 85003-2494 or fax to 602/258-1573.

MARK OUTSIDE ENVELOPE “SERIAL 07077 –RFP RE-SOLICITATION EFFORT

Responses must be received **BY 2:00 P.M., MARCH 25 MAY 20, 2009.** Respondents failing to submit a proposal, or this document, may be subject to removal from the Maricopa County Materials Management Contractor List.

SERIAL 07077 - RFP TITLE: **RYAN WHITE PART A SERVICES PRIMARY HIV MEDICAL CARE – HCM**

CONTRACTOR NAME: _____

ADDRESS: _____

PHONE: _____ CONTACT: _____

REASON FOR NOT SUBMITTING A PROPOSAL:

- _____ Insufficient time
- _____ Do not handle product/service
- _____ Other: _____
- _____
- _____

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REQUEST FOR PROPOSAL FOR: **RYAN WHITE TITLE 1 SERVICES PRIMARY HIV MEDICAL CARE - HCM**

1.0 INTENT:

The purpose of this Request for Proposal is to solicit proposals for Ryan White Part A services for Maricopa and Pinal Counties. Maricopa County reserves the right to award multiple contracts within a service category and to add additional contractors at any time to ensure adequate services to meet County needs. Additionally, the County seeks service providers to: 1) reduce the unmet need within the EMA (individuals who know they are HIV+ and are not accessing Primary Medical Care), 2) serve traditionally underserved/underrepresented populations within the EMA’s care system (Hispanics, African Americans and American Indians, etc), 3) expand the Part A provider system to all areas of the EMA (Maricopa and Pinal counties).

HRSA funded ‘core’ service(s) that is being solicited, by way of this Request For Proposal, is defined below:

OUTPATIENT MEDICAL CARE

<i>SERVICE/PRIORITY NUMBER</i>	<i>SERVICE UNIT DEFINITION</i>	<i>SERVICE GOAL</i>
<i>1. OUTPATIENT MEDICAL CARE</i>	<i>1 Face to Face Medical Encounter, Medical Procedures/Office Visit = 1 unit of service</i>	<i>To ensure access to HIV Specialty medical care for HIV-infected individuals in the EMA according to Public Health guidelines</i>

PLANNING COUNCIL DEFINITION: Primary Medical Care

Provision of professional, diagnostic, and therapeutic services rendered by a physician, physician’s assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not outpatient settings. Services includes diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service’s guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.

1.1 PURPOSE OF THE PROGRAM, AUTHORITY AND BACKGROUND:

The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act was first enacted in 1990 and amended in 1996 and 2000. Currently, the Act was reauthorized in December of 2006 and is called the Ryan White Comprehensive HIV/AIDS Treatment Modernization Act of 2006. The authority for this grant program is the Public Health Service Act Section 2603, 42 USC 300ff-13. The U.S. Department of Health and Human Services (DHHS) administers the Part A program through the Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB), Division of Service System (DSS). The entire CARE Act may be accessed at <http://hab.hrsa.gov/law.htm>.

Part A funds provide direct financial assistance to Eligible Metropolitan Area (EMAs) that have been the most severely affected by the HIV epidemic. Formula and supplemental funding components of the grant assist EMAs in developing or enhancing access to a comprehensive continuum of high quality, community-based care for low-income individuals and families with HIV disease. A comprehensive continuum of care includes primary medical care, HIV-related medications, mental health treatment, substance abuse treatment, oral health and case management services that assist PLWH/A (People Living with HIV/AIDS) in accessing treatment of HIV infection that is consistent with Public Health Service (PHS) Treatment Guidelines (current treatment guidelines are available at www.AIDSinfo.nih.gov). Comprehensive HIV/AIDS care beyond these core services also includes access to other health services (e.g. home health care, nutritional, and rehabilitation service). In addition, this continuum of care may include supportive services that enable individuals to access and remain in primary medical care (e.g. outreach, transportation, treatment adherence, child welfare services, and health education/risk reduction).

Part A supplemental funds have been awarded since fiscal year (FY) 1999 under the Minority AIDS Initiative (MAI) to improve the quality of care and health outcomes in communities of color disproportionately impacted by the HIV epidemic. Funds are to initiate, modify, or expand culturally and linguistically appropriate HIV care services for disproportionately impacted communities of color. Following Congressional intent, MAI funds must be used to expand or support new initiatives consistent with these goals.

MAI funds are subject to special conditions of award, and providers of services funded with MAI funds must document their use separately from other Part A funds. In addition to the standard reports required by the Administrative Agency and CADR, progress reports must be provided in a beginning of year, Mid-Year Progress Report, and end-of-fiscal year Final Progress Report. This information reported is used to monitor:

- 1 Compliance with the MAI Condition of Award and related requirements;
- 2 Progress in meeting planned objectives;
- 3 Potential grantee technical assistance needs;
- 4 Type and quantity of services delivered and demographics of clients served, and;
- 5 Improvements in access and health outcomes being achieved through these services.

In preparing all responses to this Request for Proposal (RFP), applicant should consider how efforts at the local level are consistent with the Ryan White HIV/AIDS Treatment Modernization Act of 2006 which emphasizes the use of funds to address the service needs of “individuals who know their HIV status and are not receiving primary medical care services and for informing individuals of and enabling the individuals to utilize the services, giving particular attention to eliminating disparities in access and services among affected subpopulations and historically underserved communities” Section 2602 (b)(4)(D)(i). For more details, see the Letter of Authorization on Early Intervention Services <http://ftp.hrsa.gov/hab>.

Additionally, applicants should consider the impact of the epidemic within the Phoenix EMA, which consists of Maricopa and Pinal counties. Several studies are available for applicants to review including:

- 1 2006 Hispanic PLWH/A Needs Assessment
- 2 2006 African American PLWH/A Needs Assessment
- 3 2006 PLWH/A Out of Care Needs Assessment
- 4 2006 Pinal County Needs Assessment
- 5 Phoenix EMA 2006-2009 Comprehensive Plan

All reports can be viewed at the Phoenix EMA Ryan White Planning Council's website at:

http://www.maricopa.gov/Public_Health/ControlPrevention/HIVAIDS/PC/publications.aspx

Moreover, in developing your application you should consider the HIV/AIDS Bureau (HAB) Guiding Principles indicated below that have significant implications for HIV/AIDS care services planning.

- 1 The HIV/AIDS epidemic is growing among traditionally underserved and hard-to-reach populations;
- 2 The quality of emerging HIV/AIDS therapies can make a difference in the lives of people living with HIV disease;
- 3 Changes in the economics of health care are affecting HIV/AIDS care network; and
- 4 Outcomes are critical component of program performance.

All CARE Act funded projects in any service category must participate in the existing community-based continuum of care. This concept requires that services in a community must be organized to respond to the individual's or family's changing needs, in order to reduce fragmentation of care. For the Phoenix EMA to achieve this intent as required by HRSA guidance funded providers will be required to attend meetings sponsored by the Phoenix EMA Ryan White Planning Council and other management and technical assistance meetings deemed mandatory by Maricopa County Department of Workforce Management and Development, Ryan White Part A Program.

Lastly, Part A funds must be used in a manner consistent with current and future HRSA policies as developed by the Division of Services Systems, HIV/AIDS Bureau. These policies can be reviewed on the HAB website at <http://hab.hrsa.gov>.

1.2 THE PHOENIX EMA RYAN WHITE PLANNING COUNCIL

The Phoenix EMA Ryan White Planning Council (PC) is a planning body required under the Part A authorization. The Maricopa County Board of Supervisors serves as the Chief Elected Official for the Planning Council. Membership of the PC must be reflective of the epidemic within the Phoenix EMA and includes representatives from a variety of specific groups such as providers of housing and homeless shelters, HIV prevention services, representatives of individuals who were formerly Federal, State or local prisoners released from the custody of the penal system and had HIV disease on the date released, other mandated entities and interested advocates. The PC establishes service priorities, allocates Part A funds, develops a comprehensive plan, and addresses the efficiency of the grantee's administrative mechanism for rapidly contracting out funds to service providers.

The PC establishes Directives for service categories that are additional requirements that must be incorporated into the program plan along with applicable Standards of Care. These Directives are discussed under the service category description and should also guide prospective applicants in the development of goals objectives and a work plan.

1.3 ADMINISTRATIVE AGENT AND QUALITY MANAGEMENT

Part AA funds are awarded to the chief elected official (CEO).

The CEO retains ultimate responsibility for submitting grant applications, ensuring that funds awarded are used appropriately, and complying with reporting or other requirements. Most CEOs delegate day-to-day responsibility for administering their Part A award to a health related department within the jurisdiction. .

For the purposes of this section, the CEO of the EMA has delegated this responsibility to the Ryan White Part A Program within Maricopa County Department of Workforce Management and Development.

Administrative activities under the authority of the Administrative Agent include:

Routine grant administration and monitoring activities, including the development of applications for funds, the receipt, monitoring and disbursement of program funds, the development and establishment of reimbursement and accounting systems, the preparation of routine programmatic and financial reports, compliance with grant conditions and audit requirements/promulgation of policies and procedures and continuous quality improvement initiatives.

All activities associated with the grantee's contract award procedures, including the development of requests for proposals, contract proposal review activities, negotiation and awarding of contracts, monitoring of contracts through telephone consultation, written documentation or onsite visits, reporting on contracts, and funding reallocation activities.

The administrative agent will conduct site visits with service providers to monitor program and fiscal compliance with contracts. Additionally, where applicable, the administrative agent will conduct site visits to monitor a service provider to ensure the adherence to the EMA's Standards of Care as developed by the PC.

Contract compliance monitoring may be made by the Administrative Agency at any time during the Provider's normal business hours, announced or unannounced. The Provider shall make available for inspection and/or copying, all records and accounts relating to the work performed or the services under this contract.

The lead agency (Contractor) agrees to include any subcontracts a provision to the effect that the subcontractor agrees that Maricopa County Department of Workforce Management and Development shall have access to the subcontractor's facilities and the right to examine any books, documents, and records of the subcontractor, involving transactions related to the subcontract. Additionally, client charts, care/treatment plans, eligibility requirements, etc shall be available for inspection.

The Administrative Agent will also, provide technical assistance and training that providers may be required to attend.

The CARE Act requires the establishment of quality management program and quality service indicators for all Part A programs to ensure that persons living with HIV disease receive those services and that the quality of those services meet certain criteria, specifically Standards of Care and the Public Health Services treatment guidelines.

The Maricopa County Department of Workforce Management and Development, Ryan White Part A Program has established a Quality Management Program to assess all services funded under Ryan White Part A Program and to achieve the goals set forth in the CARE Act. All funded programs are subject to quality management reviews and technical assistance. All agencies must be able to demonstrate that health and support services supported by Part A funds are consistent with PHS treatment guidelines and the Standards of Care as established by the Planning Council.

All funded providers will be asked to submit quality management plans to reflect how providers are ensuring quality services.

1.4 APPLICANT ELIGIBILITY

Eligible applicants for awards under this bid include public or non-profit health and social services providers, and other non-profit community organizations, medical care providers, community-based organizations, HIV/AIDS service organizations, academic entities, and city, county, state, federal governmental units. The CARE Act Amendments of 1996 provide for contracting with for-profit entities under certain limited circumstances. Specifically, the amendments allow Part A funds to be used to provide direct financial assistance through contracts with private for-profit entities if such entities are the only available provider of quality HIV care in the area (Sec 2604(b) (2) (A); Section 2631(a) (1). Contractors are prohibited from serving as conduits to pass on their

awards to for-profit entities. **To better serve Persons Living with HIV/AIDS (PLWHA) within the EMA, the Maricopa County Department of Workforce Management and Development reserves the right, at its discretion, to issue multiple contracts within a service category pursuant to this Request for Proposal.**

All services must be directed to enhance the delivery of services to persons living with HIV, and, in limited, restricted instances, their families. These funds may not be used for prevention services.

Joint proposals from coalitions of agencies and organizations are allowable. However, if a lead agency (prime contractor) is proposing to sub-contract with another agency to perform more than 50% of the deliverables, the proposal must provide sufficient information regarding the qualifications of the sub-contracting agency.

In all cases, a lead agency (as prime contractor) must be identified. All proposals in response to this RFP which includes the use of subcontractors must be submitted by a lead agency, with the approach to use the subcontractor(s) clearly outlined in their proposal.

All providers must have documented evidence to substantiate referral relationships on an ongoing basis. All offerers must submit any written agreements with other organizations/entities that serve the community of persons living with HIV and are 1) service providers and/or 2) points of entry or access to HIV services. All offerers are strongly encouraged to include copies of such agreements, detailing each agencies/organization's roles and responsibilities, with each application.

The use of subcontractors and/or consultants must be pre-approved by the Maricopa County Department of Workforce Management and Development. If approved, the Contractor agrees to use written agreements which conform to Federal and State laws, regulations and requirements of this proposal appropriate to the service or activity defined by this RFP. These provisions apply with equal force to the subcontract as if the subcontractor were the contractor referenced herein. The Contractor is responsible for the performance of this contract regardless of whether or not a subcontract is used. The lead agency (Contractor) will submit a copy of each executed subcontract to the MCDWM&D within fifteen (15) days of its effective date.

All proposals in response to this RFP which include the use of subcontractors must clearly state and document the details of the subcontract agreement. This will include a scope/intent of work for both the lead agency and all subcontracts proposed. The scope of the proposal must clearly identify the services to be provided by all parties for the proposal. Additionally, all subcontract agreements proposed must include a detailed budget and narrative, identifying all administrative costs, as defined in the "Administrative Costs" section of this RFP. Subcontracts will be restricted to no more than ten percent of the budget proposed.

1.5 TECHNICAL ASSISTANCE

All interested parties are ***strongly encouraged*** to utilize the Ryan White Title I EMA, technical assistance is available to orient new providers at your organization, working through the service goals, service unit definition, process expected for service provision, and the administrative documentation required to comply with Phoenix EMA Standards of Care and reporting requirements. This technical assistance will ensure that your internal processes meet the standards required and will assist you in fulfilling these requirements such that invoices are promptly paid.

The Ryan White Part A program has made available a technical assistance team to be available to assist applicants with how to prepare a successful response to this request for proposal. The assistance may be provided in person and/or telephone conferencing/e-mail. It is our goal that an applicant would be able to have a minimum of one in person meeting with follow up and completion using additional telephone and email communications. The assistance will include assistance with the preparation of the application, work plan and budget documents to guide the applicant in submitting a successful proposal.

Through the Ryan White Part A program assistance may be requested by contacting Jennifer Hawkins at 602-506-1293 or via email at hawkinsj002@mail.maricopa.gov and the appropriate assistance will be secured.

2.0 SCOPE OF SERVICES:

Emphasis on Primary Medical Care services: MCWM&D continues to emphasize more specialized care with the value of improved clinical outcomes associated with care from HIV-knowledgeable/experienced providers, expanded access to and availability of mental health services, and specialized medication adherence and monitoring support. FY2007 funding for Primary Medical Care is \$2,113,407 (35% of allocations, an increase of 7% from FY 2006)

- 1 Increased access to care in rural areas: Expanded partnerships with clinics in the rural areas of the EMA are being currently being developed by the Administrative Agency and the Planning Council. Cost effectiveness and service delivery challenges are being addressed to provide the improved outcomes associated with patient compliance while addressing the underserved and disproportionately impacted rural areas of the EMA. Primary care services are being competitively bid in FY2007 to increase geographic diversity of services and provide greater accessibility to medical care.
- 2 PLANNING COUNCIL DIRECTIVES
- 3 In the ongoing efforts of the Ryan White Part A Planning Council to reach the historically underserved communities, the following directives have been issued for Primary Medical Care:
- 4 It is the responsibility of the Provider(s) to adequately promote the availability of the extended hours offered for this service category. For more details, see section 4.28, PROGRAM MARKETING INITIATIVES, of this RFP.

3.0 CONTRACTURAL ADMINISTRATIVE LANGUAGE:

3.1 REFERENCES:

Respondents must provide (SEE SERVICE PROVIDER APPLICATION FORM) at least five (5) reference accounts to which they are presently providing like service. Included must be the name of the government or company, individual to contact, phone number, street address and e-mail address. Preference may be given to Respondents providing government accounts similar in size to Maricopa County.

3.2 CONTRACTOR LICENSE REQUIREMENT:

The Respondent shall procure all permits, licenses and pay the charges and fees necessary and incidental to the lawful conduct of his business. The Respondent shall keep fully informed of existing and future Federal, State and Local laws, ordinances, and regulations which in any manner affect the fulfillment of a Contract and shall comply with the same.

Respondents furnishing finished products, materials or articles of merchandise that will require installation or attachment as part of the Contract, shall possess any licenses required. A Respondent is not relieved of its obligation to possess the required licenses by subcontracting of the labor portion of the Contract. Respondents are advised to contact the Arizona Registrar of Contractors, Chief of Licensing, at (602) 542-1502 to ascertain licensing requirements for a particular contract. Respondents shall identify which license(s), if any, the Registrar of Contractors requires for performance of the Contract.

3.3 CONTRACTOR STATUS:

The Contractor is an independent Contractor in the performance of work and the provision of services under this Contract and is not to be considered an officer, employee, or agent of Maricopa County

3.4 PROPRIETARY INFORMATION:

Proprietary information submitted by a Respondent in response to a Request for Proposal shall remain confidential as determined by law or regulation.

3.5 CONTRACT REPRESENTATIVES:

Any changes in the method or nature of work to be performed under a Contract must be processed by the County's authorized representative. Upon the execution of a Contract, the County will name its representative who will be legally authorized to obligate the County.

3.6 FINANCIAL STATUS:

All Respondents shall make available upon request a current audited financial statement, a current audited financial report, or a copy of a current federal income tax return prepared in accordance with Generally Accepted Accounting Principles or Standards. Failure or refusal to provide this information within five (5) business days after communication of the request by the County shall be sufficient grounds for the County to reject a response, and to declare a Respondent non-responsive as that term is defined in the Maricopa County Procurement Code.

If a Respondent is currently involved in an ongoing bankruptcy as a debtor, or in a reorganization, liquidation, or dissolution proceeding, or if a Respondent or receiver has been appointed over all or a substantial portion of the property of the Respondent under federal bankruptcy law or any state insolvency law, the Respondent must provide the County with that information, which the County may consider that information during evaluation. The County reserves the right to take any action available to it if it discovers a failure to provide such information to the County in a response, including, but not limited to a determination that the Respondent be declared non-responsive, and suspended or debarred, as those terms are defined in the Maricopa County Procurement Code.

By submitting a response to the Request for Proposal, the Respondent agrees that if, during the term of any Contract it has with the County, it becomes involved as a debtor in a bankruptcy proceeding or becomes involved in a reorganization, dissolution or liquidation proceeding, or if a Respondent or receiver is appointed over all or a substantial portion of the property of the Respondent under federal bankruptcy law or any state insolvency law, the Respondent will immediately provide the County with a written notice to that effect and will provide the County with any relevant information it requests to determine whether the Respondent will be capable of meeting its obligations to the County.

3.7 REGISTRATION:

Respondents are required to be registered with Maricopa County if they are selected for an award of any County Business. Failure to comply with this requirement in a timely fashion will cause Respondent's response to be declared non-responsive. Respondents shall register on the Maricopa County Web Site at www.maricopa.gov/materials. Click on vendors to enter BuySpeed registration screen. *Also see Exhibit 1*

3.8 AWARD OF CONTRACT:

Contracts awarded pursuant to the provisions of this section will not be solely on price, but will include and be limited to evaluation criteria listed in the Request for Proposal. The Contract will be awarded to the Most Advantageous Respondent(s). The Contract may be awarded in whole, by section, or geographic area as required.

3.9 POST AWARD MEETING:

The successful Contractor(s) may be required to attend a post-award meeting with the Using Agency to discuss the terms and conditions of this Contract. The Procurement Officer of this Contract will coordinate this meeting.

4.0 CONTRACTUAL TERMS AND CONDITIONS

4.1 TERM

This Contract is for the balance of a term of THREE (3) YEARS beginning on the date of contract award, or the effective date, as clearly noted in award notification documents and ending March 31, 2011, concurrent with initial contract expiration date.

4.2 OPTION TO EXTEND:

The County may, at their option and with the approval of the Contractor, extend the period of this Contract up to a maximum of three (3), one (1) year options, (or at the County's sole discretion, extend the contract on a month to month bases for a maximum of six (6) months after expiration). The Contractor shall be notified in writing by the Materials Management Department of the County's intention to extend the contract period at least thirty (30) calendar days prior to the expiration of the original contract period. The fee for any extension period shall be subject to negotiation prior to activation of such extension.

4.3 COMPENSATION:

4.3.1 The County reserves the right to reallocate funding during the contract period so that the services provided and corresponding contract amount may be decreased or increased, via contract amendment or Task Order, at the discretion of the County.

4.3.2 Subject to the availability of funds, County shall pay the Contractor for the services described herein for a sum not to exceed the Contract Amount listed on the cover page of this contract. County will pay the Contractor on a unit cost reimbursement basis in accordance with the Contractor's approved fee schedule, which follows. The total funds paid to the Contractor will be dependent upon the number of units of service performed by the Contractor. County does not guarantee a minimum payment to the Contractor. County will not reimburse Contractors for missed appointments by clients.

4.3.3 Ryan White CARE Act funds shall not be used to finance the services of lobbyists, fundraisers or grant/proposal writers, nor to support lobbying, fundraising activities and/or the writing of grant/contract proposals.

4.3.4 The Contractor understands and agrees to notify the County of any deviations or changes to any budget line of the underlying budget of this contract within **30** days of such change.

4.3.5 The Contractor shall be compensated for services provided only by the staff classifications/positions included/referenced in the underlying budget.

4.3.6 Unless specifically allowed and referenced elsewhere in this contract, all services are to be provided at Contractor sites and/or venues. Services provided at non-authorized locations or venues will not be reimbursed by the County.

- 4.3.7 The Contractor shall provide monthly financial and corresponding programmatic reports per the reporting schedule to the County. If the Contractor is not in compliance because of non-performance, submission of reports after deadlines, insufficient back-up statements or improperly signed forms, the Contractor may not be reimbursed. Furthermore, program non-compliance can delay reimbursement until program compliance issues and any other related financial consequences are resolved. **Multiple instances of non-compliance with reporting requirements may result in the County reducing the Contractor's reimbursement by up to 10% of the corresponding month's billing. Billing forms and instructions are included in sections 4 and 6 of the Ryan White Part A Program Policies Manual. Billing forms and instructions are included in sections 4 and 6 of the Ryan White Part A Program Policies Manual.**
- 4.3.8 **The Ryan White Part A office will provide technical assistance to eligible applicants for the implementation, configuration and end user support for the CAREWare database. In addition, technical assistance is made available to eligible applicants to integrate CAREWare with proprietary in-house billing systems on an as needed basis to minimize data entry efforts needed to report client level demographic and service related data. See Exhibit 3 for a sample billing packet.**
- 4.3.9 The actual amount of consideration to be paid to the Contractor depends upon the actual hours worked and the services provided. Any un-obligated balance of funds at the end of this Agreement period will be returned to the County in accordance with instruction provided.

4.4 PAYMENT

- 4.4.1 As consideration for performance of the duties described herein, County shall pay Contractor the sum(s) stated in Attachment "B" ***Budget Worksheet***, or as modified by contract amendment or appropriately executed "task order".
- 4.4.2 Payment shall be made upon the County's receipt of a properly completed invoice. Invoices shall contain the following information: Contract number, purchase order number, item numbers, description of supplies and/or services, sizes, quantities, unit prices, extended totals and any applicable sales/use tax.

4.5 INVOICES AND PAYMENTS:

- 4.5.1 **The Contractor shall submit one (1) legible copy of their detailed invoice before payment(s) can be made. At a minimum, the invoice must provide the following information:**
- 4.5.1.1 Company name, address and contact
 - 4.5.1.2 County bill-to name and contact information
 - 4.5.1.3 Contract Serial Number
 - 4.5.1.4 County purchase order number
 - 4.5.1.5 Invoice number and date
 - 4.5.1.6 Payment terms
 - 4.5.1.7 Date of services
 - 4.5.1.8 Quantity (number of days or weeks)
 - 4.5.1.9 Description of Purchase services
 - 4.5.1.10 Pricing per unit of purchase
 - 4.5.1.11 Extended price
 - 4.5.1.12 Total Amount Due
- 4.5.2 Contractors providing medical services are required to utilize HCF-1500 or UB-92 forms for claims submitted to the Ryan White Part A Program in addition to the Monthly Fiscal and Program Monitoring reports (Section 4.27 of this RFP)

Problems regarding billing or invoicing shall be directed to the using agency as listed on the Purchase Order.

4.6 METHOD OF PAYMENT:

- 4.6.1 Contractor will submit Monthly Fiscal and Program Monitoring Report for services performed on or before the fifteen (15th) business day following the month in which services were performed.
- 4.6.2 Subject to the availability of funds, County will, within sixty (60) working days from the date of receipt of the documents enumerated herein, process and remit to the Contractor a warrant for payment up to the maximum total allowable for services provided or work performed during the previous month. Should County make a disallowance in the claim, the claim shall be processed for the reduced amount. If the Contractor protests the amount or the reason for a disallowance, the protest shall be construed as a dispute concerning a question of fact within the meaning of the "Disputes" clause of the Special Provisions of this Contract.
- 4.6.3 The Contractor understands and agrees that County will not honor any claim for payment submitted 60 days after date of service. The Contractor understands and agrees that County will not process any claim for payment for services rendered prior to the end of the contract period which are submitted sixty (60) days after the end of the contract period without approval of County. For claims that are subject to AHCCCS Regulation R9-22703.B1, County will not honor any claim for payment submitted nine months after date of service.
- 4.6.4 Payments made by County to the Contractor are conditioned upon the timely receipt of applicable, accurate and complete reports submitted by the Contractor. All monthly fiscal and program monitoring reports must be supported by auditable documentation, which is determined to be sufficient, competent evidential matter defined by the County.
- 4.6.5 The Contractor understands and agrees to maximize all other revenue streams including self-pay and all sources of third party reimbursements. The Contractor must determine Regional Behavioral Health Authority (RBHA), AHCCCS, ALTCS, VA, TRICARE Standard and Medicare eligibility of clients and assist with client enrollment whenever feasible. The Contractor understands and agrees that all third party payments must be exhausted to offset program costs before Ryan White CARE Act funds are used.

4.7 BUDGET AND EXPENDITURES:

- 4.7.1 Contractor will submit Monthly Fiscal and Program Monitoring Reports for services performed on or before the fifteenth (15th) working day following the month in which services were performed. The billing packet includes a combination of pre-printed forms and CAREWare based reports and are to be printed and submitted in hard copy form to the Ryan White Part A office an example billing packet is in Exhibit 3.
- 4.7.2
 - A. The total administrative costs budgeted, including any approved indirect rate (inclusive of contractor and subcontractor(s)) cannot exceed **10%** of the amount of the contract award.
 - B. Administrative expenditures for this contract cannot exceed **10%** of the total expenditures of this contract. Any amount of administrative expenditures in excess of **10%** will be reimbursed to MCDWM&D, Ryan White Part A Program.
 - C. Any disallowed expenditures are subject to the Contractor submitting a full reimbursement to MCDWM&D, Ryan White Part A Program.

- D. Contractors agrees to establish and maintain a “Financial Management System” that is in accordance with the standards required by the OMB Circular A-110, Subpart C. Such system must also account for both direct and indirect cost transactions, reports on the results of those transactions, are in compliance with the requirements of OMB Circular A-21 and generally accepted accounting principles.
- E. Agree that all expenditures are in accordance with the budget as approved and attached to this Agreement.
- F. All expenditures and encumbered funds shall be final and reconciled no later than 90 days after the close of the grant year.

4.8 DUTIES

4.8.1 The Contractor shall perform all duties stated in Attachment “C” WORK PLAN

4.8.2 The Contractor shall perform services at the location(s) and time(s) “stated in ” or as otherwise directed in writing, via contract amendment and/or task order.

4.9 INDEMNIFICATION:

To the fullest extent permitted by law, Contractor shall defend, indemnify, and hold harmless County, its agents, representatives, officers, directors, officials, and employees from and against all claims, damages, losses and expenses, including, but not limited to, attorney fees, court costs, expert witness fees, and the cost of appellate proceedings, relating to, arising out of, or alleged to have resulted from the negligent acts, errors, omissions or mistakes relating to the performance of this Contract. Contractor’s duty to defend, indemnify and hold harmless County, its agents, representatives, officers, directors, officials, and employees shall arise in connection with any claim, damage, loss or expense that is attributable to bodily injury, sickness, disease, death, or injury to, impairment, or destruction of property, including loss of use resulting there from, caused by any negligent acts, errors, omissions or mistakes in the performance of this Contract including any person for whose acts, errors, omissions or mistakes Contractor may be legally liable. The contractor shall include a clause to this effect in all subcontracts inuring to the benefit of the Contractor or County

The amount and type of insurance coverage requirements set forth herein will in no way be construed as limiting the scope of the indemnity in this paragraph.

The scope of this indemnification does not extend to the sole negligence of County.

4.10 INSURANCE REQUIREMENTS:

4.10.1 The Contractor shall have in effect at all times during the term of this Contract insurance which is adequate to protect Maricopa County, its officers and employees, participants and equipment funded under the Contract against such losses as are set forth below. The Contractor shall provide County with current documentation of insurance coverage by furnishing a Certificate of Insurance or a certified copy of the insurance policy naming Maricopa County as an additional insured.

4.10.2 The following types and amounts of insurance are required as minimums:

4.10.2.1 Worker's Compensation as required by Arizona law

4.10.2.2 Unemployment Insurance as required by Arizona law

4.10.2.3 Public Liability, Body Injury and Property Damage policies that insure against claims for liability for Contractor's negligence or maintenance of unsafe vehicles, facilities, or equipment brought by clients receiving services pursuant to this Contract and by the lawful visitors of such clients. The limits of the policies shall not be less than \$1,000,000.00 for combined single limit.

4.10.3 Automobile and Truck Liability, Bodily Injury and Property Damages:

4.10.3.1 General Liability, each occurrence; \$500,000.00

4.10.3.2 Property Damage; \$500,000.00

4.10.3.3 Combined single limit; \$1,000,000.00

4.10.4 Standard minimum deductible amounts are allowable. Any losses applied against insurance deductibles are the sole responsibility of the Contractor.

4.10.5 Professional Liability Insurance; \$1,000,000.00

4.10.6 The Contractor will immediately inform the Director of any cancellation of its insurance or any decrease in its lines of coverage at least thirty (30) days before such action takes place.

4.11 Certificates of Insurance.

4.11.1 Prior to commencing work or services under this Contract, Contractor shall have insurance in effect as required by the Contract in the form provided by the County, issued by Contractor's insurer(s), as evidence that policies providing the required coverage, conditions and limits required by this Contract are in full force and effect. Such certificates shall be made available to the County upon 48 hours notice. BY SIGNING THE AGREEMENT PAGE THE CONTRACTOR AGREES TO THIS REQUIREMENT AND UNDERSTANDS THAT FAILURE TO MEET THIS REQUIREMENT WILL RESULT IN CANCELLATION OF THIS CONTRACT.

In the event any insurance policy (ies) required by this Contract is (are) written on a "claims made" basis, coverage shall extend for two (2) years past completion and acceptance of Contractor's work or services and as evidenced by annual Certificates of Insurance.

If a policy does expire during the life of the Contract, a renewal certificate must be sent to County fifteen (15) days prior to the expiration date.

4.11.2 **Cancellation and Expiration Notice.**

Insurance required herein shall not be permitted to expire, be canceled, or materially changed without thirty (30) days prior written notice to the County.

4.12 NOTICES:

All notices given pursuant to the terms of this Contract shall be addressed to:

For County:

Maricopa County
Department of Materials Management
Attn: Director
320 West Lincoln Street
Phoenix, Arizona

4.13 REQUIREMENTS CONTRACT:

4.13.1 Contractor signifies its understanding and agreement by signing this document that this Contract is a requirements contract. This Contract does not guarantee any purchases will be made (minimum or maximum). Orders will only be placed when County identifies a need and issues a purchase order or a written notice to proceed.

4.13.2 County reserves the right to cancel purchase orders or notice to proceed within a reasonable period of time after issuance. Should a purchase order or notice to proceed be canceled, the County agrees to reimburse the Contractor for actual and documented costs incurred by the Contractor. The County will not reimburse the Contractor for any avoidable costs incurred after receipt of cancellation, or for lost profits, or shipment of product or performance of services prior to issuance of a purchase order or notice to proceed.

4.13.3 Contractor agrees to accept oral cancellation of purchase orders.

4.14 TERMINATION:

4.14.1 County may terminate this Contract at any time with thirty (30) days prior written notice to the other party. Such notice shall be given by personal delivery or by Registered or Certified Mail.

4.14.2 This Contract may be terminated by mutual written agreement of the parties specifying the termination date therein.

4.14.3 County may terminate this Contract upon twenty-four (24) hours notice when County deems the health or welfare of a patient is endangered or Contractor non-compliance jeopardizes funding source financial participation. If not terminated by one of the above methods, this Contract will terminate upon the expiration date of this Contract as stated on the Cover Page.

4.15 DEFAULT:

County may suspend, modify or terminate this Contract immediately upon written notice to Contractor in the event of a non-performance of stated objectives or other material breach of contractual obligations; or upon the **happening** of any event, which would jeopardize the ability of the Contractor to perform any of its contractual obligations.

4.16 OFFSET FOR DAMAGES;

In addition to all other remedies at law or equity, the County may offset from any money due to the Contractor any amounts Contractor owes to the County for damages resulting from breach or deficiencies in performance under this contract.

4.17 ADDITIONS/DELETIONS OF SERVICE:

The County reserves the right to add and/or delete products and/or services provided under this Contract. If a requirement is deleted, payment to the Contractor will be reduced proportionately to the amount of service reduced in accordance with the proposal price. If additional services and/or products are required from this Contract, prices for such additions will be negotiated between the Contractor and the County.

4.18 USE OF SUBCONTRACTORS:

4.18.1 The use of subcontractors and/or consultants shall be pre-approved by the County. If the use of subcontractors is approved by County, the Contractor agrees to use written subcontract/consultant agreements which conform to Federal and State laws, regulations

and requirements of this Contract appropriate to the service or activity covered by the subcontract. These provisions apply with equal force to the subcontract as if the subcontractor were the Contractor referenced herein. The Contractor is responsible for Contract performance whether or not subcontractors are used. The Contractor shall submit a copy of each executed subcontract to County within fifteen (15) days of its effective date.

4.18.1.1 All subcontract agreements must provide a detailed scope of work, indicating the provisions of service to be provided by both the Contractor and Subcontractor.

4.18.1.2 All subcontract agreements must include a detailed budget and narrative, identifying all administrative costs as defined in section II.

4.18.1.3 All subcontract agreements must document the qualifications and ability to provide services by the subcontracting agency.

4.18.2 The Contractor agrees to include in any subcontracts a provision to the effect that the subcontractor agrees that County shall have access to the subcontractor's facilities and the right to examine any books, documents and records of the subcontractor, involving transactions related to the subcontract and that such books, documents and records shall not be disposed of except as provided herein.

4.18.3 The Contractor shall not enter into a subcontract for any of the work contemplated under this Agreement except in writing and with prior written approval of the County. Such approval shall include the review and acceptance by the County of the proposed subcontractual arrangement between the Contractor and the subcontractor

4.19 **AMENDMENTS:**

All amendments to this Contract must be in writing and signed by both parties. All amendments shall clearly state the effective date of the action.

4.20 **TASK ORDERS:**

Contractor shall not perform a task other than those found/defined in the contract award document. Task Orders may be issued by the Administrator of this contract. Task Orders will be communicated via written document. A Task Order shall include, but is not limited to: budget amount, work plan, reference to special conditions of award, and/or any special reporting requirements. Amended Task Orders can be issued at any time. Both parties shall sign an amended Task Order.

4.21 **CHANGES:**

4.21.1 The Maricopa County Department of Workforce Management and Development, with cause, by written order, make changes within the general scope of this Contract in any one or more of the following areas (Also see **AMENDMENTS & TASK ORDER SECTIONS**):

4.21.1.1 Work Statement activities reflecting changes in the scope of services, funding source or County regulations,

4.21.1.2 Administrative requirements such as changes in reporting periods, frequency of reports, or report formats required by funding source or County regulations, policies or requirements, and/or,

4.21.1.3 Contractor fee schedules and/or program budgets.

Examples of cause would include, but are not limited to: non-compliance,

under performance, reallocations from the Planning Council, or approved directives from the Planning Council.

- 4.21.2 Such order will not serve to increase or decrease the maximum reimbursable unit rate amount to be paid to the Contractor. Additionally, such order will not direct substantive changes in services to be rendered by the Contractor.
- 4.21.3 Any dispute or disagreement caused by such written order shall constitute a "Dispute" within the meaning of the Disputes Clause found within this Contract and shall be administered accordingly.

4.22 AUDIT REQUIREMENTS:

- 4.22.1 If the Contractor expends **\$500,000** or more from all contracts administered and/or funded via County, and/or receives **\$500,000** or more per year from any federal funding sources, the Contractor will be subject to Federal audit requirements per P.L. 98-502 "The Single Audit Act." The Contractor shall comply with OMB Circulars A-128, A-110, and A-133 as applicable. The audit report shall be submitted to the Maricopa County Department of Public Health for review within the twelve months following the close of the fiscal year. The Contractor shall take any necessary corrective action to remedy any material weaknesses identified in the audit report within six months after the release date of the report. Maricopa County may consider sanctions as described in OMB Circular A-128 for contractors not in compliance with the audit requirements. All books and records shall be maintained in accordance with Generally Accepted Accounting Principles (GAAP).
- 4.22.2 The Contractor shall schedule an annual financial audit to be submitted to County for review within twelve months following the close of the program's fiscal year. Contractor understands that failure to meet this requirement may result in loss of current funding and disqualification from consideration for future County-administered funding.
- 4.22.3 Comply with the requirement of the Federal Office of Management and Budget (OMB) Circular A-133. The Contractor is responsible for having an audit performed in accordance with, and when required, by OMB Circular A-133, and for sending a copy of the report issued as a results of the audit to the County within 30 days of issuance. The County reserves the right to engage an auditor, at the Contractor's expense, to perform an OMB Circular A-133 audit of the Contractor in the event that the Contractor shall fail to engage an auditor or the County shall reject or disapprove of the auditor engaged by the Contractor.
- 4.22.4 The Contractor shall also comply with the following OMB Circulars:
 - 1. A-102 Uniform Administrative Requirements for Grants to State and Local Government.
 - 2. A-110 Uniform Administrative Requirements for Grants and Agreement with Institutions of Higher Education, Hospitals and other non-profit organizations.
 - 3. A-122 Cost Principles for Non-Profit Organizations.
 - 4. A-87 Cost Principles for State and Local Governments.
 - 5. A-21 Cost principles for Education Institutions.

4.23 SPECIAL REQUIREMENTS:

- 4.23.1 The Contractor shall adhere to all applicable requirements of the Ryan White Comprehensive HIV/AIDS Treatment Modernization Act of 2006.
- 4.23.2 The Contractor shall participate in a minimum of two (2) provider technical assistance meetings and/or teleconference calls that will be scheduled by the MCDWM&D throughout the year.

- 4.23.3 The Contractor shall provide the necessary administrative, professional and technical personnel for operation of the program.
- 4.23.4 The Contractor agrees to maintain adequate programmatic and fiscal records and files including source documentation to support program activities and all expenditures made under terms of this agreement as required.
- 4.23.5 Contractor agrees to install and utilize the CAREWare client level reporting system as described in the Ryan White Part A Program Policies Manual. There are no licensing costs associated with the use of CAREWare. The provider is required to cover the cost for installing and configuring internal firewall devices to gain access to the CAREWare database.

4.24 **RELEASE OF INFORMATION:**

The Contractor agrees to secure from all clients any and all releases of information or other authorization requested by County. Each client file documenting the provision of Part A services must contain a release form signed by the client. This release form must be signed by the client and grant release of named confidential file information to the Maricopa County Department of Workforce Management and Development for the purpose of grant administration/monitoring for a period of five years from date of signature. Failure to secure such releases from clients may result in disallowance of all claims to County for covered services provided to eligible individuals. If service to anonymous clients is specifically allowed and approved by the County, this provision does not apply to persons who receive Ryan White CARE Act Part A funded services anonymously.

4.25 **CERTIFICATION OF CLIENT ELIGIBILITY;**

- 4.25.1 The Contractor agrees to certify for eligibility all clients seeking services supported by Ryan White CARE funds, detailed in Section 1 of the Ryan White Part A Program Policies Manual. Such certification as detailed below shall be conducted at least every six months of service. Services may be provided to anonymous clients only at the specific approval of the MCDWM&D and only as and if specified in this contract. Anonymous clients are not subject to the following certification of client eligibility requirements. An individual will be certified by the Contractor as being eligible for services if the following criteria are met:
 - 4.25.2 Documentation in the client's chart of the client's HIV+ status, consistent with HRSA guidelines as described in the MCDWM&D Ryan White Title 1 Policy Manual.
 - 4.25.3 Documentation in the client's chart that no health and/or other form of insurance is in effect for the client which covers the cost of services available through this program.
 - 4.25.4 Documentation in the client's chart of client ineligibility for like services under other client and/or public assistance programs.
 - 4.25.5 Documentation in the client's chart of current residence in the EMA of Pinal and Maricopa counties and verification by Contractor, as detailed in MCDWM&D's Ryan White Part A Policy Manual.
 - 4.25.6 Documentation of client charges consistent with sliding scale specified on the following chart unless the County waives charges.

Client Income	Fees For Service
Less than or equal to 100% of the official poverty line	No fees or charges to be imposed
Greater than 100%, but not exceeding 200%, of the official poverty line	Fees and charges for any calendar year may not exceed 5% of the client's annual gross income **
Greater than 200%, but not exceeding 300%, of the official poverty line	Fees and charges for any calendar year may not exceed 7% of client's annual gross income
Greater than 300% of the official poverty line	Fees and charges for any calendar year may not exceed 10% of client's annual gross income

*** Free services may be provided to individuals with an annual gross family income of less than 200% of the official poverty line. Fees must be charged to clients whose annual gross family income is in excess of 200% of the official poverty line*

- 4.25.7 The Contractor's schedule of fees and charges must be published and made available to the public. Client income shall be verified and documented consistent with the MCDWM&D Ryan White Part A Policy Manual.
- 4.25.8 Funds collected by the Contractor in the form of fees, charges, and/or donations for the delivery of the services provided for herein shall be accounted for separately. Such fees, charges and/or donations must be used for providing additional services or to defray the costs of providing these services consistent with the Work Statement of this Contract. As applicable, the Contractor agrees to include, in the underlying budget, the amount of projected revenue from client fees. The amount of funds collected from client fees shall be reported by Contractor in the Monthly Expenditure Report by discrete service. For audit purposes, the Contractor is responsible for maintaining necessary documentation to support provision of services.
- 4.25.9 The Contractor is required to have in place a procedure for verifying client eligibility for services. Eligibility for all clients must be recertified biannually (every 6 months), with the exception of HIV Status. Eligibility certification must be documented in each client record. The verification of these elements are a permanent part of the client's record and is to be maintained in a secure location for at least five (5) years after the client has left the service.

4.26 QUALITY MANAGEMENT:

- 4.26.1 The Contractor will participate in the EMA Quality Management program as detailed in the *MCDWM&D Ryan White Part A Program Policies Manual*. *See link found on cover page.*
- 4.26.2 The Contractor will utilize and adhere to the most current Standards of Care as developed by the Phoenix EMA Planning Council.
- 4.26.3 The Contractor will develop and implement an agency-specific quality management plan for Part A-funded services. The Contractor will conduct Quality Improvement projects at the agency level utilizing the Plan-Do-Check-Act (PDCA) model.
- 4.26.4 The Contractor will participate in cross-cutting Quality Improvement projects and report data per the timeline established with the County. Additionally, the Contractor will report quality outcome measures established by the County per the reporting schedule.
- 4.26.5 The Contractor will participate in the Quality Management Ad Hoc Advisory Committee as requested by the County.

- 4.26.6 Conduct and provide documentation of quality assurance and improvement activities, including maintenance of client satisfaction surveys and other mechanisms as designated by the County.
- 4.26.7 Maintain a comprehensive unduplicated client level database of all eligible clients served and demographic and service measures required and submit this information in the format and frequency as requested by the County. The County will make available to the Contractor software for the collection of this information.
- 4.26.8 Maintain consent to serve forms signed by the clients to gain permission to report their data to County, State and Federal authorized entities and to view their records as a part of site visits and quality management review activities.
- 4.26.9 Participation in QM trainings sponsored by the County is mandatory. The Contractor understands that non-participation in these types of events may result in not complying with the Standards of Care as mandated by the Ryan White CARE Act. Further, such non-participation in QM trainings could result in prompting a performance monitoring site visit.

4.27 REPORTING REQUIREMENTS:

- 4.27.1 The contractor agrees to submit as a “hard copy” document, Monthly Fiscal and Program Monitoring Reports on or before the **fifteenth (15th)** day of the month following the end of the reporting period on forms substantially similar to those included in sections 4 and 6 of the Ryan White Part A Program Policies Manual. **The billing packet is delivered via hardcopy to the Ryan White Part A office.** Reporting requirements includes, but not limited to: **1)** A narrative describing progress made towards achieving service goals as well as problems and issues impeding program implementation. **2)** Expenditure report identifying billing to the MCDWM&D for services provided during the reporting period; **3)** Compilation of data on a cumulative, yearly, unduplicated-count basis shall be required, with data reporting in scanable and/or electronic file formats; **4)** Compilation of data for outcome measure studies conducted as mutually agreed by Contractor and the MCDWM&D; and **5)** And any additional or specific reports deemed necessary under Section IV of this contract.
- 4.27.2 The contractor agrees to submit quarterly program monitoring reports on or before the **thirtieth (30th)** day of the month following the end of the reporting period detailing a quarterly and year to date unduplicated-count of clients serviced and the services provided (duplicated count).
- 4.27.3 The contractor agrees to submit a final end of year program report detailing actual expenditures for the grant year, including administrative expenditures, and an annual unduplicated client level demographic report for the contract year and calendar year no later than 60 days following the close of the grant year.

4.28 PROGRAM MARKETING INITIATIVES:

- 4.28.1 When issuing statements, press releases and other documents describing projects or programs funded in whole or in part with Ryan White Part A funds, the Contractor shall clearly state: 1) The percentage of the total costs of the program or project which will be financed with Ryan White funds; 2) The dollar amount of Ryan White funds for the project or program, and 3) The percentage dollar amount of the total costs of the project or program that will be financed by nongovernmental sources. Further, all such statements, press releases, and other documents describing programs or services funded in whole or in part with Ryan White CARE Act funds shall reference the funding source as the federal Department of Health and Human Services, Health Resources and Services Administration, the Ryan White Comprehensive HIV/AIDS Treatment Modernization Act of 2006, and the Maricopa County Department of Workforce Management and

Development. Such references to funding source must be of sufficient size to be clear and legible.

4.28.2 Contractor is responsible for advertising Ryan White Part A services. Such advertisement is to promote/incorporate the following components: Services rendered, venues/locations, and hours of operation. The content of any and all advertising for these services must be pre-approved by the County and be in a format allowed by Local, State and Federal regulations.

4.28.3 Contractor is responsible to ensure that all appropriate program descriptions, including hours and locations, are disseminated to the community and other providers to ensure that clients have access to care.

4.29 OTHER REQUIREMENTS:

4.29.1 Contractor will maintain discrete client files for all individuals served and will secure the necessary releases of information to allow for periodic review of all pertinent client information by employees of County and/or their designated representatives.

4.29.2 Monthly Fiscal and Program Monitoring Reports, Utilization Statistics and HRSA-mandated Administrative Reports will be submitted to: Ryan White Part A Program; Maricopa County Department of Workforce Management and Development; 301 W. Jefferson, Suite 3200, Phoenix, Arizona 85003.
Monthly Fiscal and Program Monitoring Reports are due on or before the 15th of the month following the end of the reporting period.

4.29.3 Quarterly Program Utilization reports will be submitted to: Ryan White Title 1 Program; Maricopa County Department of Workforce Management and Development; 3014 W. Jefferson, Suite 3200, Phoenix, Arizona 85003 within **thirty (30)** days following the month end of the quarterly reporting period.

4.29.4 Written Annual Expenditure (Close Out), Equipment Log, and Program and Utilization Statistics Reports will be submitted to: Ryan White Part A Program; Maricopa County Department of Workforce Management and Development; 301 W. Jefferson., Suite 3200, Phoenix, Arizona 85003 within 60 days of the expiration of the contract year.

4.29.5 Contractor shall respond to all additional requests for information solicited by County when they are submitted in writing within **72** hours of receipt of MCDWM&D request.

4.29.6 Contractor shall participate with a standardized anonymous Consumer Satisfaction Survey issued to all program participants, at least once during the contract year. The survey and procedure is included in the *MCDWM&D Ryan White Part A Program Policies Manual*. [See link found on cover page.](#)

4.30 ADEQUACY OF RECORDS:

If the Contractor's books, records and other documents relevant to this Contract are not sufficient to support and document that allowable services were provided to eligible clients the Contractor shall reimburse Maricopa County for the services not so adequately supported and documented.

4.31 RETENTION OF RECORDS:

The Contractor agrees to retain all financial books, records, and other documents relevant to this Contract for five (5) years after final payment or until after the resolution of any audit questions which could be more than five (5) years, whichever is longer. The County, Federal or State auditors and any other persons duly authorized by the Department shall have full access to, and the right to examine, copy and make use of, any and all said materials.

If the Contractor's books, records and other documents relevant to this Contract are not sufficient

to support and document that requested services were provided, the Contractor shall reimburse Maricopa County for the services not so adequately supported and documented.

4.32 **AUDIT DISALLOWANCES:**

4.32.1 The Contractor shall, upon written demand, reimburse Maricopa County for any payments made under this Contract, which are disallowed, by a Federal, State or Maricopa County audit in the amount of the disallowance, as well as court costs and attorney fees which Maricopa County incurs to pursue legal action relating to such a disallowance.

4.32.2 If at any time it is determined by County that a cost for which payment has been made is a disallowed cost, County shall notify the Contractor in writing of the disallowance and the required course of action, which shall be at the option of County either to adjust any future claim submitted by the Contractor by the amount of the disallowance or to require repayment of the disallowed amount by the Contractor.

4.32.3 The Contractor shall be responsible for repayment of any and all applicable audit exceptions, which may be identified by County, State and Federal auditors of their designated representatives, and reviewed by the Contractor. The Contractor will be billed by the County for the amount of said audit disallowance and shall promptly repay such audit disallowance within 60 days of said billing.

4.33 **CONTRACT COMPLIANCE MONITORING:**

County shall monitor the Contractor's compliance with, and performance under, the terms and conditions of this Contract. On-site visits for Contract compliance monitoring may be made by County and/or its grantor agencies at any time during the Contractor's normal business hours, announced or unannounced. The Contractor shall make available for inspection and/or copying by County, all records and accounts relating to the work performed or the services provided under this Contract, or for similar work and/or service provided under other grants and contracts.

4.34 **AVAILABILITY OF FUNDS:**

4.34.1 The provisions of this Contract relating to payment for services shall become effective when funds assigned for the purpose of compensating the Contractor as herein provided are actually available to County for disbursement. The Director shall be the sole judge and authority in determining the availability of funds under this Contract and County shall keep the Contractor fully informed as to the availability of funds.

4.34.2 If any action is taken by any State Agency, Federal Department or any other agency or instrumentality to suspend, decrease, or terminate its fiscal obligations under, or in connection with, this Contract, County may amend, suspend, decrease, or terminate its obligations under, or in connection with, this Contract. In the event of termination, County shall be liable for payment only for services rendered prior to the effective date of the termination, provided that such services are performed in accordance with the provisions of this Contract. County shall give written notice of the effective date of any suspension, amendment, or termination under this section, at least ten (10) days in advance.

4.35 **RESTRICTIONS ON USE OF FUNDS:**

4.35.1 The Contractor shall not utilize funds made available under this Contract to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made, with respect to that item or service:

4.35.1.1 Under any State compensation program, under any insurance policy, or under any Federal, State, or county health benefits program; or

- 4.35.1.2 By an entity that provides health services on a prepaid basis.
 - 4.35.2 Funds shall not be used to purchase or improve (other than minor remodeling) any building or other facility, or to make cash payments to intended recipients of services as referenced in the *A.R.S. § 41-2591, R2-7-701* and *Code of Federal Regulations*, Chapter 1, Subchapter e., Part 31, and Public Health Service Grants Policy Statement.
 - 4.35.3 The federal Office of General Counsel and County emphasize that CARE Act funds may only support HIV-related needs of eligible individuals. All activities and expenditures must reflect an explicit connection between any service supported with CARE Act funds and the intended recipient's HIV status.
 - 4.35.4 Contractor is not authorized to provide services anonymously, unless specifically approved for the service category in which the Contractor is providing services. All services must only be provided to documented eligible clients as defined in this contract.
 - 4.35.5 The Ryan White CARE Act limits the administrative expenses to not more than **10%** of the total expenditures incurred for that contract. The Act defines allowable "administrative activities" to include:
 - 4.35.5.1 Usual and recognized overhead, including established indirect rates for agencies;
 - 4.35.5.2 Management and oversight of specific programs funded under this title; and
 - 4.35.5.3 Other types of program support such as quality assurance, quality control, and related activities."
- 4.36 CONTINGENCY RELATING TO OTHER CONTRACTS AND GRANTS:
- 4.36.1 The Contractor shall, during the term of this Contract, immediately inform County in writing of the award of any other contract or grant where the award of such contract or grant may affect either the direct or indirect costs being paid/reimbursed under this Contract. Failure by the Contractor to notify County of such award shall be considered a material breach of the Contract and County shall have the right to terminate this Contract without liability.
 - 4.36.2 County may request, and the Contractor shall provide within a reasonable time, a copy of any other contract or grant, when in the opinion of the Director, the award of the other contract or grant may affect the costs being paid or reimbursed under this Contract.
 - 4.36.3 If County determines that the award to the Contractor of such other Federal or State contract or grant has affected the costs being paid or reimbursed under this Contract, County shall prepare a Contract Amendment effecting a cost adjustment. If the Contractor protests the proposed cost adjustment, the protest shall be construed as a dispute within the meaning of the "Disputes" clause contained herein.
- 4.37 ALTERNATIVE DISPUTE RESOLUTION:
- 4.37.1 After the exhaustion of the administrative remedies provided in the Maricopa County Procurement Code, any contract dispute in this matter is subject to compulsory arbitration. Provided the parties participate in the arbitration in good faith, such arbitration is not binding and the parties are entitled to pursue the matter in state or federal court sitting in Maricopa County for a de novo determination on the law and facts. If the parties cannot agree on an arbitrator, each party will designate an arbitrator and those two arbitrators will agree on a third arbitrator. The three arbitrators will then serve as a panel to consider the arbitration. The parties will be equally responsible for the compensation for the arbitrator(s). The hearing, evidence, and procedure will be in accordance with Rule 74 of the Arizona Rules of Civil Procedure. Within ten (10) days of the completion of the hearing the arbitrator(s) shall:

4.37.1.1 Render a decision;

4.37.1.2 Notify the parties that the exhibits are available for retrieval; and

4.37.1.3 Notify the parties of the decision in writing (a letter to the parties or their counsel shall suffice).

4.37.1.4 Within ten (10) days of the notice of decision, either party may submit to the arbitrator(s) a proposed form of award or other final disposition, including any form of award for attorneys' fees and costs. Within five (5) days of receipt of the foregoing, the opposing party may file objections. Within ten (10) days of receipt of any objections, the arbitrator(s) shall pass upon the objections and prepare a signed award or other final disposition and mail copies to all parties or their counsel.

4.37.2 Any party which has appeared and participated in good faith in the arbitration proceedings may appeal from the award or other final disposition by filing an action in the state or federal court sitting in Maricopa County within twenty (20) days after date of the award or other final disposition. Unless such action is dismissed for failure to prosecute, such action will make the award or other final disposition of the arbitrator(s) a nullity.

4.38 VERIFICATION REGARDING COMPLIANCE WITH ARIZONA REVISED STATUTES §41-4401 AND FEDERAL IMMIGRATION LAWS AND REGULATIONS:

4.38.1 By entering into the Contract, the Contractor warrants compliance with the Federal Immigration and Nationality Act (FINA) and all other Federal immigration laws and regulations related to the immigration status of its employees. The contractor shall obtain statements from its subcontractors certifying compliance and shall furnish the statements to the Procurement Officer upon request. These warranties shall remain in effect through the term of the Contract. The Contractor and its subcontractors shall also maintain Employment Eligibility Verification forms (I-9) as required by the U.S. Department of Labor's Immigration and Control Act, for all employees performing work under the Contract. I-9 forms are available for download at USCIS.GOV.

4.38.2 The County may request verification of compliance for any contractor or subcontractor performing work under the Contract. Should the County suspect or find that the Contractor or any of its subcontractors are not in compliance, the County may pursue any and all remedies allowed by law, including, but not limited to: suspension of work, termination of the Contract for default, and suspension and/or department of the Contractor. All costs necessary to verify compliance are the responsibility of the Contractor.

4.39 VERIFICATION REGARDING COMPLIANCE WITH ARIZONA REVISED STATUTES §§35-391.06 AND 35-393.06 BUSINESS RELATIONS WITH SUDAN AND IRAN:

4.39.1 By entering into the Contract, the Contractor certifies it does not have scrutinized business operations in Sudan or Iran. The contractor shall obtain statements from its subcontractors certifying compliance and shall furnish the statements to the Procurement Officer upon request. These warranties shall remain in effect through the term of the Contract.

4.39.2 The County may request verification of compliance for any contractor or subcontractor performing work under the Contract. Should the County suspect or find that the Contractor or any of its subcontractors are not in compliance, the County may pursue any and all remedies allowed by law, including, but not limited to: suspension of work, termination of the Contract for default, and suspension and/or department of the Contractor. All costs necessary to verify compliance are the responsibility of the Contractor.

Contractor.

4.40 CONTRACTOR LICENSE REQUIREMENT:

4.40.1 The Respondent shall procure all permits, licenses and pay the charges and fees necessary and incidental to the lawful conduct of his business. The Respondent shall keep fully informed of existing and future Federal, State and Local laws, ordinances, and regulations which in any manner affect the fulfillment of a Contract and shall comply with the same.

4.40.2 Respondents furnishing finished products, materials or articles of merchandise that will require installation or attachment as part of the Contract, shall possess any licenses required. A Respondent is not relieved of its obligation to possess the required licenses by subcontracting of the labor portion of the Contract. Respondents are advised to contact the Arizona Registrar of Contractors, Chief of Licensing, at (602) 542-1502 to ascertain licensing requirements for a particular contract. Respondents shall identify which license(s), if any, the Registrar of Contractors requires for performance of the Contract.

4.41 SEVERABILITY:

The invalidity, in whole or in part, of any provision of this Contract shall not void or affect the validity of any other provision of this Contract.

4.42 STRICT COMPLIANCE

Acceptance by County of performance not in strict compliance with the terms hereof shall not be deemed to waive the requirement of strict compliance for all future performance obligations. All changes in performance obligations under this Contract must be in writing.

4.43 NON-LIABILITY:

Maricopa County and its officers and employees shall not be liable for any act or omission by the Contractor or any subcontractor, employee, officer, agent, or representative of Contractor or subcontractors occurring in the performance of this Contract, nor shall they be liable for purchases or Contracts made by the Contractor in anticipation of funding hereunder.

4.44 SAFEGUARDING OF CLIENT INFORMATION:

The use or disclosure by any party of any information concerning an eligible individual served under this Contract is directly limited to the performance of this Contract.

4.45 NON-DISCRIMINATION:

The Contractor, in connection with any service or other activity under this Contract, shall not in any way discriminate against any patient on the grounds of race, color, religion, sex, national origin, age, or handicap. The Contractor shall include a clause to this effect in all Subcontracts inuring to the benefit of the Contractor or County.

4.46 EQUAL EMPLOYMENT OPPORTUNITY:

4.46.1 The Contractor will not discriminate against any employee or applicant for employment because of race, age, handicap, color, religion, sex, or national origin. The Contractor will take affirmative action to insure that applicants are employed and that employees are treated during employment without regard to their race, age, handicap, color, religion, sex, or national origin. Such action shall include, but not be limited to the following: employment, upgrading, demotion or transfer, recruitment or recruitment advertising, lay-off or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. The Contractor shall to the extent such provisions

apply, comply with Title VI and VII of the Federal Civil Rights Act; the Federal Rehabilitation Act; the Age Discrimination in Employment Act; the Immigration Reform and Control Act of 1986 (IRCA) and Arizona Executive Order 99.-4 which mandates that all persons shall have equal access to employment opportunities. The Contractor shall also comply with all applicable provisions of the Americans with Disabilities Act of 1990.

4.46.2 Operate under this agreement so that no person otherwise qualified is denied employment or other benefits on the grounds of race, color, sex, religion, national origin, ancestry, age physical or mental disability or sexual orientation except where a particular occupation or position reasonably requires consideration of these attributes as an essential qualification for the position.

4.47 RIGHT OF PARTIAL CANCELLATION:

If more than one service category (Work Statement) is funded by this Contract, Maricopa County reserves the right to terminate this Contract or any part thereof based upon the Contractor's failure to perform any part of this contract without impairing, invalidating or canceling the remaining service category (Work Statement) obligations.

4.48 RIGHTS IN DATA:

The County shall own have the use of all data and reports resulting from this Contract without additional cost or other restriction except as provided by law. Each party shall supply to the other party, upon request, any available information that is relevant to this Contract and to the performance hereunder.

4.49 INTEGRATION:

This Contract and the respondents' response represents the entire and integrated agreement between the parties and supersedes all prior negotiations, proposals, communications, understandings, representations, or agreements, whether oral or written, express or implied.

4.50 GOVERNING LAW:

This Contract shall be governed by the laws of the state of Arizona. Venue for any actions or lawsuits involving this Contract will be in Maricopa County Superior Court or in the United States District Court for the District of Arizona, sitting in Phoenix, Arizona

4.51 CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

4.51.1 The undersigned (authorized official signing for the Contractor) certifies to the best of his or her knowledge and belief, that the Contractor, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

4.51.1.1 are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;

4.51.1.2 have not within 3-year period preceding this Contract been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

4.51.1.3 are not presently indicted or otherwise criminally or civilly charged by a government entity (Federal, State or local) with commission of any of the

offenses enumerated in paragraph (2) of this certification; and

4.51.1.4 have not within a 3-year period preceding this Contract had one or more public transaction (Federal, State or local) terminated for cause of default.

4.51.2 Should the Contractor not be able to provide this certification, an explanation as to why should be attached to the Contact.

4.51.3 The Contractor agrees to include, without modification, this clause in all lower tier covered transactions (i.e. transactions with subcontractors) and in all solicitations for lower tier covered transactions related to this Contract.

4.52 MEDIATION/ARBITRATION:

In the event that a dispute arises under the terms of this agreement, or where the dispute involves the parties to the agreement, a recipient of services under the terms of this agreement, it is understood that the parties to the dispute shall meet and confer in an effort to resolve the dispute. In the event that such efforts to resolve the dispute are not successful, the parties to the dispute will agree to submit the dispute to non-binding mediation before a mutually agreed upon and acceptable person who will act as the mediator. In the event that such non-binding mediation efforts are not able to resolve the dispute, the parties agree to submit the matter to binding arbitration wherein each party selects their own arbitrator and the two selected arbitrators meet and mutually agree upon the selection of a third arbitrator. Thereafter, the three arbitrators are to proceed with arbitration in a manner that is consistent with the provision of A.R.S. 12-1518.

4.53 CULTURAL COMPETENCY:

4.53.1 The Contractor shall meet any and all federal standards on cultural competency and develop and implement organizational polices that comply with federal standards. CLAS Standards are included in section 11 of the Ryan White Part A Program Policies Manual. *Also see Exhibit 4.*

4.53.2 The Contractor shall recognize linguistic subgroups and provide assistance in overcoming language barriers by the appropriate inclusion of American Sign Language and languages of clients accessing care. *Also see Exhibit 4.*

4.54 RW CAREWARE DATA BASE:

The MCDWM&D requires the installation and utilization of HRSA-supplied Ryan White CAREWare software for reporting purposes, to include quality management program reporting requirements. The Contractor agrees to install, collect, and report all data requested by the MCDWM&D via RW CAREWare within 60 days of request by the MCDWM&D. The Contractor agrees to participate in technical assistance training and/or informational presentations for CAREWare at various times scheduled during the contract year.

CAREWare is used for client level data reporting and is used for monthly billing reports, demographic reports, and various custom reporting. Samples of these reports can be found in sections 4-6 of the Ryan White Part A Program Policies Manual. The CAREWare software is supported by the Part A office for training and end user support. The contractor is responsible for coordinating the installation of the CAREWare software with their internal information technology staff. CAREWare software is developed by HRSA and requires no licensing fees. The Contractor will be responsible for the cost of VPN cards for each user within their organization. The CAREWare software and central database are explained in sections 4-6 of the Ryan White Part A Program Policies Manual.

4.55 IMPROPRIETIES AND FRAUD:

4.55.1 The contractor shall notify MCDWM&D in writing of any actual or suspected incidences of improprieties involving the expenditure of CARE Act funds or delivery of services. This will include when potential or current clients receive services, or attempt to receive

services, for which they are ineligible. Notification is also required whenever acts of indiscretion are committed by employees that may be unlawful or in violation of this contract. Notification to MCDWM&D shall occur in writing within 24 hours of detection.

- 4.55.2 The Federal Department of HHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Such reports are kept confidential and callers may decline to give their names if they choose to remain anonymous.

Office of Inspector General
TIPS HOTLINE
P. O. Box 23489
Washington, D. C. 20026
Telephone: 1-800-447-8477 (1-880-HHS-TIPS)

- 4.55.3 The Contractor shall be responsibility for any loss of funds due to mismanagement, misuse, and/or theft of such funds by agents, servants and/or employees of the Contractor.

4.56 ADHERENCE TO MCDPH POLICIES:

- 4.56.1 Contractor shall adhere to all MCDWM&D Ryan White Part A Program Policies. Such policies are referenced in the *MCDWM&D Ryan White Part A Program Policies Manual*. See link found on cover page.

4.57 REFERRAL RELATIONSHIPS:

Contractors must have documented evidence to substantiate referral relationships on an ongoing basis consistent with HRSA guidance regarding "Maintaining Appropriate Referral Relationships" available from the MCDWM&D upon request.

4.58 POLICY ON CONFIDENTIALITY:

- 4.58.1 The Contractor understands and agrees that this Contract is subject to all State and Federal laws protecting client confidentiality of medical, behavioral health and drug treatment information.

- 4.58.2 The Contractor shall establish and maintain written procedures and controls that comply with Arizona Administrative Code (A.A.C.) R9-1-311 through R9-1-315 regarding disclosure of confidential medical information and records. No medical information contained in Contractor's records or obtained from County, or from others in carrying out its functions under this Contract shall be used or disclosed by Contractor, its agents, officers, employees or subcontractors except as is essential to the performance of duties under this Contract or otherwise permitted under applicable statutes and rules. Disclosure to County is deemed essential to the performance of duties under this Contract. Neither medical information nor names or other information regarding any person applying for, claiming, or receiving benefits or services contemplated in this Contract, or any employer of such person shall be made available for any political or commercial purpose. Information received from a Federal agency or from any person or provider acting under the Federal agency pursuant to Federal law shall be disclosed only as provided by Federal law.

- 4.58.3 In accordance with Section 318 (e)(5) of the Public Health Service Act [42 U.S.C. 247c(e)(5)], no information obtained in connection with the examination, care or services provided to any individual under any program which is being carried out with Federal monies shall, without such individual's consent, be disclosed except as may be necessary to provide services to such individual or as may be required by laws of the State of Arizona or its political subdivisions. Information derived from any such program may be

disclosed (a) in summary, statistical, or other form, or (b) for clinical research purposes, but only if the identity of the individuals diagnosed or provided care under such program is not disclosed. The Contractor shall comply with the provisions of A.R.S. § 36-663 concerning HIV-related testing; restrictions; exceptions and A.R.S. § 36-664 concerning confidentiality; exceptions, in providing services under this Contract.

- 4.58.4 Confidential communicable disease related information may only be disclosed as permitted by law, and only consistent with the *MCDWM&D Ryan White Part A Program Policies Manual.* *See link found on cover page.*

4.59 EQUIPMENT:

- 4.59.1 All equipment and products purchased with grant funds *should be* American-made.
- 4.59.2 The title to any and all equipment acquired through the expenditure of funds received from County shall remain that of the Department of Health and Human Services, Health Resources and Services Administration. County must specifically authorize the acquisition of any such equipment in advance. Upon termination of this Contract, County may determine the disposition of all such equipment.
- 4.59.3 The Contractor agrees to exercise reasonable control over all equipment purchased with capital outlay expense Contract funds. All equipment lost, stolen, rendered un-usable, or no longer required for program operation must be reported immediately to County for disposition instructions. The Contractor shall report the physical inventory of all equipment purchased with contract funds within sixty (60) days of receipt of such equipment.

4.60 LAWS, RULES AND REGULATIONS:

The Contractor understands and agrees that this Contract is subject to all State and Federal laws, rules and regulations that pertain hereto.

4.61 FORMAT AND CONTENT (WHAT TO PROVIDE-APPLICANT):

To aid in the evaluation, it is desired that all proposals follow the same general format. The proposals are to be submitted in binders and have sections tabbed as below (Responses are limited to no more than 15 pages of narrative, single sided, 10 point font type

- 4.61.1 Letter of Transmittal (Exhibit 2)
- 4.61.2 **Narrative – Provide a brief narrative (not to exceed 15 pages), fully describing your organization, and the personnel assigned to this service category and how you plan on meeting the needs of the plwh/a population.**

Provide a brief response to each of the sections listed below:

- **-Targeted population AND the geographical boundaries within the EMA you/ your organization are offering to provide these services.**
- **-How Ryan White funds will be utilized to keep plwh/a in care.**
- **-How your organization will work within the HIV/AIDS community to provide coordinated care to eligible clients**
- **-Your agency’s experience with infectious disease.**
- **-Other funding used by your agency to care for plwh/a**

- 4.61.3 Completed Application Form (Attachment A), including any applicable proof of

licensing, certifications, etc., as requested. In the event that any given section is not applicable to the service you/your company are offering a proposal response to, the section shall be noted as N/A (not applicable).

4.61.4 Pricing and Budget Form (Attachment B)

4.61.5 Work Plan (Attachment C), fully completed, without exception.

4.61.6 Agreement/Signature Page (Attachment D) inclusive of vendor/applicant portion completed and signed.

4.62 EVALUATION OF PROPOSAL – SELECTION FACTORS:

An Independent Review Panel (IRP) shall be appointed, at the direction of the MATERIALS MANAGEMENT DIRECTOR, and chaired by the Materials Management Department to evaluate each Proposal and prepare a scoring of each Proposal to the responses as solicited in the original request. At the County's option, proposing firms may be invited to make presentations to the IRP. Best and Final Offers and/or Negotiations may be conducted, as needed, with the highest rated Respondent(s). **Proposals will be evaluated on the following criteria which are listed in order of importance and determine the acceptability of each respondent's proposal. (PROPOSALS SHALL BE EVALUATED AS ACCEPTABLE OR NOT ACCEPTABLE BASED ON THE FOLLOWING CRITERIA).**

4.62.1 Agency's approach and philosophy and how it relates to the service delivery goals as outlined in the 2006-2009 Phoenix EMA Comprehensive Plan. The goals that apply to service delivery are:

4.62.2 Goal 1: Improve delivery of core services and other services to populations with the greatest needs.

4.62.3 Goal 2: Improve entry into care by streamlining the eligibility process.

4.62.4 Goal 3: Identify individuals who are aware of their HIV status and are not in care, and facilitate their entry into care.

4.62.5 Goal 4: Improve access to services through multiple approaches.

4.62.6 Goal 5: Provide a continuum of HIV/AIDS services that is culturally and linguistically appropriate.

4.62.7 Goal 7: Improve the integration and coordination among care services and between HIV care and prevention.

4.62.8 Agency's proven skills and technical competence, including all subcontractor agreements proposed.

4.62.9 Staff qualifications and credentials

4.62.10 Proposed budget inclusive of unit of service cost(s).

4.63 RESPONDENT REVIEW OF DOCUMENTS.

The Respondent shall review its Proposal/Response submission to assure the following requirements are met.

4.63.1 **Mandatory:** One (1) original hardcopy (labeled), three (3) hardcopy copies of their proposal/response, inclusive of all required submissions, and one (1) electronic copy of all required submittal documents, on a CD (**no pdf files except those documents which require a signature at the time of submission.**)

4.63.2 **Mandatory:** Attachment "A", Application

4.63.3 **Mandatory:** Attachment "B", Pricing and Budget Agreement; and

4.63.4 **Mandatory:** Attachment "C", Work Plan

4.63.5 **Mandatory:** Attachment "D", Signature/Agreement Page

4.63.6 **Mandatory:** Narrative as defined in Section 4.58.2 above

4.63.7 **Mandatory:** Letter of Transmittal (Exhibit 2)

4.64 **VENDOR REGISTRATION:**

All applicants/respondents shall be registered as a vendor with Maricopa County. No contract awards can be made to a applicant/respondent who has not successfully completed vendor registration. See Exhibit 1 Vendor Registration Procedures.

NOTE: RESPONDENTS ARE REQUIRED TO USE ATTACHED FORMS (OTHER THAN THOSE OFFERED AS PREPARATION EXAMPLES FOR THE RESPONDENT) TO SUBMIT THEIR PROPOSAL/RESPONSE.

ATTACHMENT A

SERVICE PROVIDER APPLICATION

Organization:

Address:

City: State: Zip:

Telephone:

Executive Director/CEO:

Person completing this form: Contact Telephone:

Legal Status: Non profit 501-C3 Corporation LLC Partnership Other: _____

Years in Business:

Maricopa County Vendor Registration Complete: Yes No Vendor Number:

Number of paid staff (fte) in your entire organization:

Number of volunteer staff in your entire organization:

Do you meet the insurance requirements as described in Section 4.10 of this proposal: Yes No

If no, will you be able to meet the requirements upon contract approval: Yes No

Audit Requirements as described in Section 4.22:

In compliance with OMB Circular A-102 Yes No N/A

In compliance with OMB Circular A-110 Yes No N/A

In compliance with OMB Circular A-122 Yes No N/A

In compliance with OMB Circular A-87 Yes No N/A

In compliance with OMB Circular A-21 Yes No N/A

In compliance with OMB Circular A-133 Yes No N/A

If N/A on any please explain:

In compliance with the records retention policies as described in Section 4.31? Yes No

If no, describe how you will meet this contract requirement:

Do you have a written Equal Opportunity Employment Policy Section 4.45? Yes No

If no, describe how you will meet this contract requirement:

In compliance with cultural competency as described in Section 4.52 ? Yes No

If no, describe how you will meet this contract requirement:

Understand the requirements for using the CAREWare central database system as described in Section 4.53 Yes

No

If no, describe how you will meet this contract requirement:

In compliance with confidentiality policies as described in Section 4.57? Yes No

If no, describe how you will meet this contract requirement:

Do you receive grant funds for your programs: Yes No

If yes, please list who you receive the grants from and how long:

Grant Fund 1: Since:

Grant Fund 2: Since:

Grant Fund 3: Since:

Do you have a financial system in place that will allow you to separate income and expenditures related to each grant and general funds? Yes No

If yes, Describe system:

If no, describe how you would be able to implement a system:

Do you have a financial system in place that will allow you to perform third party billing to ensure that funds used under this contract are the payer of last resort? Yes No

If no, describe how you would be able to implement a system for this:

Executive Summary

Please respond with brief descriptions in each of these areas (i.e., your response should be a few paragraphs, not pages).

1. Describe the nature of your organization

- Provide your mission and vision statements
- Describe what type of services your organization provides
- Describe the type of clients your organization serves, include demographic make up if available

2. Provide an organizational chart

Proposal

This section should specifically address the respondent's qualifications to perform services and familiarity of government grant fiscal requirements. Please respond with brief descriptions in each of these areas (i.e., your response should be a few paragraphs, not pages).

1. Organization Qualifications – Provide copies of current licensure to comply with the contractor license agreement portion of this request for proposal.
2. Staffing Qualifications – Provide the qualifications of the personnel whom are qualified to perform the services of this contract. A profile of each individual including a professional resume demonstrating appropriate education and professional experience. Provide copies of current licensure/certification that each staff member has attained.
3. Describe your organization's ability to attain qualified personnel to fulfill the needs of this request for proposal.
4. Describe your organization's marketing plans to ensure that the community is informed about the services you provide.

RESPONDENT REFERENCES (A minimum of 5 are required)

RESPONDENT SUBMITTING PROPOSAL: _____

ENTITY NAME: _____

ADDRESS: _____

CONTACT PERSON: _____

TELEPHONE: _____ E-MAIL ADDRESS: _____

NUMBER OF YEARS SERVICE PROVIDED: _____

ENTITY NAME: _____

ADDRESS: _____

CONTACT PERSON: _____

TELEPHONE: _____ E-MAIL ADDRESS: _____

NUMBER OF YEARS SERVICE PROVIDED: _____

ENTITY NAME: _____

ADDRESS: _____

CONTACT PERSON: _____

TELEPHONE: _____ E-MAIL ADDRESS: _____

NUMBER OF YEARS SERVICE PROVIDED: _____

ENTITY NAME: _____

ADDRESS: _____

CONTACT PERSON: _____

TELEPHONE: _____ E-MAIL ADDRESS: _____

NUMBER OF YEARS SERVICE PROVIDED: _____

ENTITY NAME: _____

ADDRESS: _____

CONTACT PERSON: _____

TELEPHONE: _____ E-MAIL ADDRESS: _____

NUMBER OF YEARS SERVICE PROVIDED: _____

Maricopa County Department of Public Health
 Ryan White Title 1 - Budget Documentation Instructions

Maricopa County Health Care Mandates, as Administrative Agent for the Federal Ryan White HIV/AIDS Treatment Modernization Act of 2006 Part A grant created and revised the format for budget submissions for all Providers providing services under the Part A C.A.R.E. Act grant. The attached set of instructions will help you in completion of the Maricopa County Health Care Mandates Part A grant budget forms.

The forms can be completed electronically and sent to: _____ or manually and mailed to _____

Purpose In an ongoing effort to continuously improve the quality of service under the Ryan White Part A grant, these forms will enable providers to efficiently create annualized management budgets that accurately record the budgeted costs of services to the community.
 These forms create a standard format to accurately provide reporting information required under the administration of Part A funds. Every effort has been taken to ensure that the forms are easily completed and accurately reported.

Objective To standardize the budget system utilized by providers of Ryan White Part A funds that will:

- Accurately track and report Administrative Costs and Direct Service Costs separately.
- Minimize risk of exceeding the Administrative Cost Cap (10% of the aggregate award available for service).
- Minimize the real or perceived risk of arbitrary budget approval.

INSTRUCTIONS -

FORM NAME FORM NUMBER

Cover Page

B05-CV-1

Use this page to enter the summary information for your organization and Ryan White Part A grant award.
 * A separate budget packet, including Cover Page, is required for each Ryan White Part A grant award that you have been awarded.

The Cover Page consists of the following:

- Name Enter the official name of your organization
- FEIN Enter your federal employee identification number
- Address Enter the address of your organization
- Authorized Contact the name of the person to be contacted and allowed to make decisions
- Telephone the telephone number of the Authorized Person
- Primary Contact the name of the person(s) to be contacted primarily (if different from above)
- Primary Telephone the telephone number of the Primary Contact
- Email Email of the Primary Contact
- Fax fax number that you can receive facsimile messages/correspondence
- Service Category the service category of the submitted budget packet (see Service Category in your Contract)
- Grant Year the beginning and ending grant year of your budget submission

Budget Summary

B05-SU-1

This form summarizes all of the line items in the submitted budget packet for the award listed in the Cover Page.

Section I Summarizes the organizational information provided in the Cover Page.
 The information will automatically populate when the Cover Page is complete

Section II This section summarizes the budget information calculated in the submitted budget packet for this grant. This form is required for all Ryan White Part A awards issued by Maricopa County Health Care Mandates. This form reports the summary line item amounts allocated as Administrative Costs, Direct Service Cost, and total budget for the budget packet for this service award.

Administrative costs relate to oversight and management of CARE Act funds and include such items as contracting, accounting, and data reporting.

- 1 Administrative Costs, defined in Section 2604(f)(3) defines allowable "subcontractor administrative activities to include:
 - Usual and recognized overhead, including establishing indirect rates for agencies;
 - Management and oversight of specific programs funded under this title; and
 - Other types of program support such as quality assurance, quality control, and related activities."

Examples include: salaries and expenses of executive officers, personnel administration, accounting, the costs of operating and maintaining facilities, and depreciation or use allowances on building and equipment.

The Administrative Costs Column, including indirect cost, cannot exceed 10% of the total award

**** Indirect Cost - Providers claiming and indirect cost must submit their most current negotiated indirect cost rate issued federally**

Maricopa County Department of Public Health
Ryan White Title 1 - Budget Documentation Instructions

Maricopa County Department of Public Health
Ryan White Title 1 - Budget Documentation Instructions

2 Direct Services allocations are for service that directly benefits Ryan White HIV clients such as staff, medicine and drugs, clinical supplies, etc..

The final determination for cost allocations between Administrative Costs and Direct Service Costs resides with Maricopa County Health Care Mandates

If completing this form electronically, the information will automatically populate as the budget packet is completed:

* Enter the indirect rate used by your organization in cell [C134], if applicable - see "indirect cost".

Grant Balance - This cell calculates the amount of the grant less the projected costs. This number must equal 0.

Personnel B05-PE-1

Use this form to list ALL persons being paid a salary from the Ryan White Part A grant in this budget packet.

This form calculates the applied annual salary and applied annual benefits per individual FTE.

The Provider must determine if the position(s) listed are Administrative, Direct Service, or Both

* for Both, the Provider must indicate how much of the time spent on Ryan White Part A activities are considered administrative.

For example - a Case Management Supervisor may continue with a case load of their own, in this case, it must be determined how much of their time should be allocated to Administrative duties and Direct Service support.

The Cells referenced in the form (#) requiring entry are:

- (A) Full Time Hours. This is used to determine the annual hours for full time staff.
(Typically 2,080)
- (B) Benefits
Enter a brief name of all benefits included for staff and the percentage of gross salary associated with that benefit.
(I.e., Social Security - (FICA) 6.75%)
- (C) and (C-a) Enter the position title and staff members last name.
- (D) Enter the FTE, or fraction of full time, that this person will work on this Part A grant
(I.e., A person who spends 1/2 of full time hours on this grant would be .5 FTE)
- (E) Enter the position's hourly rate
- (H) Determine whether a persons primary responsibilities on this grant will be for Direct Service activities or Administrative Activities by entering A or D.
* For a staff member who has both responsibilities, enter A
- (I) Enter how much of the persons time is spent on Administrative duties.
(I.e., a staff member can spend 90% of their time doing administrative duties and 10% performing Direct Services.)

The Cells referenced in the form (#) that are calculated are:

F,G,J,K,L,M,N,O,P,Q

These calculations are explained in under each of the Cell references. If submitting this form manually, follow the directions listed in the formula bar.

Travel B05-TV-1

Use this form to budget any travel expenses associated with the services of the Ryan White Part A Grant.

This form consists of two (2) sections - Mileage and Other Travel

Mileage This section establishes a budget amount, both Administrative and Direct Service, for mileage reimbursement in conjunction with providing services to the grant.
The Provider is to determine the per mile rate that they reimburse staff for (Cell [E12])
Maricopa County Health Care Mandates has adapted a standard formula to apply all mileage reimbursements budgets.

The mileage budget form requires the following entries:

- (A) Enter the number of FTE both Administrative and Direct Service in the corresponding row.
The information will automatically populate as the Personnel form is completed.
- (B) Enter the annual miles that are annually budgeted for one (1) FTE staff person.
***Do not use partial FTEs, only the annual miles for 1 FTE.**
- (C) [Cell E16] Enter the current rate used by your organization to reimburse mileage requests
- (G) Provide a detailed justification of the travel budget requested, both Administrative Cost and Direct Services.

Maricopa County Department of Public Health
Ryan White Title 1 - Budget Documentation Instructions

Cell References: (D), (E), and (F) are calculated automatically.

Maricopa County Department of Public Health
Ryan White Title 1 - Budget Documentation Instructions

Other Allowable Travel

In some cases, other travel may be allowed under the Ryan White Part A Grant. Each item listed in this section must have a detailed and accurate budget justification attached.

At this time, Maricopa County Health Care Mandates has determined that costs included in this

- (A) Enter the dates that the other travel is expected.
- (B) and (C) Enter the estimated cost and description of the expense
*this can include car rental, parking fees, etc.
- (G) Provide a detailed description of the justification, in relation to Ryan White Part A services as awarded in this grant.

Columns (D), (E), and (F) are calculated automatically.

Supplies B05-SP-1

Use this form to create the supplies budget for the Ryan White Part A grant for this budget packet. Supplies can include general office supplies, (pens, paper, etc.) and program and medical supplies.

Section I General Office Supplies

Maricopa County Health Care Mandates has initiated a standard allocation model for general office supplies:

(Administrative Allocation = Total Budget x Percent of administrative FTE to total FTE)

When completing the general office supplies chart manually, use the information calculated in (N), (O), (P), and (Q) of the Personnel Worksheet (Form B05-PE-1)

Section II Program Supplies

This chart can be used to identify and budget for program specific and/or medical supplies used in providing services.

Program Supplies have been determined to be Direct Service Costs, however final determination resides with Maricopa County Department of Public Health.

Equipment B05-EQ-1

Use this form to budget for equipment needed to support services under this Part A grant.

Indicate the item budgeted, the total budgeted amount, and a detailed justification of the equipment to be purchased.

Contractual B05-CT-1

Use this form to budget for consulting, contract labor, and/or subcontracts in conjunction with operating this Part A grant.

For each section, indicate the name, licenses/qualifications, hours budgeted, quoted rate, dates of service, and a detailed justification for

Other Program Support B05-SP-1

Use this form to budget for other support necessary to provide services under this grant. This form applies the FTE ratio for the expenditures including: telephone, postage, copying, and utilities.

Other Professional Services B05-PF-1

Use this form to budget for other professional services; audit/accounting, insurance, rent/space, or other professional services.

For each section, indicated the provider of service(s), the rate, a detailed description of the services provided, and the method of calculating the budget for this Part A grant.

This section allows providers to indicate the percentage requested as administrative and direct service. Final determination reside with Maricopa County Health Care Mandates County Health Care Mandates.

Maricopa County Health Care Mandates, Ryan White Part A - Budget Documentation

NAME OF ORGANIZATION: _____

Fed. Employee ID #
(FEIN) _____

ADDRESS: _____

AUTHORIZED CONTACT _____

TELEPHONE _____ FAX _____

E-MAIL _____

PRIMARY CONTACT _____

TELEPHONE _____ FAX _____

EMAIL _____

SERVICE CATEGORY _____

GRANT PERIOD: _____
Start Date End Date

AMOUNT \$ _____ - _____

**Maricopa County Health Care Mandates,
Ryan White Part A Grant,
Administration Budget Summary - B05-SU-1**

(Section I)

Organization	0	Contract Number	(Enter Contract #)
Service Category	0		
Grant Period	January-00	Through January-00	

Narrative of Grant:

(Enter the Planning Council Definition of this service.)

(Section II)

Budget Requested: \$ -

Operating Expenses			Administrative Budget	Direct Service Budget	Total Budget
Personnel:	Salaries	0 FTE	\$ -	\$ -	\$ -
Personnel:	Fringe/Benefits		-	-	-

Subtotal: Personnel	-	-	-
----------------------------	---	---	---

Other Direct Costs

Travel		-	-	-
Supplies		-	-	-
Equipment		-	-	-
Contractual		-	-	-
Program Support		-	-	-
Other Professional Services		-	-	-

Subtotal: Other Direct Costs	-	-	-
-------------------------------------	---	---	---

Total Operating Expenses	-	-	-
---------------------------------	---	---	---

(Personnel and Other Direct Costs)

Indirect Costs

Indirect Rate	0%		-
----------------------	----	--	---

(Providers claiming an indirect cost must submit their most current negotiated indirect cost rate issued by the cognizant federal agency.)

Total Costs of Grant	(Percent of Total)	-	-	\$ -
	(Total Operating Expenses plus Indirect Costs)	0%	0%	

GRANT BALANCE (Grant Revenue less Total Costs of Grant) \$ -

The Grant balance must equal zero

Finance Approval _____ Date: _____

Exec. Director Approval _____ Date: _____

Administrative Agent _____ Date: _____

Maricopa County Department of Public Health
Ryan White Title 1 - Budget Document
Budget Summary

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The following tabs are to be used to update the Budget Cover Sheet.

All backup is required with each grant.

 These cells indicate provider required entry.

Maricopa County Health Care Mandates Part A - Budget Document
Personnel - B05-PR-1

Personnel All staff paid in full or part from this Ryan White Title I grant are to be listed in the following chart.

1 Staffing

Provider Entry Auto Calculation

(C)	(C - a)	(D)	(E)	(F) = (A)*(E)*(D)	(G) = (F)*(B)	(H)	(I)	(J) = (F)*(I)	(K) = (G) * (I)	(L) = (F) - (J)	(M) = (G) - (k)
Staffing 0 0											
Position Title	Last Name	FTE	Rate	Gross Applied to grant per FTE	Benefits Applied to grant per FTE	Job Status	Percent applied as Administrative	Gross Admin Salary	Gross Admin Benefits	Direct Service Salary	Direct Service Benefits
1		0	0	-	-	A	100%	-	-	-	-
2				-	-	A	0%	-	-	-	-
3				-	-	0	0%	-	-	-	-
4				-	-		0%	-	-	-	-
5				-	-			-	-	-	-
6				-	-			-	-	-	-
7				-	-		0%	-	-	-	-
TOTAL		0		-	-			-	-	-	-

(Admin) 0 FTE (N) = (D) * (I) 0% (P) = (N) / ((N) + (O))
 (Direct Service) 0 FTE (O) = (D) * (1-I)) Percent FTE 0% (Q) = (O) / ((N) + (O))

(A) Calculating Annual Salary 0

(Rate x Annual Hours)

Benefits	
Benefits	Percent
	0.00%
	0.00%
TOTAL	0.00%

Maricopa County Health Care Mandates Part A - Budget Document
Personnel - B05-PR-1

-

Maricopa County Health Care Mandates Part A - Budget Document
Travel - B05-TV-1

TRAVEL

Travel can be budgeted for the cost of staff mileage and other travel associated with Ryan White CARE Act Title I funds.

- 1 Mileage** Mileage will be budgeted utilizing the standard calculation of annual miles for a full time staff person x the rate determined by your organization per mile x the number of FTE(s) budgeted to provide services under this grant.

	(A)	(B)	(C)	(D) = (B)*(C)*(A)	(E)	(F)	(G)
Mileage 0 0							
	FTE	Annual Miles Budgeted (Per 1 FTE)	Miles Applied to Grant	Budget \$0.00	Admin	Direct Svc	Description
1	Admin	0	0	\$ -	-	-	
2	Direct Svc	0	0	-	-	\$0.00	
	TOTAL		0	-	-	-	\$ -

(Total Miles applied to this grant)

(B) **Note - Budget annual mileage for 1 FTE**

2 Other Allowable Travel

At this time, Maricopa County Health Care Mandates has determined that costs included in this section are Administrative Costs.

	(A)	(B)	(C)	(D) = (B)+(C)	(E) = (D)	(F)	(G)
Other Allowable Travel 0 0							
	Dates of Travel	Cost Line Item	Cost Line Item	Total Budget	Admin	Direct Service	Description
1		\$ -	\$ -	-	-	-	
	Description						
2		\$ -	\$ -	-	-	-	
	Description						
3		\$ -	\$ -	-	-	-	
	Description						
				-	-	-	\$ -

SUMMARY (Travel)	Admin	Direct Service	Total
	-	-	-

Maricopa County Health Care Mandates Part A - Budget Document
Supplies - B05-SUP-1

The supplies line item is used to budget funds for supplies used in the operations of the budget. This category can include general office supplies and program/medical supplies.

General Office Supplies: includes pens, paper, toner, etc. (Apply at FTE Ratio)

	(A)	(B)	(C) = (A)*(1-(B))	(D) = (B) + (C)	(E)
General Office Supplies 0 0					
Item	Annual Budget	Admin 0%	Direct Service	Total	Narrative
1	0	-	-	-	
2		-	-	-	
3		-	-	-	
4		-	-	-	
5		-	-	-	
TOTAL		-	-	TOTAL	\$ -

2 Program Supplies

Program Supplies have been deemed Direct Service.

	(A)	(B)	(C)	(D) = (B)	(E)	(F)
Program Supplies 0 0						
Description	Annual Budget	Admin	Direct			Narrative
1	0	-	-	-		
2		-	-	-		
3		-	-	-		
4		-	-	-		
5		-	-	-		
TOTAL		-	-	TOTAL	\$ -	

Equipment less than \$1,000 - includes computers, fax machines, shredders, and adding machines to be used in the operations of this grant. (Apply at FTE Ratio)

	(A)	(B)	(C) = (A)*(1-(B))	(D) = (B) + (C)	(E)
Equipment less than \$1,000 0 0					
Description	Allocated Budget	Admin 0%	Direct Service	Total	Narrative
1	0	-	-	-	
2		-	-	-	
3		-	-	-	
4		-	-	-	
5		-	-	-	
TOTAL		-	-	TOTAL	\$ -

Summary

- -

Maricopa Country Health Care Mandates Part A - Budget Document
Equipment - B05-EQ-2

The equipment line item is budgeted for equipment purchased or leased in conjunction with operations of the grant.

Equipment greater than \$1,000

1 Equipment greater than \$1,000 - Include large equipment necessary to be used in the operations of this grant. Please note that there are more requirements for approval.

(A)	(B)	(C)	(D) = (B * (1 - (C)))	(D) = (B) + (C)	(E)
Equipment greater than \$1,000 0 0					
Item Budgeted	Amount Budgeted	Admin 0%	Direct Service	Total	Narrative
1	0	-	-	-	
2		-	-	-	
3		-	-	-	
4		-	-	-	
5		-	-	-	
TOTAL		-	-	TOTAL	\$ -

Maricopa Country Health Care Mandates Part A - Budget Document
Contractual - B05-CT-1

The Contractual line item is used for consulting and contracting to be utilized in conjunction with operations of the grant.

This budget category includes payments to outside consultants and temporary services. Use this section for both professional and clerical support.

Consulting

1 Consulting - Include any payments anticipated for consulting and capacity building services

Consulting 0 0							
Consultant	Hours Budgeted	Quoted Rate	Total Budget	Admin Budget %	Admin Budget	Direct Service	Dates of Service
1		0	-	0%	-	-	
Licenses / qualifications							
Narrative							
2	0	0	-	0%	-	-	
Licenses / qualifications							
Narrative							
3			-		-	-	
Licenses / qualifications							
Narrative							
4							
			TOTAL		-	-	\$ -

Subcontracts

2 Include any payments for subcontracts to provide services under this grant.

Backup is required for each subcontract listed in this section. Maricopa County Department of Public Health will enforce the 10% administrative Cost Cap established by HRSA for first-line entities receiving Title I funds.

Subcontracts 0 0							
Contract Provider	Units/Hours Budgeted	Quoted Rate	Total Budget	Admin Rate	Admin Budget	Direct Service	Dates of Service
1 Delta			-	0%	-	-	
Service(s) Provided							
Narrative							
2			-		-	-	
Service(s) Provided							
Narrative							
3			-		-	-	
Service(s) Provided							
Narrative							
			TOTAL		-	-	\$ -

Maricopa Country Health Care Mandates Part A - Budget Document
Other Program Support - B05-SP-1

Other Program Support

1 Telephone

Telephone 0 0					
Description	Annual Amount Budgeted	Admin 0%	Direct Service	Total	Narrative Justification
1 Cell Phones	0	-	-	-	
2 Direct Line		-	-	-	
3		-	-	-	
TOTAL		-	-	TOTAL	\$ -

2 Copy/Duplicating

Copy/Duplicating 0 0					
Description	Budget	Admin 0%	Direct Service	Total	Narrative Justification
Program Brochures					
1	0	-	-	-	
Other Copying/Duplicating					
2	0	-	-	-	
	0	-	-	-	
	0	-	-	-	
TOTAL		-	-	TOTAL	\$ -

Budget Category 6 4

3 Postage

Postage 0 0					
Description	Amount Budgeted	Admin 0%	Direct Service	Total	Narrative Justification
1	0	-	-	-	
TOTAL		-	-	TOTAL	\$ -

4 Utilities

Utilities have been deemed 100% administrative. (Ruling 6.6.B05)

Utilities 0 0					
Description	Amount Budgeted	Admin 0%	Direct Service	Total	Narrative Justification
1	0	-	-	-	
		-	-	-	
		-	-	-	
TOTAL		-	-	TOTAL	\$ -

4 Other Program Support

Other Program Support 0 0					
Description	Budgeted Amount	Admin 0%	Direct Service	Total	Narrative
1	0	-	-	-	
	0	-	-	-	
	0	-	-	-	
	0	-	-	-	
TOTAL		-	-	TOTAL	\$ -

Maricopa Country Health Care Mandates Part A - Budget Document
Other Professional Services - B05-PF-1

1 Audit/Accounting/Finance

Audit/Accounting/Finance 0 0							
Vendor	Hours Budgeted	Quoted Price*	Total Price	Dates of Service	Admin	Direct Service	Description
a	0	0	-		-		
Cost Method Used							
Budget Justification							
b			-		-		
Cost Method Used							
Budget Justification							
c					-		
Cost Method Used							
Budget Justification							
TOTAL					-		\$ -

2 Insurance

Insurance 0 0							
Insurance Type	Annual Premium	Percent To grant	Total Grant	Dates of Service	Admin	Direct Service	Description
a	0	0%	-		-		
Cost Method Used							
Budget Justification							
b	0	0%	-		-		
Cost Method Used							
Budget Justification							
c		0%	-		-		
Cost Method Used							
Budget Justification							
TOTAL					-		\$ -

3 Rent/Space

Rent/Space 0 0							
Provider	Annual Rent	Percent to Grant	Total Grant	Dates of Service	Admin	Direct Service	Description
a	0	0%	-		-		
Cost Method Used							
Budget Justification							
TOTAL					-		\$ -

4 Other Professional Service

Other Professional Service 0 0							
Vendor	Hours Budgeted	Quoted Price*	Total Price	Admin Budget %	Admin	Direct Service	Description
a	0	0	-	0%	-	-	
Cost Method Used							
Budget Justification							
b			-		-	-	
Cost Method Used							
Budget Justification							
c					-	-	
Cost Method Used							
Budget Justification							

Instructions: Complete the yellow sections for this template. All information will be linked to the Unit Cost sheet of this work book
 This sheet allows for planning and cost calculations for services to be provided under this grant.
 Providers may utilize this sheet to determine costs of units that they are proposing for the contract.
 Providers also have the option to utilize the Unit Cost Narrative sheet at the end of this workbook.

Organization Name:
 Contract:

	(A) Activity (From Work Statement)	(B) Product / Unit Name	(C) Number of Units Proposed	(D) Proposed Fee Per Product/Deliv erable	Schedule of Deliverables												(E) Total Payment Per Objective/Activity	
					Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb		
1			-	-														-
2			-	-														-
3			-	-														-
4			-	-														-
5			-	-														-
6			-	-														-
7			-	-														-
8			-	-														-
TOTAL			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

- (A) From the Work Statement - enter which activity this unit relates to.
 - (B) Product/Unit Name - Enter the name that identifies this unit.
 - (C) Enter the number of units proposed for the contract year.
 - (D) This fee calculates automatically, based on the budget and unit cost from the Unit Cost Worksheet.
 - (E) Enter the number of units BY MONTH proposed in the corresponding column and row.
- \$ -
 \$ -
 (Over Budget)

1

Unit of Service (Name)	0
Unit Definition (Describe the Unit)	
Units Proposed	0
Percent of Total	#DIV/0!

Direct Costs

POSITION	Direct Services duties (provide a brief narrative of what this person will be doing for this unit)	Hourly Rate (or average if more than one FTE)	Hourly BNF	Total Salary and Benefits (Hourly)	Direct Svc Time spent (minutes)	
			-	-	-	-
			-	-	-	-
	df		-	-	-	-
			-	-	-	-
			-	-	-	-
			-	-	-	-
			-	-	-	-
			-	-	-	-

Other Direct Costs	Total Direct Cost Budget	Units Prop	Percent to total	
Travel	-	-	#DIV/0!	#DIV/0!
Supplies	-			#DIV/0!
Equipment	-			#DIV/0!
Contractual	-			#DIV/0!
PS	-			#DIV/0!
Other Direct Costs	-			#DIV/0!
				#DIV/0!

Administrative Costs	Admin Salaries	Admin BNF	Ttl Admin	% of Ttl	Units	per unit
Salaries	-	-	-	#DIV/0!	-	#DIV/0!
						#DIV/0!

Other Direct Costs	Total Admin Cost	Units Prop	Percent to total	
Travel	-	-	#DIV/0!	#DIV/0!
Supplies	-			#DIV/0!
Equipment	-			#DIV/0!
Contractual	-			#DIV/0!
PS	-			#DIV/0!
Other Direct Costs	-			#DIV/0!
				#DIV/0!
Indirect	-			#DIV/0!
				#DIV/0!

Units Proposed
Percent of Total

	0
	#DIV/0!

Direct Costs

POSITION	Direct Services duties (provide a brief narrative of what this person will be doing for this unit)	Hourly Rate (or average if more than one FTE)	Hourly BNF	Total Salary and Benefits (Hourly)	Direct Svc Time spent (minutes)	
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
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		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-

ATTACHMENT B

PRICING/BUDGET FORMS INSTRUCTIONS

Instructions: Use this worksheet to submit manual calculations of proposed reimbursement rates for services provided under this grant.
 Complete one section for each unit of service proposed. (i.e, face-to-face visit)
 It is the Provider's responsibility to adequately identify costs associated with this service.
 Unallowable and/or unnecessary costs will be rejected by MCDPH.

Unit Name:
 Definition:

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

Reimbursement Rate Requested: (enter the rate at which you are submitting to be reimbursed for this service.)

* This number must match the total in the section below.

Unit Cost: (Use this section to justify the rate at which you are requesting to be reimbursed.)
 (PER UNIT)

	Description of Cost	Cost	Narrative Justification
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
Total		-	

Description of Cost Identify the cost associated with providing this cost.
 (i.e., personnel and benefits utilized in providing one unit.)
 Cost Input the amount PER UNIT
 Narrative Justification Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost.
 any other information relevant to justify this cost.

ATTACHMENT B

PRICING/BUDGET FORMS INSTRUCTIONS

Unit Name:
Definition:

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

--

Reimbursement Rate Requested:

--

(enter the rate at which you are submitting to be reimbursed for this service.)

* This number must match the total in the section below.

Unit Cost:
(PER UNIT)

(Use this section to justify the rate at which you are requesting to be reimbursed.)

	Description of Cost	Cost	Narrative Justification
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
	Total	-	

Description of Cost Identify the cost associated with providing this cost. (i.e., personnel and benefits utilized in providing one unit.)

Cost Input the amount PER UNIT

Narrative Justification Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost. any other information relevant to justify this cost.

ATTACHMENT B

PRICING/BUDGET FORMS INSTRUCTIONS

Unit Name:
Definition:

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

--

Reimbursement Rate Requested:

--

(enter the rate at which you are submitting to be reimbursed for this service.)

* This number must match the total in the section below.

Unit Cost:
(PER UNIT)

(Use this section to justify the rate at which you are requesting to be reimbursed.)

	Description of Cost	Cost	Narrative Justification
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
	Total	-	

Description of Cost Identify the cost associated with providing this cost. (i.e., personnel and benefits utilized in providing one unit.)

Cost Input the amount PER UNIT

Narrative Justification Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost. any other information relevant to justify this cost.

ATTACHMENT B

PRICING/BUDGET FORMS INSTRUCTIONS

Unit Name:
Definition:

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

--

Reimbursement Rate Requested:

--

(enter the rate at which you are submitting to be reimbursed for this service.)

* This number must match the total in the section below.

Unit Cost:
(PER UNIT)

(Use this section to justify the rate at which you are requesting to be reimbursed.)

	Description of Cost	Cost	Narrative Justification
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
	Total	-	

Description of Cost Identify the cost associated with providing this cost. (i.e., personnel and benefits utilized in providing one unit.)

Cost Input the amount PER UNIT

Narrative Justification Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost. any other information relevant to justify this cost.

ATTACHMENT B

PRICING/BUDGET FORMS INSTRUCTIONS

Unit Name:

Definition:

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

Reimbursement Rate Requested: (enter the rate at which you are submitting to be reimbursed for this service.)

* This number must match the total in the section below.

Unit Cost: (Use this section to justify the rate at which you are requesting to be reimbursed.)
(PER UNIT)

	Description of Cost	Cost	Narrative Justification
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
	Total	-	

Description of Cost Identify the cost associated with providing this cost.
(i.e., personnel and benefits utilized in providing one unit.)

Cost Input the amount PER UNIT

Narrative Justification Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost.
any other information relevant to justify this cost.

ATTACHMENT B

PRICING/BUDGET FORMS INSTRUCTIONS

Unit Name:
Definition:

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

--

Reimbursement Rate Requested:

--

(enter the rate at which you are submitting to be reimbursed for this service.)

* This number must match the total in the section below.

Unit Cost: (Use this section to justify the rate at which you are requesting to be reimbursed.)
(PER UNIT)

	Description of Cost	Cost	Narrative Justification
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
	Total	-	

Description of Cost Identify the cost associated with providing this cost. (i.e., personnel and benefits utilized in providing one unit.)

Cost Input the amount PER UNIT

Narrative Justification Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost. any other information relevant to justify this cost.

ATTACHMENT B

PRICING/BUDGET FORMS INSTRUCTIONS

Unit Name:
Definition:

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

Reimbursement Rate Requested:

(enter the rate at which you are submitting to be reimbursed for this service.)

* This number must match the total in the section below.

Unit Cost:
(PER UNIT)

(Use this section to justify the rate at which you are requesting to be reimbursed.)

	Description of Cost	Cost	Narrative Justification
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
	Total	-	

Description of Cost Identify the cost associated with providing this cost. (i.e., personnel and benefits utilized in providing one unit.)

Cost Input the amount PER UNIT

Narrative Justification Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost. any other information relevant to justify this cost.

ATTACHMENT B

PRICING/BUDGET FORMS INSTRUCTIONS

Unit Name:
Definition:

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

--

Reimbursement Rate Requested:

--

(enter the rate at which you are submitting to be reimbursed for this service.)

* This number must match the total in the section below.

Unit Cost:
(PER UNIT)

(Use this section to justify the rate at which you are requesting to be reimbursed.)

	Description of Cost	Cost	Narrative Justification
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
Total		-	

Description of Cost Identify the cost associated with providing this cost. (i.e., personnel and benefits utilized in providing one unit.)

Cost Input the amount PER UNIT

Narrative Justification Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost. any other information relevant to justify this cost.

ATTACHMENT B

PRICING/BUDGET FORMS INSTRUCTIONS

Unit Name:
Definition:

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

--

Reimbursement Rate Requested:

--

(enter the rate at which you are submitting to be reimbursed for this service.)

* This number must match the total in the section below.

Unit Cost: (Use this section to justify the rate at which you are requesting to be reimbursed.)
(PER UNIT)

	Description of Cost	Cost	Narrative Justification
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
Total		-	

Description of Cost Identify the cost associated with providing this cost. (i.e., personnel and benefits utilized in providing one unit.)

Cost Input the amount PER UNIT

Narrative Justification Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost. any other information relevant to justify this cost.

ATTACHMENT B

PRICING/BUDGET FORMS INSTRUCTIONS

Unit Name:
Definition:

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

--

Reimbursement Rate Requested:

--

(enter the rate at which you are submitting to be reimbursed for this service.)

* This number must match the total in the section below.

Unit Cost: (Use this section to justify the rate at which you are requesting to be reimbursed.)
(PER UNIT)

	Description of Cost	Cost	Narrative Justification
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
Total		-	

Description of Cost Identify the cost associated with providing this cost.
(i.e., personnel and benefits utilized in providing one unit.)

Cost Input the amount PER UNIT

Narrative Justification Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost.
any other information relevant to justify this cost.

**ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS**

Maricopa County Workforce Management & Development, as Administrative Agent for the Federal Ryan White HIV/AIDS Treatment Modernization Act of 2006 Part A grant, has created and revised the format for budget submissions for all Providers providing services under the Part A C.A.R.E. Act grant.

The attached set of instructions will help you in completion of the Maricopa County Workforce Management & Development Part A grant budget forms.

The forms can be completed electronically and sent to: _____ or manually and mailed to _____

Purpose In an ongoing effort to continuously improve the quality of service under the Ryan White Part A grant, these forms will enable providers to efficiently create annualized management budgets that accurately record the budgeted costs of services to the community.
These forms create a standard format to accurately provide reporting information required under the administration of Part A funds.
Every effort has been taken to ensure that the forms are easily completed and accurately reported.

Objective To standardize the budget system utilized by providers of Ryan White Part A funds that will:

- a. Accurately track and report Administrative Costs and Direct Service Costs separately.
- b. Minimize risk of exceeding the Administrative Cost Cap (10% of the aggregate award available for service).
- c. Minimize the real or perceived risk of arbitrary budget approval.

INSTRUCTIONS -

FORM NAME	FORM NUMBER						
Cover Page	B05-CV-1						
<p>Use this page to enter the summary information for your organization and Ryan White Part A grant award. * A separate budget packet, including Cover Page, is required for each Ryan White Part A grant award that you have been awarded.</p> <p>The Cover Page consists of the following:</p> <table border="0"> <tr> <td style="padding-right: 20px;">Name</td> <td>Enter the official name of your organization</td> </tr> <tr> <td>FEIN</td> <td>Enter your federal employee identification number</td> </tr> <tr> <td>Address</td> <td>Enter the address of your organization</td> </tr> </table>		Name	Enter the official name of your organization	FEIN	Enter your federal employee identification number	Address	Enter the address of your organization
Name	Enter the official name of your organization						
FEIN	Enter your federal employee identification number						
Address	Enter the address of your organization						

**ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS**

Authorized Contact	the name of the person to be contacted and allowed to make decisions
Telephone Primary Contact	the telephone number of the Authorized Person
Primary Contact	the name of the person(s) to be contacted primarily (if different from above)
Primary Telephone	the telephone number of the Primary Contact
Email	Email of the Primary Contact
Fax	fax number that you can receive faxsimile messages/correspondence
Service Category	the service category of the submitted budget packet (see Service Category in your Contract)
Grant Year	the beginning and ending grant year of your budget submission

**ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS**

**Budget
Summary**

B05-SU-1

This form summarizes all of the line items in the submitted budget packet for the award listed in the Cover Page.

Section I

Summarizes the organizational information provided in the Cover Page.
The information will automatically populate when the Cover Page is complete

Section II

This section summarizes the budget information calculated in the submitted budget packet for this grant.
This form is required for all Ryan White Part A awards issued by Maricopa County Workforce Management & Development.
This form reports the summary line item amounts allocated as Administrative Costs, Direct Service Cost, and total budget for the budget packet for this service award.

Administrative costs relate to oversight and management of CARE Act funds and include such items as contracting, accounting, and data reporting.

- Administrative Costs, defined in Section 2604(f)(3) defines allowable
- 1 "subcontractor administrative activities to include:
 - a. Usual and recognized overhead, including establishing indirect rates for agencies; Management and oversight of specific programs funded
 - b. under this title; and
 - c. Other types of program support such as quality assurance, quality control, and related activities."

Examples include: salaries and expenses of executive officers, personnel administration, accounting, the costs of operating and maintaining facilities, and depreciation or use allowances on building and equipment.

The Administrative Costs Column, including indirect cost, cannot exceed 10% of the total award

**** Indirect Cost - Providers claiming and indirect cost must submit their most current negotiated indirect cost rate issued federally**

- 2 Direct Services allocations are for service that directly benefits Ryan White HIV clients such as staff, medicine and drugs, clinical supplies, etc..

The final determination for cost allocations between Administrative Costs and Direct Service Costs resides with Maricopa County Workforce Management & Development

**ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS**

If completing this form electronically, the information will automatically populate as the budget packet is completed:

* Enter the indirect rate used by your organization in cell [C134], if applicable - see "indirect cost".

Grant Balance - This cell calculates the amount of the grant less the projected costs. This number must equal 0.

**ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS**

Personnel B05-PE-1

Use this form to list ALL persons being paid a salary from the Ryan White Part A grant in this budget packet.

This form calculates the applied annual salary and applied annual benefits per individual FTE.

The Provider must determine if the position(s) listed are Administrative, Direct Service, or Both

* for Both, the Provider must indicate how much of the time spent on Ryan White Part A activities are considered administrative.

For example - a Case Management Supervisor may continue with a case load of their own, in this case, it must be determined how much of their time should be allocated to Administrative duties and Direct Service support.

The Cells referenced in the form (#) requiring entry are:

- (A) Full Time Hours. This is used to determine the annual hours for full time staff.
(Typically 2,080)
- (B) Benefits
Enter a brief name of all benefits included for staff and the percentage of gross salary associated with that benefit.
(I.e., Social Security - 6.75
(FICA) %)
- (C) and (C-a) Enter the position title and staff members last name.
- (D) Enter the FTE, or fraction of full time, that this person will work on this Part A grant
(I.e., A person who spends 1/2 of full time hours on this grant would be .5 FTE)
- (E) Enter the position's hourly rate
- (H) Determine whether a persons primary responsibilities on this grant will be for Direct Service activities or Administrative Activities by entering A or D.
* For a staff member who has both responsibilities, enter A
- (I) Enter how much of the persons time is spent on

**ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS**

Administrative duties.
(I.e., a staff member can spend 90% of their time doing
administrative duties and 10% performing
Direct
Services.)

The Cells referenced in the form (#) that are calculated
are:

F,G,J,K,L,M,N,O,P,Q

These calculations are explained in under each of the Cell references. If
submitting this form manually,
follow the directions listed in the
formula bar.

**ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS**

Travel**B05-TV-1**

Use this form to budget any travel expenses associated with the services of the Ryan White Part A Grant.

This form consists of two (2) sections - Mileage and Other Travel

Mileage

This section establishes a budget amount, both Administrative and Direct Service, for mileage reimbursement in conjunction with providing services to the grant.

The Provider is to determine the per mile rate that they reimburse staff for (Cell [E12]) Maricopa County Workforce Management & Development has adapted a standard formula to apply all mileage reimbursements budgets.

The mileage budget form requires the following entries:

- (A) Enter the number of FTE both Administrative and Direct Service in the corresponding row. The information will automatically populate as the Personnel form is completed.
- (B) Enter the annual miles that are annually budgeted for one (1) FTE staff person.
***Do not use partial FTEs, only the annual miles for 1 FTE.**
- (C) [Cell E16] Enter the current rate used by your organization to reimburse mileage requests
- (G) Provide a detailed justification of the travel budget requested, both Administrative Cost and Direct Services.

Cell References: (D), (E), and (F) are calculated automatically.

Other Allowable Travel

In some cases, other travel may be allowed under the Ryan White Part A Grant.

Each item listed in this section must have a detailed and accurate budget justification attached.

At this time, Maricopa County Workforce Management & Development has determined that costs included in this section

**ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS**

are Administrative Costs

- (A) Enter the dates that the other travel is expected.
- (B) and (C) Enter the estimated cost and description of the expense
*this can include car rental, parking fees, etc.
- (G) Provide a detailed description of the justification, in relation to Ryan White Part A services as awarded in this grant.

Columns (D), (E), and (F) are calculated automatically.

**ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS**

Supplies B05-SP-1

Use this form to create the supplies budget for the Ryan White Part A grant for this budget packet.

Supplies can include general office supplies, (pens, paper, etc.) and program and medical supplies.

General Office

Section I Supplies

Maricopa County Workforce Management has initiated a standard allocation model for general office supplies:

(Administrative Allocation = Total Budget x Percent of
administrative FTE to total FTE)

When completing the general office supplies chart manually, use the information calculated in (N), (O), (P), and (Q) of the

Personnel Worksheet (Form
B05-PE-1)

Program

Section II Supplies

This chart can be used to identify and budget for program specific and/or medical supplies used in providing services.

Program Supplies have been determined to be Direct Service Costs, however final determination resides with Maricopa County Department of Public Health.

Equipment B05-EQ-1

Use this form to budget for equipment needed to support services under this Part A grant.

Indicate the item budgeted, the total budgeted amount, and a detailed justification of the equipment to be purchased.

Contractual B05-CT-1

Use this form to budget for consulting, contract labor, and/or subcontracts in conjunction with operating this Part A grant.

For each section, indicate the name, licenses/qualifications, hours budgeted, quoted rate, dates of service, and a detailed justification for why these services are necessary to provide services.

Other Program Support B05-SP-1

Use this form to budget for other support necessary to provide services under this grant. This form applies the FTE ratio for the expenditures including: telephone, postage, copying, and utilities.

**ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS**

**Other Professional
Services**

B05-PF-1

Use this form to budget for other professional services; audit/accounting, insurance, rent/space, or other professional services.

For each section, indicated the provider of service(s), the rate, a detailed description of the services provided, and the method of calculating the budget for this Part A grant.

This section allows providers to indicate the percentage requested as administrative and direct service. Final determination reside with Maricopa County Department of Workforce Management & Development.

**ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS**

NAME OF ORGANIZATION: _____

Fed. Employee ID # _____
(FEIN)

ADDRESS: _____

AUTHORIZED CONTACT _____

TELEPHONE _____ **FAX** _____

E-MAIL _____

PRIMARY CONTACT

TELEPHONE _____ **FAX** _____

EMAIL _____

SERVICE CATEGORY _____

GRANT PERIOD: _____ **Start Date** _____ **End Date** _____

AMOUNT \$ _____ - _____

**ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS**

(Section I)

Organization	0	Contract Number
Service Category	0	
Grant Period	January-00	Through January-00

(Enter Contract #)

Narrative of Grant:

(Enter the Planning Council Definition of this service.)
--

(Section II)

Budget Requested: \$ -

Operating Expenses			Administrative Budget	Direct Service Budget	Total Budget
Personnel:	Salaries	0 FTE	\$-	\$-	\$-
Personnel:	Fringe/Benefits		-	-	-

Subtotal: Personnel	-	-	-
----------------------------	---	---	---

Other Direct Costs

Travel	-	-	-
Supplies	-	-	-
Equipment	-	-	-
Contractual	-	-	-

**ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS**

Program Support			-	-	-
Other Professional Services			-	-	-

Subtotal: Other Direct Costs			-	-	-
-------------------------------------	--	--	---	---	---

Total Operating Expenses			-	-	-
---------------------------------	--	--	---	---	---

(Personnel and Other Direct Costs)

Indirect Costs

-	-
---	---

Indirect Rate	0%
----------------------	----

(Providers claiming an indirect cost must submit their most current negotiated indirect cost rate issued by the cognizant federal agency.)

Total Costs of Grant	(Percent of Total)	-	-	\$-
-----------------------------	--------------------	---	---	-----

(Total Operating Expenses plus Indirect Costs)

0%	0%
----	----

GRANT BALANCE

(Grant Revenue less Total Costs of Grant)

\$-

The Grant balance must equal zero

Finance Approval _____ Date: _____

Exec. Director Approval _____ Date: _____

Administrative _____ Date: _____

**ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS**

Agent



**ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS**

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The following tabs are to be used to update the Budget Cover Sheet.

All backup is required with each grant.

 These cells indicate provider required entry.

**ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS**

All staff paid in full or part from this Ryan White Title I grant are to be listed in the following chart.

Personnel

Staffing

Provider Entry	Auto Calculation
----------------	------------------

(C)	(C - a)	(D)	(E)	(F) = (A)*(E)*(D)	(G) = (F)*(B)	(H)	(I)	(J) = (F)*(I)	(K) = (G) * (I)	(L) = (F) - (J)	(M) = (G) - (k)
Staffing 0 0											
Position Title	Last Name	FTE	Rate	Gross Applied to grant per FTE	Benefits Applied to grant per FTE	Job Status	Percent applied as Administrative	Gross Admin Salary	Gross Admin Benefits	Direct Service Salary	Direct Service Benefits
		0	0	-	-	A	100%	-	-	-	-
				-	-	A	0%	-	-	-	-
				-	-	0	0%	-	-	-	-
				-	-		0%	-	-	-	-
				-	-			-	-	-	-

Calculating Annual Salary	0
---------------------------	---

(A) (Rate x Annual Hours)

Benefits	
Benefits	Percent
	0.00%
	0.00%

(B)

**ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS**



TOTAL	
L	0.00%

**ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS**

				-	-			-	-	-	-
				-	-		0%	-	-	-	-
TOTAL		0		-	-			-	-	-	-

(Admin)	0	FTE	(N) = (D)* (I)	0%	(P) = (N) / ((N) + (O) (Q) = (O) / ((N) + (O)
(Direct Service)	0	FTE	(O) = (D) * (1-(I))	0%	

Percent FTE	
-------------	--

-

**ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS**

TRAVEL

Travel can be budgeted for the cost of staff mileage and other travel associated with Ryan White CARE Act Title I funds.

- 1 Mileage** Mileage will be budgeted utilizing the standard calculation of annual miles for a full time staff person x the rate determined by your organization per mile x the number of FTE(s) budgeted to provide services under this grant.

	(A)	(B)	(C)	(D) = (B)*(C)*(A)	(E)	(F)	(G)
Mileage 0 0							
	FTE	Annual Miles Budgeted (Per 1 FTE)	Miles Applied to Grant	Budget \$0.00	Admin	Direct Svc	Description
1	0	0	0	\$-	-	-	
2	0	0	0	-		\$0.00	
TOTAL		0	0	-	-	-	\$-

(Total Miles applied to this grant)

(B) Note - Budget annual mileage for 1 FTE.

**ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS**

2 Other Allowable Travel

At this time, Maricopa County Department of Workforce Management & Development has determined that costs included in this section are Administrative Costs.

(A)	(B)	(C)	(D) = (B)+(C)	(E) = (D)	(F)	(G)
Other Allowable Travel 0 0						
Dates of Travel	Cost Line Item	Cost Line Item	Total Budget	Admin	Direct Service	Description
1	\$-	\$-	-	-	0	
Description					0	
2	\$-	\$-	-	-	0	
Description					0	
3	\$-	\$-	-	-	0	
Description					0	
			-	-	-	\$-

SUMMARY (Travel)	Admin	Direct Service	Total
	-	-	-

**ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS**

The supplies line item is used to budget funds for supplies used in the operations of the budget. This category can include general office supplies and program/medical supplies.

General Office Supplies:
includes pens, paper, toner, etc.

(Apply at FTE Ratio)

	(A)	(B)	(C) = (A)* (1-(B))	(D) = (B) + (C)	(E)
General Office Supplies 0 0					
Item	Annual Budget	Admin 0%	Direct Service	Total	Narrative
1	0	-	-	-	
2		-	-	-	
3		-	-	-	
4		-	-	-	
5		-	-	-	
TOTAL		-	-	TOTAL	\$-

Program Supplies

Program Supplies have been deemed Direct Service.

	(A)	(B)	(C)	(D) = (B)	(E)	(F)
Program Supplies 0 0						
Description	Annual Budget	Admin	Direct	Service	Total	Narrative
1	0	0	-	-	-	
2		-	-	-	-	
3		-	-	-	-	
4		-	-	-	-	
5		-	-	-	-	
TOTAL		-	-	-	TOTAL	\$-

Equipment less than \$1,000 - includes computers, fax machines, shredders, and adding machines to be used in the operations of this grant.

(Apply at FTE Ratio)

	(A)	(B)	(C) = (A)* (1-(B))	(D) = (B) + (C)	(E)
Equipment less than \$1,000 0 0					
Description	Allocated Budget	Admin 0%	Direct Service	Total	Narrative
1	0	-	-	-	
2		-	-	-	
3		-	-	-	
4		-	-	-	
5		-	-	-	

**ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS**

		-	-	-	
TOTAL		-	-	TOTAL	\$-

Summary - -

**ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS**

The equipment line item is budgeted for equipment purchased or leased in conjunction with operations of the grant.

Equipment greater than \$1,000

1 Equipment greater than \$1,000 - Include large equipment necessary to be used in the operations of this grant. Please note that there are more requirements for approval.

(A)	(B)	(C)	(D) = (B * (1 - (C)))	(D) = (B) + (C)	(E)
Equipment greater than \$1,000 0 0					
Item Budgeted	Amount Budgeted	Admin 0%	Direct Service	Total	Narrative
1	0	-	-	-	
2		-	-	-	
3		-	-		
4		-	-		
5		-	-		
TOTAL		-	-	TOTAL	\$-

**ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS**

The Contractual line item is used for consulting and contracting to be utilized in conjunction with operations of the grant.

This budget category includes payments to outside consultants and temporary services. Use this section for both professional and clerical support.

Consulting

1 Consulting - Include any payments anticipated for consulting and capacity building services

Consulting 0 0							
Consultant	Hours Budgeted	Quoted Rate	Total Budget	Admin Budget %	Admin Budget	Direct Service	Dates of Service
1		0	-	0%	-	-	
Licenses / qualifications							
Narrative							
2	0	0	-	0%	-	-	
Licenses / qualifications							
Narrative							
3			-		-	-	
Licenses / qualifications							
Narrative							
4				TOTAL	-	-	\$-

**ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS**

Subcontracts

2 Include any payments for subcontracts to provide services under this grant.

Backup is required for each subcontract listed in this section. Maricopa County Department of Public Health will enforce the 10% administrative Cost Cap established by HRSA for first-line entities receiving Title I funds.

Subcontracts 0 0							
Contract Provider	Units/Hours Budgeted	Quoted Rate	Total Budget	Admin Rate	Admin Budget	Direct Service	Dates of Service
1 Delta			-	0%	-	-	
Service(s) Provided							
Narrative							
2			-		-	-	
Service(s) Provided							
Narrative							
3			-		-	-	
Service(s) Provided							
Narrative							
				TOTAL	-	-	\$-

**ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS**

**ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS**

Other Program Support

1 Telephone

Telephone 0 0						
	Description	Annual Amount Budgeted	Admin 0%	Direct Service	Total	Narrative Justification
1	Cell Phones	0	-	-	-	
2	Direct Line		-	-	-	
3			-	-		
	TOTAL		-	-	TOTAL	\$-

2 Copy/Duplicating

Copy/Duplicating 0 0						
	Description	Budget	Admin 0%	Direct Service	Total	Narrative Justification
1	Program Brochures					
		0	-	-	-	
2	Other Copying/Duplicating					
		0	-	-	-	
		0	-	-	-	
		0	-	-	-	
	TOTAL		-	-	TOTAL	\$-

Budget Category 6 4

3 Postage

Postage 0 0						
	Description	Amount Budgeted	Admin 0%	Direct Service	Total	Narrative Justification
1		0	-	-	-	
			-	-		
	TOTAL		-	-	TOTAL	\$-

4 Utilities

Utilities have been deemed 100% administrative.
(Ruling 6.6.B05)

Utilities 0 0						
	Description	Amount Budgeted	Admin 0%	Direct Service	Total	Narrative Justification
1		0	-	-	-	
			-	-		
			-	-		

**ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS**

		-	-	-	
		-	-	-	
TOTAL		-	-	TOTAL	\$-

4 **Other Program Support**

Other Program Support 0 0					
Description	Budgeted Amount	Admin 0%	Direct Service	Total	Narrative
	0	-	-	-	
	0	-	-	-	
	0	-	-	-	
	0	-	-	-	
		-	-	-	
TOTAL		-	-	TOTAL	\$-

**ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS**

1 Audit/Accounting/Finance

Audit/Accounting/Finance 0 0							
Vendor	Hours Budgeted	Quoted Price*	Total Price	Dates of Service	Admin	Direct Service	Description
a	0	0	-		-		
Cost Method Used							
Budget Justification							
b			-		-		
Cost Method Used							
Budget Justification							
c					-		
Cost Method Used							
Budget Justification							
				TOTAL	-		\$ -

2 Insurance

Insurance 0 0							
Insurance Type	Annual Premium	Percent To grant	Total Grant	Dates of Service	Admin	Direct Service	Description
a	0	0%	-		-		
Cost Method Used							
Budget Justification							
b	0	0%	-		-		
Cost Method Used							
Budget Justification							

**ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS**

c		0%	-		-		
	Cost Method Used						
	Budget Justification						
							\$
				TOTAL	-		-

3 Rent/Space

Rent/Space 0 0							
Provider	Annual Rent	Percent to Grant	Total Grant	Dates of Service	Admin	Direct Service	Description
a	0	0%	-		-		
	Cost Method Used						
	Budget Justification						
							\$
				TOTAL	-		-

4 Other Professional Service

Other Professional Service 0 0							
Vendor	Hours Budgeted	Quoted Price*	Total Price	Admin Budget %	Admin	Direct Service	Description
a	0	0	-	0%	-	-	
	Cost Method Used						
	Budget Justification						
b			-		-	-	
	Cost Method Used						
	Budget Justification						
c					-	-	

**ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS**

Cost Method Used								
Budget Justification								
				- TOTAL	-	-	-	\$

**ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS**

Instructions: Complete the yellow sections for this template. All information will be linked to the Unit Cost sheet of this work book. This sheet allows for planning and cost calculations for services to be provided under this grant. Providers may utilize this sheet to determine costs of units that they are proposing for the contract. Providers also have the option to utilize the Unit Cost Narrative sheet at the end of this workbook.

Organization Name:

Contract:

	(A) Activity (From Work Statement)	(B) Product / Unit Name	(C) Number of Units Proposed	(D) Proposed Fee Per Product /Deliverable	Schedule of Deliverables												Total Object
					Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	
1			-	-													-
2			-	-													-
3			-	-													-
4			-	-													-
5			-	-													-
6			-	-													-
7			-	-													-
8			-	-													-
TOTAL			-		-	-	-	-	-	-	-	-	-	-	-	-	

- (A) From the Work Statement - enter which activity this unit relates to.
- (B) Product/Unit Name - Enter the name that identifies this unit.
- (C) Enter the number of units proposed for the contract year.
- (D) This fee calculates automatically, based on the budget and unit cost from the Unit Cost Worksheet.
- (E) **Schedule of Deliverables** Enter the number of units BY MONTH proposed in the corresponding column and row. This calculates the total amount budgeted, based on proposed units x proposed fee, for this contract.

-
\$-
\$-
(Over

**ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS**

1

Unit of Service
(Name)
Unit Definition
(Describe the Unit)

0

Units Proposed
Percent of Total

0
#DIV/0!

Direct Costs

POSITION	Direct Services duties (provide a brief narrative of what this person will be doing for this unit)	Hourly Rate (or average if more than one FTE)	Hourly BNF	Total Salary and Benefits (Hourly)	Direct Svc Time spent (minutes)	
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-

Other Direct Costs	Total Direct Cost Budget	Units Prop	Percent to total	
Travel	-	-	#DIV/0!	#DIV/0!
Supplies	-			#DIV/0!
Equipment	-			#DIV/0!
Contractual	-			#DIV/0!
PS	-			#DIV/0!
Other Direct Costs	-			#DIV/0!
				#DIV/0!

Administrative Costs	Admin Salaries	Admin BNF	Ttl Admin	% of Ttl	Units	per unit
-------------------------	-------------------	--------------	-----------	----------	-------	----------

**ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS**

Salaries	-	-	-	#DIV/0!	-	#DIV/0!
Total Admin Labor Cost						#DIV/0!
Other Direct Costs	Total Admin Cost	Units Prop	Percent to total			
Travel	-	-	#DIV/0!			#DIV/0!
Supplies	-					#DIV/0!
Equipment	-					#DIV/0!
Contractual	-					#DIV/0!
PS	-					#DIV/0!
Other Direct Costs	-					#DIV/0!
						#DIV/0!
Indirect	-					#DIV/0!
						#DIV/0!

**ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS**

Administrative Costs	Admin Salaries	Admin BNF	Ttl Admin	% of Ttl	Units	per unit
Salaries	-	-	-	#DIV/0!	-	#DIV/0!
Total Admin Labor Cost						#DIV/0!
Other Direct Costs	Total Admin Cost	Units Prop	Percent to total			
Travel	-	-	#DIV/0!			#DIV/0!
Supplies	-					#DIV/0!
Equipment	-					#DIV/0!
Contractual	-					#DIV/0!
PS	-					#DIV/0!
Other Direct Costs	-					#DIV/0!
						#DIV/0!
Indirect	-					#DIV/0!
						#DIV/0!

**ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS**

Administrative Costs	Admin Salaries	Admin BNF	Ttl Admin	% of Ttl	Units	per unit
Salaries	-	-	-	#DIV/0!	-	#DIV/0!
Total Admin Labor Cost						#DIV/0!
Other Direct Costs	Total Admin Cost	Units Prop	Percent to total			
Travel	-	-	#DIV/0!			#DIV/0!
Supplies	-					#DIV/0!
Equipment	-					#DIV/0!
Contractual	-					#DIV/0!
PS	-					#DIV/0!
Other Direct Costs	-					#DIV/0!
						#DIV/0!
Indirect	-					#DIV/0!
						#DIV/0!

**ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS**

Administrative Costs	Admin Salaries	Admin BNF	Ttl Admin	% of Ttl	Units	per unit
Salaries	-	-	-	#DIV/0!	-	#DIV/0!
Total Admin Labor Cost						#DIV/0!
Other Direct Costs	Total Admin Cost	Units Prop	Percent to total			
Travel	-	-	#DIV/0!			#DIV/0!
Supplies	-					#DIV/0!
Equipment	-					#DIV/0!
Contractual	-					#DIV/0!
PS	-					#DIV/0!
Other Direct Costs	-					#DIV/0!
						#DIV/0!
Indirect	-					#DIV/0!
						#DIV/0!

**ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS**

Administrative Costs	Admin Salaries	Admin BNF	Ttl Admin	% of Ttl	Units	per unit
Salaries	-	-	-	#DIV/0!	-	#DIV/0!
Total Admin Labor Cost						#DIV/0!
Other Direct Costs	Total Admin Cost	Units Prop	Percent to total			
Travel	-	-	#DIV/0!			#DIV/0!
Supplies	-					#DIV/0!
Equipment	-					#DIV/0!
Contractual	-					#DIV/0!
PS	-					#DIV/0!
Other Direct Costs	-					#DIV/0!
						#DIV/0!
Indirect	-					#DIV/0!
						#DIV/0!

**ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS**

Administrative Costs	Admin Salaries	Admin BNF	Ttl Admin	% of Ttl	Units	per unit
Salaries	-	-	-	#DIV/0!	-	#DIV/0!
Total Admin Labor Cost						#DIV/0!
Other Direct Costs	Total Admin Cost	Units Prop	Percent to total			
Travel	-	-	#DIV/0!			#DIV/0!
Supplies	-					#DIV/0!
Equipment	-					#DIV/0!
Contractual	-					#DIV/0!
PS	-					#DIV/0!
Other Direct Costs	-					#DIV/0!
						#DIV/0!
Indirect	-					#DIV/0!
						#DIV/0!

**ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS**

Administrative Costs	Admin Salaries	Admin BNF	Ttl Admin	% of Ttl	Units	per unit
Salaries	-	-	-	#DIV/0!	-	#DIV/0!
Total Admin Labor Cost						#DIV/0!
Other Direct Costs	Total Admin Cost	Units Prop	Percent to total			
Travel	-	-	#DIV/0!			#DIV/0!
Supplies	-					#DIV/0!
Equipment	-					#DIV/0!
Contractual	-					#DIV/0!
PS	-					#DIV/0!
Other Direct Costs	-					#DIV/0!
						#DIV/0!
Indirect	-					#DIV/0!
						#DIV/0!

**ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS**

Administrative Costs	Admin Salaries	Admin BNF	Ttl Admin	% of Ttl	Units	per unit
Salaries	-	-	-	#DIV/0!	-	#DIV/0!
Total Admin Labor Cost						#DIV/0!
Other Direct Costs	Total Admin Cost	Units Prop	Percent to total			
Travel	-	-	#DIV/0!			#DIV/0!
Supplies	-					#DIV/0!
Equipment	-					#DIV/0!
Contractual	-					#DIV/0!
PS	-					#DIV/0!
Other Direct Costs	-					#DIV/0!
						#DIV/0!
Indirect	-					#DIV/0!
						#DIV/0!

ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS

Instructions: Use this worksheet to submit manual calculations of proposed reimbursement rates for

services provided under this grant. Complete one section for each unit of service proposed. (i.e, face-to-face visit) It is the Provider's responsibility to adequately identify costs associated with this service. Unallowable and/or unnecessary costs will be rejected by MCDPH.

Unit Name:
Definition:

Yellow rectangular input box for Unit Name and Definition.

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

Yellow rectangular input box for Unit Measurement.

Reimbursement Rate Requested:

Yellow rectangular input box for Reimbursement Rate Requested.

(enter the rate at which you are submitting to be reimbursed for this service.)

* This number must match the total in the section below.

(Use this section to justify the rate at which you are requesting to be reimbursed.)

Unit Cost: (PER UNIT)

Table with 3 columns: Description of Cost, Cost, Narrative Justification. Rows 1-10 for itemized costs, and a Total row at the bottom.

Total -

Description of Cost

Identify the cost associated with providing this cost. (i.e., personnel and benefits utilized in providing one unit.)

**ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS**

Cost	Input the amount PER UNIT
Narrative	Briefly describe how this cost was calculated, the reason
Justification	for this cost, and any other information relevant to justify the cost. any other information relevant to justify this cost.

ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS

Unit Name:
Definition:

Yellow rectangular box for Unit Name and Definition.

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

Yellow rectangular box for Unit Measurement.

Reimbursement Rate Requested:

Yellow rectangular box for Reimbursement Rate Requested.

(enter the rate at which you are submitting to be reimbursed for this service.)

* This number must match the total in the section below.

(Use this section to justify the rate at which you are requesting to be reimbursed.)

Unit Cost: (PER UNIT)

Table with 3 columns: Description of Cost, Cost, Narrative Justification. Rows 1-10 and a Total row.

Description of Cost: Identify the cost associated with providing this cost. (i.e., personnel and benefits utilized in providing one unit.)
Cost: Input the amount PER UNIT
Narrative Justification: Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost. any other information relevant to justify this cost.

ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS

Unit Name:
Definition:

Yellow rectangular box for Unit Name and Definition.

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

Yellow rectangular box for Unit Measurement.

Reimbursement Rate Requested:

Yellow rectangular box for Reimbursement Rate Requested.

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Unit Cost: (PER UNIT)

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ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS

Unit Name:
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ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS

Unit Name:
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(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

Yellow rectangular box for Unit Measurement.

Reimbursement Rate Requested:

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(enter the rate at which you are submitting to be reimbursed for this service.)

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(Use this section to justify the rate at which you are requesting to be reimbursed.)

Unit Cost: (PER UNIT)

Table with 3 columns: Description of Cost, Cost, Narrative Justification. Rows 1-10 and a Total row.

Description of Cost: Identify the cost associated with providing this cost. (i.e., personnel and benefits utilized in providing one unit.)
Cost: Input the amount PER UNIT
Narrative Justification: Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost. any other information relevant to justify this cost.

ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS

Unit Name:
Definition:

Yellow rectangular box for Unit Name and Definition.

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

Yellow rectangular box for Unit Measurement.

Reimbursement Rate
Requested:

Yellow rectangular box for Reimbursement Rate.

(enter the rate at which you are submitting to be reimbursed for this service.)

* This number must match the total in the section below.

(Use this section to justify the rate at which you are requesting to be reimbursed.)

Unit Cost:
(PER UNIT)

Table with 3 columns: Description of Cost, Cost, Narrative Justification. Rows 1-10.

Total -

Description of Cost: Identify the cost associated with providing this cost.
Cost: Input the amount PER UNIT
Narrative Justification: Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost.

ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS

Unit Name:
Definition:

Yellow rectangular box for Unit Name and Definition.

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

Yellow rectangular box for Unit Measurement.

Reimbursement Rate Requested:

Yellow rectangular box for Reimbursement Rate Requested.

(enter the rate at which you are submitting to be reimbursed for this service.)

* This number must match the total in the section below.

(Use this section to justify the rate at which you are requesting to be reimbursed.)

Unit Cost: (PER UNIT)

Table with 3 columns: Description of Cost, Cost, Narrative Justification. Rows 1-10 and a Total row.

Description of Cost: Identify the cost associated with providing this cost. (i.e., personnel and benefits utilized in providing one unit.)
Cost: Input the amount PER UNIT
Narrative Justification: Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost. any other information relevant to justify this cost.

ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS

Unit Name:
Definition:

Yellow rectangular box for Unit Name and Definition.

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

Yellow rectangular box for Unit Measurement.

Reimbursement Rate Requested:

Yellow rectangular box for Reimbursement Rate Requested.

(enter the rate at which you are submitting to be reimbursed for this service.)

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(Use this section to justify the rate at which you are requesting to be reimbursed.)

Unit Cost: (PER UNIT)

Table with 3 columns: Description of Cost, Cost, Narrative Justification. Rows 1-10 and a Total row.

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Cost: Input the amount PER UNIT
Narrative Justification: Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost. any other information relevant to justify this cost.

**ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS**

Unit Name:
Definition:

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

Reimbursement Rate
Requested:

(enter the rate at which you are submitting to be reimbursed for this service.)

* This number must match the total in the section below.

(Use this section to justify the rate at which you are requesting to be reimbursed.)

Unit Cost:
(PER UNIT)

	Description of Cost	Cost	Narrative Justification
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
	Total	-	

Description of Cost	Identify the cost associated with providing this cost. (i.e., personnel and benefits utilized in providing one unit.)
Cost	Input the amount PER UNIT
Narrative Justification	Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost. any other information relevant to justify this cost.

ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS

Unit Name:
Definition:

Yellow rectangular box for Unit Name and Definition.

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

Yellow rectangular box for Unit Measurement.

Reimbursement Rate Requested:

Yellow rectangular box for Reimbursement Rate Requested.

(enter the rate at which you are submitting to be reimbursed for this service.)

* This number must match the total in the section below.

(Use this section to justify the rate at which you are requesting to be reimbursed.)

Unit Cost: (PER UNIT)

Table with 3 columns: Description of Cost, Cost, Narrative Justification. Rows 1-10.

Total -

Description of Cost: Identify the cost associated with providing this cost. (i.e., personnel and benefits utilized in providing one unit.)
Cost: Input the amount PER UNIT
Narrative Justification: Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost. any other information relevant to justify this cost.

ATTACHMENT D

AGREEMENT

The Respondents hereby certify that they have read, understand and agree that acceptance by Maricopa County of the Contractor's offer by the issuance of a Purchase Order or Contract will create a binding Contract. Further, they agree to fully comply with all terms and conditions as set forth in the Maricopa County Procurement Code, and amendments thereto, together with the specifications and other documentary forms herewith made a part of this specific procurement

BY SIGNING THIS AGREEMENT THE SUBMITTING FIRMS CERTIFIES THAT THEY HAVE REVIEWED THE ADMINISTRATIVE INFORMATION AND DRAFT RFP CONTRACT'S TERMS AND CONDITIONS LOCATED AT <http://www.maricopa.gov/materials>. AND AGREE TO BE CONTRACTUALLY BOUND TO THEM.

MINORITY/ WOMEN-OWNED SMALL BUSINESSES (check appropriate item):

- _____ Disadvantaged Business Enterprise (DBE)
- _____ Women-Owned Business Enterprise (WBE)
- _____ Minority Business Enterprise (MBE)
- _____ Small Business Enterprise (SBE)

FIRM SUBMITTING PROPOSAL

FEDERAL TAX ID NUMBER

PRINTED NAME AND TITLE

AUTHORIZED SIGNATURE

ADDRESS

TELEPHONE FAX #

CITY STATE ZIP

DATE

WEB SITE: _____

EMAIL ADDRESS: _____

MARICOPA COUNTY, ARIZONA

BY: _____
DIRECTOR, MATERIALS MANAGEMENT

DATE

BY: _____
CHAIRMAN, BOARD OF SUPERVISORS

DATE

ATTESTED:

CLERK OF THE BOARD

DATE

APPROVED AS TO FORM:

DEPUTY MARICOPA COUNTY ATTORNEY

DATE

EXHIBIT 1

VENDOR REGISTRATION AND SMALL BUSINESS PROGRAM INFORMATION

On-Line Registration is FREE and REQUIRED for all vendors.

Register On-line at www.maricopa.gov/materials

It is **required** that you **select an appropriate commodity code(s)** associated with your line of business.

Upon completion of your on-line registration, you are responsible for updating any changes to your information. Please retain your Login ID and Password for future use.

If you have any questions, email us at VendorReg@mail.maricopa.gov.

SMALL BUSINESS PROGRAM

(MCBIZ)

"It is Maricopa County's policy to provide small businesses the opportunity to participate in the County's solicitation process for consideration to fulfill the requirements for various commodities and services.

Maricopa County's small business program specifically targets procurements of \$50,000 and less. However, Maricopa County encourages small business enterprises to submit responses to available solicitations for consideration.

Maricopa County's small business policy can be found on the Materials Management website at <http://www.maricopa.gov/materials/help/sbe.asp>."

EXHIBIT 2

LETTER OF TRANSMITTAL
(To be typed on the letterhead of Offeror)

Maricopa County Department of Health Care Mandates
301 W Jefferson, Suite #320
Phoenix, Arizona 85003

Re: SERIAL 07077-RFP

To Whom It May Concern:

(NAME OF COMPANY) (herein referred to as the "Offeror"), hereby submits its response to your Request for Proposal dated _____, and agrees to perform as proposed in their proposal, if awarded the contract. The Offeror shall thereupon be contractually obligated to carry out its responsibilities respecting the services proposed.

Kindly advise this in writing on or before _____ if you should desire to accept this proposal.

Very truly yours,

NAME (please print)

SIGNATURE

TITLE (please print)

EXHIBIT 3

Maricopa County Healthcare Mandates
Ryan White Part A Program
Sample Billing Packet

Cover Page.....Page 2
Financial Report.....Page 3
Narrative Report.....Page 4
Demographic/Crosstab Reports.....Page 5-9

EXHIBIT 3



Maricopa County Health Care Mandates
Ryan White Comprehensive AIDS Resource Emergency CARE Act, Title I
Monthly Fiscal and Program Monitoring Report

Contractor: XYZ ORGANIZATION
Address: 111 ANY STREET, PHOENIX, AZ 85001
Program Category: CASE MANAGEMENT
Contract Number: 06139-RFP Contract Amount: \$2,000.00
Reporting Month: MARCH 2006 Billing Amount: \$25.00 **
(Month/Year)
Prepared by: JULIE YOUNG
Title: PROGRAM MANAGER
Telephone: 867-5309

One (1) signed original of this report must be filled out completely and submitted within 15 days after the end of the reporting month to:

Part A Program Reports
Maricopa County Health Care Mandates
Ryan White Title I Program
4041 North Central Avenue, Suite 1400
Phoenix, Arizona 85012

The undersigned hereby certifies to the Maricopa County Health Care Mandates that the following includes a true and correct statement of the amount due; that the following amount is due; that the following is a true and correct list of all subcontractors who have employed laborers and/or used materials and/or supplies for work performed; and that the following is a true and correct statement of service delivery and program activity. The undersigned has read the foregoing statement and knows the content thereof; the same is true to his/her own knowledge.

Name: JOE BOSSMAN Title: EXECUTIVE DIRECTOR
Signature: _____ Date: 04/15/07

Approved: _____ Not Approved: _____ Reason: _____ Date: _____ By: _____

EXHIBIT 3

Financial Report

March 1, 2007 through March 31, 2007

Report Criteria

Provider(s): XYZ Organization
Funding Source: RW Title I
Group By Providers: True
Include subservice detail: True

XYZ Organization

Phone:
Address:

Case Management	Clients:	Units:	Total:	Amount Received:	Not Received:
Dental Ins	1	1	\$25.00	\$0.00	\$25.00
Case Management Totals:	1	1	\$25.00	\$0.00	\$25.00**
Provider Total	1	1	\$25.00	\$0.00	\$25.00
Report Total	1	1	\$25.00	\$0.00	\$25.00

EXHIBIT 3**RYAN WHITE CARE SERVICES PROGRAM
XYZ Organization – Case Management
March 2007**

The program narrative is to address goals and objectives relating to Part A-funded services **only**. The report must address the following topics:

Program Accomplishments and Achievements

Provide details. Relate narrative to goals and objectives as articulated in the contract work statement. It should also focus more heavily on those activities relating to direct client services rather than on lesser goals such as staff training, establishing linkage agreements, occupying new space, installing a new telephone system, etc.

Provide statistical back-up. A statement indicating "increased behavioral health referrals" lacks sufficient detail. Rather, the report should specify, "Behavioral health referrals have increased by 25% in the last quarter. The agency has been averaging 25 referrals per month for the last 3 months, up from an average of 20 referrals per month previously."

Elaborate on client participation in the program. If, for example, the program runs support groups, indicate the number of individuals attending the group each week.

Do not report on overall agency performance and/or administrative activities. Grant writing and/or other fundraising activities; Bidder's Conferences; or Contract meetings are not suitable topics for inclusion in this report.

Barriers and Obstacles to Meeting Program Goals/Objectives

Be specific. Describe in detail any problems the program is experiencing in meeting service delivery targets.

Plan for Overcoming Obstacles

A corrective action plan to remedy barriers must be developed. The plan is to be time specific, listing deadlines for implementation.

Technical Assistance Needs

Identify any special training and/or assistance which facilitate the program's ability to meet stated goals and objectives.

Relationship to Other AIDS Services Programs

In instances where a program is funded by multiple revenue streams (i.e., HOPWA, private funds) please address how service provision of the Title I component of the program relates to those activities funded by the other sources.

Similarly, if you have entered into a collaborative agreement with another agency to deliver services, please comment on the successes and/or obstacles encountered as a result of the collaboration.

Plans for Upcoming Reporting Period

Discuss goals and objectives and problems anticipated any time in the near and/or distant future.

Addendum

Attach copies of significant correspondence, brochures, advertisements, posters, linkage agreements, subcontracts, forms, newly-developed policies and procedures, specifically relating to your Part A-funded program during the reporting period.

EXHIBIT 3

**RYAN WHITE CARE SERVICES PROGRAM
XYZ Organization – Case Management
March 2007**

Reporting

Race/Ethnicity (Race/Ethnicity by Srv Category)

Data Scope: ORAL Health Address Refresh

Race/Ethnicity by Srv Category

Race/Ethnicity:	Row Total:	Percent:	Oral Health Care:	Other support services:
Asian	1	25.0	1	0
Black or African-American	1	25.0	0	1
Hispanic	1	25.0	0	1
White (non-Hispanic)	1	25.0	1	0
Total:	4	100.0	2	2

EXHIBIT 3

**RYAN WHITE CARE SERVICES PROGRAM
XYZ Organization – Case Management
March 2007**

Reporting

County (County by Srv Category)

Data Scope: ORAL Health Address Refresh

County by Srv Category

County:	Row Total:	Percent:	Oral Health Care:	Other support services:
Maricopa	4	100.0	2	2
Total:	4	100.0	2	2

EXHIBIT 3

**RYAN WHITE CARE SERVICES PROGRAM
XYZ Organization – Case Management
March 2007**

Reporting

Gender (Gender by Srv Category)

Data Scope: ORAL Health Address Refresh

Gender by Srv Category

Gender:	Row Total:	Percent:	Oral Health Care:	Other support services:
Female	1	25.0	1	0
Male	3	75.0	1	2
Total:	4	100.0	2	2

EXHIBIT 3

**RYAN WHITE CARE SERVICES PROGRAM
XYZ Organization – Case Management
March 2007**

Reporting

Risk Factor (HIV Risk Factor by Srv Category)

Data Scope: ORAL Health Address Refresh

HIV Risk Factor by Srv Category

HIV Risk Factor:	Row Total:	Percent:	Oral Health Care:	Other support services:
Not Specified	4	100.0	2	2
Total:	4	100.0	2	2

EXHIBIT 3

**RYAN WHITE CARE SERVICES PROGRAM
XYZ Organization – Case Management
March 2007**

Reporting

Age Group (AgeGroup by Srv Category)

Data Scope: ORAL Health Address Refresh

AgeGroup by Srv Category

AgeGroup:	Row Total:	Percent:	Oral Health Care:	Other support services:
25 - 44	4	100.0	2	2
Total:	4	100.0	2	2

EXHIBIT 4**Revised CLAS Standards for Ryan White Use**

The CLAS standards (Criteria for Culturally Competent Health Services) provided by the ASU Center for Community Development and Civil Rights are a very appropriate way to assess cultural competence in your Part A providers.

These standards were developed by the Office of Minority Health (OMH) within the U.S. Department of Health and Human Services. The principles and activities of culturally and linguistically appropriate services should be integrated throughout an organization and undertaken in partnership with the communities being served.

Culturally Competent Care (Standards 1-3)

[Note: These standards are considered *guidelines*, recommended by OMH for adoption as mandates by accrediting agencies.]

Revised Standard 1

Ryan White Part A service providers should ensure that patients/consumers receive from all staff members' effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.

Standard 2

Ryan White Part A service providers should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area. For nonprofit organizations, this includes a diverse Board of Directors.

Standard 3

Ryan White Part A service providers should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.

Language Access Services (Standards 4-7)

[Note: These standards are *requirements* for all recipients of federal funds.]

Standard 4

Ryan White Part A service providers must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.

Standard 5

Ryan White Part A service providers must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.

Standard 6

Ryan White Part A service providers must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).

Standard 7

Ryan White Part A service providers must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

Organizational Supports for Cultural Competence (Standards 8-14)

[Note: Standards 8-13 are *guidelines*, recommended by OMH for adoption as mandates by accrediting agencies. Standard 14 is a *recommendation*, suggested by OMH for voluntary adoption by health care organizations.]

Standard 8

Ryan White Part A service providers should develop, implement, and promote a written strategic plan that

EXHIBIT 4

outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.

Standard 9

Ryan White Part A service providers should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.

Standard 10

Ryan White Part A service providers should ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, provided to the Maricopa County Department of Healthcare Mandates as part of their Part A reporting, and periodically updated.

Standard 11

Ryan White Part A service providers should ensure that staff at all levels have access to and are familiar with the Phoenix EMA HIV/AIDS epidemiological profile and needs assessment data, in order to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the HIV/AIDS population in the service area.

Standard 12

Ryan White Part A service providers should develop participatory, collaborative partnerships with community-based organizations and communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.

Standard 13

Ryan White Part A service providers should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.

Standard 14

Ryan White Part A service providers are encouraged to regularly make available to the public information about their progress and successful innovations in implementing these standards and to provide public notice in their communities about the availability of this information.

EXHIBIT 5**BUDGET DOCUMENTATION INSTRUCTIONS**

Maricopa County Department of Public Health, as Administrative Agent for the Federal Ryan White C.A.R.E. Act – Part A grant, has created and revised the format for budget submissions for all providers providing services under the Part A C.A.R.E. Act grant.

The attached set of instructions will aid you in the completion of the Maricopa County Department of Public Health, Ryan White Part A budget forms.

The forms are to be completed electronically and provided as an integral part of your bid/application/submittal.

Purpose: In an ongoing effort to continuously improve the quality of services under Ryan White Part A grant, these forms will enable providers to efficiently create annualized management budgets that accurately record the budgeted costs of services to the community. These forms create a standard format to accurately provide reporting information required under administration of Part A funds. Every effort has been taken to ensure the forms are easy to complete.
**Please note cells colored yellow are the fields that are available for data input.

Objective: To standardize the budget system utilized by providers of Ryan White Part A Funds that will:

- a. Accurately track and report Administrative Costs and Direct Service Costs separately.
- b. Minimize risk of exceeding the Administrative Cost Cap (10% of the aggregate award available for service).
- c. Minimize the real or perceived risk of arbitrary budget approval.

EXHIBIT 5

BUDGET DOCUMENTATION INSTRUCTIONS

INSTRUCTIONS

Cover Page B05-CV-1

Complete this page to enter the summary information for your organization and Ryan White Part A grant award.

A separate budget packet, including Cover Page, is required for each Ryan White Part A service you submit a bid/application/submittal for.

The Cover Page consists of the following:

- Name** The official name of your organization
- FEIN** Enter your federal employee identification number
- Address** The address of your organization
- Authorized Contact** The name of the person to be contacted and who approves financial decisions
- Telephone** The telephone number of the Authorized contact
- Primary Contact** The name of the person(s) to be contacted primarily (if different from above)
- Telephone** The telephone number of the Primary Contact
- Email** The email of the Primary Contact
- Fax** The fax number where you can receive facsimile message/correspondence
- Service Category** The service category of the submitted budget packet (see Services Category in your contract)
- Grant Year** The beginning and ending grant year of your budget submission
- Amount** Enter the amount of this contract

EXHIBIT 5

BUDGET DOCUMENTATION INSTRUCTIONS

Budget Summary B05-SU-1

This form summarizes all of the line items in the submitted budget packet for the service award listed on the Cover Page.

Section I Summarizes the organizational information provided on the cover page. The information will automatically populate as the cover page is completed.

Section II This section summarizes the budget information calculated in the submitted budget packet for this grant. *This form is required for all Ryan White Part A awards issued by Maricopa County Department of Public Health.* This form reports the summary line item amounts allocated as Administrative Costs, Direct Service Cost, and total budget for the budget packet for this service’s award.

Administrative costs relate to oversight and management of CARE Act funds and include such items as contracting, accounting, and data reporting.

1. Administrative Costs, defined in Section 2604(f)(3) defines allowable “subcontractor administrative activities” to include:
 - a. Usual and recognized overhead, including establishing indirect rates for agencies;
 - b. Management and oversight of specific programs funded under this title; and
 - c. Other types of program support such as quality assurance, quality control, and related activities.

Examples include: salaries and expenses of executive officers, personnel administration, accounting, the costs of operating and maintaining facilities, and depreciation or use allowances on building and equipment.

The Administrative Costs Column, including indirect costs, cannot exceed 10% of the total award.

Indirect Cost – Providers claiming an indirect cost must submit their most current negotiated indirect cost rate issued by the appropriate federal agency.

2. Direct Services allocations are for services that directly benefit Ryan White HIV+ clients such as staff, medicine and drugs, clinical supplies, etc.

The final determination for cost allocations between Administrative Costs and Direct Service Costs resides with Maricopa County Department of Public Health.

The information will automatically populate as the budget packet is completed.

The ending GRANT BALANCE must equal zero (0) for the budget document to be accepted.

EXHIBIT 5

BUDGET DOCUMENTATION INSTRUCTIONS

Personnel B05-PE-1

Complete this form to list ALL persons being paid a salary from the Ryan White Part A grant in this budget packet.

This form calculates the applied annual salary and applied annual benefits per individual FTE.

The Provider must determine if the position(s) listed are Administrative, Direct Service, or both.

The Provider shall clearly indicate how much of the time spent on Ryan White Part A activities are considered administrative. For example – a Case Management Supervisor may continue with a case load of their own, in this case, it must be determined how much of their time should be allocated to Administrative duties and amount of time allocated to Direct Service support.

The cells references in the form (#) requiring entry are:

- Section (A)** Full Time Hours - This is used to determine the annual hours for full time staff. (Typically 2,080)
- Section (B)** Benefits – Enter a brief name of all benefits included for staff and the percentage of gross salary associated with that benefit. (i.e., Social Security – (FICA) 6.75%)
- Position Title** Enter the position title
- Last Name** Enter the staff member’s last name
- FTE** Enter the FTE, or fraction of full time, this person will work on this Part A grant. (i.e., a person who spends ½ of full time hours on this grant would be .5 FTE)
- Rate** Enter the position’s hourly rate
- Job Status** Determine whether a persons primary responsibilities on this grant will be for Direct Service activities or Administrative activities by entering A or D.
*For a staff member who has both responsibilities enter A.
- Percent Applied** Enter how much of the staff member’s time is spent on Administrative duties. (i.e., a staff member can spend 90% of their time doing administrative duties and 10% performing Direct Services.)

The cells referenced in the form (#) that are calculated are: **F, G, J, K, L, M, N, O, P, Q**

These calculations are explained under each of the cell references.

EXHIBIT 5

BUDGET DOCUMENTATION INSTRUCTIONS

Travel B05-TV-1

All travel shall directly benefit and be specific to the work supported by this grant.

Complete this form to budget any travel expenses associated with the services of the Ryan White Part A grant.

This form consists of two (2) sections – Mileage and Other Travel

Mileage This section establishes a budget amount, both Administrative and Direct Service, for mileage reimbursement in conjunction with providing services to the grant. The Provider is to determine the per mile rate they reimburse staff (Cell [E12]) Maricopa County Department of Public Health has adapted a standard formula to apply all mileage reimbursement budgets.

The mileage budget form requires the following entries:

- Annual Miles** Enter the annual miles that are budgeted for one (1) FTE staff person. **Do not use partial FTEs, only the annual miles for 1 FTE.**
- Rate** [Cell E16] Enter the current rate used by your organization to reimburse mileage requests.
- Description** Provide a detailed justification of the travel budget requested, both Administrative Cost and Direct Services.

Cell references: (D), (E), and (F) are calculated automatically.

Other Allowable Travel: In some cases, other travel may be allowed under the Ryan White Part A grant. Each item listed in this section shall have a detailed and accurate budget justification attached – *Be specific about who will travel, where, when, and why the travel is necessary.* At this time, Maricopa County Department of Public Health has determined costs included in this section are Administrative Costs. *(Section III: Reporting Requirements, Chapter 2: Budget, Contracting, and Fiscal Reports – Grantees should limit the use of Part A funds for travel to HRSA-sponsored technical assistance and other grantee meetings identified. All travel for contractors must be local and directly related to the services provided under the specific contract. Budgeting for international travel is not allowed.)*

- Dates of Travel** Enter the dates the “other travel” is expected.
- Cost Line Item** Enter the estimated cost and description of the expense. This can include car rental, parking fees, etc.
- Description** Provide a detailed description of the justification, in relation to Ryan White Part A services as awarded in this grant.

Cell references: (D), (E), and (F) are calculated automatically.

EXHIBIT 5

BUDGET DOCUMENTATION INSTRUCTIONS

Supplies B05-SP-1

Complete this form to create the supplies budget for the Ryan White Part A grant for this budget packet. Supplies can include general office supplies (pens, paper, etc.), program, and medical supplies.

Section I General Office Supplies

Maricopa County Department of Public Health has initiated a standard allocation model for general office supplies: *(Administrative Allocation = Total Budget x Percent of administrative FTE to total FTE)*

The General Office Supplies section requires the following entries:

- Item** Enter a brief reference for the item(s) budgeted. (i.e., pens, paper, etc.)
- Annual Budget** Enter the annual budget allocated for general office supplies
- Narrative** Briefly describe the need for these items in operations of this grant.

Administrative costs in this section are applied to the annual budget using the formula provided above.

Section II Program Supplies

This chart can be used to identify and budget for program specific and/or medical supplies used in providing services. Programs supplies have been determined to be Direct Service Costs; however final determination resides with Maricopa County Department of Public Health.

When completing this section, enter your data into the following sections:

- Description** Enter a brief reference for item(s) budgeted. (i.e., medical supplies)
- Annual Budget** Enter the annual budget allocated for the program supplies listed.
- Narrative** Briefly describe the need for these items in the operations of this grant.

Section III – Equipment less than \$1,000

This section includes items such as fax machines, shredders, and other small equipment less than \$1,000. Per HRSA guidelines, computers and software are considered supplies – include all computers.

When completing this section, enter data into the following sections:

- Description** Enter a brief reference for item(s) budgeted. (i.e., fax, shredder, printer)
- Allocated Amount** Enter the amount allocated for this item.
- Narrative** Briefly describe the need for these items in the operations of this grant.

EXHIBIT 5

BUDGET DOCUMENTATION INSTRUCTIONS

Equipment B05-EQ-1

Complete this form to budget for equipment needed to support services under this Part A grant. Indicate the item budgeted, the total budgeted amount, and a detailed justification of the equipment to be purchased.

Enter the appropriate information in cells (A), (B), and (E).

Item Budgeted Enter a brief reference for the equipment requested.

Amount Budgeted Enter the estimated cost of the equipment requested.

Narrative Provide a brief narrative justification detailing the need for the equipment.

EXHIBIT 5

BUDGET DOCUMENTATION INSTRUCTIONS

Contractual B05-CT-1

Complete this form to budget for consulting, contract labor, and/or subcontractors in conjunction with operating this Part A grant. For each section, indicate the name, licenses/qualification, hours budgeted, quoted rate, dates of service, and a detailed justification for why these services are necessary to provide services.

Section I – Consulting:

This section should be completed to reflect budgeted amounts for consulting work done in conjunction with grant operations. For each consultant listed, a narrative will be required indicating their licenses and/or qualifications in addition to the budget justification for the services provided.

The consulting section requires the following entries:

- Consultant** Indicate the vendor/consultant name
- Hours Budgeted** Enter the anticipated hours the consultant will bill for services.
- Quoted Rate** Enter the rate per hour that the consultant will bill.
- Admin Budget %** This section allows the provider to determine the administrative percentage rate the consultant will be budgeted for. ***Final determination of this resides with Maricopa County Department of Public Health.**
- Dates of Service** Enter the dates anticipated the consultant will be utilized for.
- Licenses/qualifications** Enter the licenses and/or qualifications the consultant possesses that indicated proper credentials to perform services.
- Narrative** Indicate the needs and reasons for using the consultant.

Section II – Subcontracts

This section should be used to identify and budget for any subcontracts utilized in the grant year.

Backup is required for each subcontract listed in this section. Acceptable documentation is a signed sub-contract agreement or Memorandum of Understanding. Maricopa County will enforce the 10% administrative cost cap per HRSA guidelines established for first-line entities receiving Part A funds.

This section requires entry into the fields similar to the entries for section I.

EXHIBIT 5

BUDGET DOCUMENTATION INSTRUCTIONS

Program Support B05-SP-1

Complete this form to budget for other support necessary to provide services under this Part A grant. This form applies the FTE ratio for the expenditures including telephone, postage, copying, and utilities.

Section I – Telephone

Complete this section to complete the budget for telephone expenses.

Annual amount budgeted Enter the annual budget for telephone expenses used in operations of this contract award. *Please note the two sections for cell phones and direct lines.

Narrative justification Provide a justification for the telephone expenses allocated to this contract.

Section II – Copy/Duplicating

This section allows you to budget for copying and duplicating expenses. This includes program brochures that are allocated as direct service.

Enter the information in the following:

- Description** Reference the printing/duplicating projects anticipated.
- Budget** Enter the budgeted amount, annually or by project.
- Narrative Justification** Briefly describe each printing/duplicating project and indicate its need for this grant.

Section III and Section IV – Postage and Utilities

Complete these two sections to budget for postage and utilities used in this contract. Utilities should be defined by the service type (i.e., electric, water, gas, etc.)

Section V – Other Program Support

Enter any other program support in this section. Be sure to include an accurate narrative justifying the expenses.

Section V requires the following entries:

- Description** Enter a brief reference to identify the support requested in the budget.
- Budgeted Amount** Enter the total amount budgeted for each line item described.
- Narrative** Provide a brief narrative, justifying the expenses requested in this section.

EXHIBIT 5

BUDGET DOCUMENTATION INSTRUCTIONS

Other Professional Services B05-PF-1

Complete this form to budget for other professional administrative services: audit/accounting, insurance, rent/space, or other professional services. For each section, indicate the provider of service(s), the rate, a detailed description of the service provided, and the method of calculating the budget for this Part A grant.

Section I – Audit/Accounting/Finance

Complete this section if professional financial services are utilized.

- Vendor** Enter the name of the person/organization that will be providing the service.
- Hours Budgeted** Enter the anticipated hours the above listed vendor will bill for.
- Quoted Price** Indicate the rate per hour the vendor will charge this contract.
- Dates of service** Indicate the dates this service will be performed.
- Description** Provide a brief description of the service to be provided by the vendor.
- Cost Method Used** Detail the method used to determine the costs charged to this contract.
- Budget Justification** Provide a narrative justifying the need for this service.

Section II – Insurance

Complete this section to budget for insurance expenses allocated to this contract.

- Insurance Type** Indicate the type of insurance (i.e., liability, professional, etc.)
- Annual Premium** Enter the annual premium charged for this insurance
- Percent to Grant** Enter the percentage of the annual premium allocated to this grant.
- Dates of Service** Enter the start and end dates of each policy listed.
- Description** Briefly describe the insurance policy (i.e., coverage etc.)
- Cost Method Used** Briefly describe the cost method used in determining the allocation amount to this grant.
- Narrative** Provide a narrative, justifying the need for this insurance in relation to the operations of this grant.

To complete this section, enter the data into the cells similar to the data in Section I

Section III – Rent/Space

Complete this section for rent/space costs allocated for this contract. Space is considered by Maricopa County Department of Public Health to be administrative.

- Provider** Indicate the provider/vendor.
- Annual Rent** Indicate the annual amount of rent/space for the **organization**.
- Percentage to grant** Input the percentage of rent allocated to this contract.
- Description** Enter a brief description.
- Cost method used** Describe how the costs allocated to this contract were determined.
- Budget Justification** Provide a justification for this expenditure.

Section IV – Other Professional Service

Complete this section for other professional services used in this contract not listed above.

Complete this section by filling out the necessary information in the **Yellow** cells.

This section allows providers to indicate the percentage requested as Administrative and Direct Service.

*Final determination resides with Maricopa County Department of Public Health.

EXHIBIT 6

Properly Completed Sample Application WORK PLAN & BUDGET

To complete this section, the following fields are required:

Vendor	Provide the name of the vendor that will provide the service.
Hours Budgeted	Indicate the number of hours this service will require.
Quoted Price	If known, or estimated, indicate the price charged per unit in hours budgeted.
Admin Budget	Indicate the percentage of this service allocated as administrative cost. Final determination of Administrative percentage resides with Maricopa County Department of Public Health.
Description	Use this cell to reference the project or service.
Cost Method Used	Briefly describe the determination of allocated costs to this grant. Also describe the determination of the Administrative budget percentage.
Narrative	Provide a brief narrative, justifying the need for this expenditure in relation to the operations of this grant.

Schedule of Deliverables

Complete this form to indicate the services to be performed in this contract. This sheet allows for planning and cost calculations for services to be provided under the scope of the contract. Providers may utilize this sheet to begin determining the costs of providing services to clients.

Complete the **yellow** sections in this worksheet only. The information entered will be linked to the Unit Cost Sheet.

- A. **Activity (From Work Statement)** – Utilize the Work Statement (separate document) to enter the activity this unit will relate to.
 - B. **Product/Unit Name** – Enter the name that will best identify the unit provided.
 - C. **Number of Units Proposed** – Enter the number of units you are proposing to provide for the contract year.
 - D. **Proposed Fee per Product/Deliverable** – This fee will automatically calculated based on the information provided in the Unit Cost Worksheet (following). This amount is based on direct and administrative budgets provided in the previous sections.
- Schedule of Deliverables** – Enter the monthly amount of units that will be provided. This section allows for planning and budgeting on monthly activity for this contract.
- E. **Total Payment per Objective/Activity** – This is an automatic calculation based on the Proposed Fee per Product/Deliverable and the annual number of units provided.

Unit Cost

This worksheet defines the costs for services proposed in the contract. Each unit of service proposed in the Schedule of Deliverables worksheet must be defined and costs calculated based on the information you provide and the total budget from the prior worksheets.

Complete the **Yellow** sections only. This worksheet allows providers to determine direct labor involved with providing the services of the contract. Some costs cannot be defined as easily, and this sheet automatically calculates these costs to provide a reasonable cost of units of service provided.

Unit Definition – Provide a brief narrative of what this unit is, does, and how it ties to the scope of the contract.

Position – From the personnel worksheet, indicate the position(s) that provide direct services for this unit. For example, indicate that this unit will require a Case Manager. Use each row to indicate different positions/duties involved in providing this unit.

Direct Service duties – Provide a brief narrative of what this position will be responsible for when completing this unit. For example, indicate that this position will provide a face-to-face meeting with a client.

Hourly Rate – From the personnel worksheet, indicate this position(s) hourly rate. If there is more than one position in the budget for this duty, enter the average hourly rate for the position – not the person.

EXHIBIT 6

Properly Completed Sample Application WORK PLAN & BUDGET

For example, if there are 4 Case Manager Positions listed at various rates; indicate the average hourly rate for those four positions.

Hourly BNF – This automatically calculates the hourly benefits based on the rate indicated in the Personnel worksheet.

Total Salary and Benefits – This is a calculation that sums the hourly rate and the hourly benefits. This is a total personnel cost for this line item.

Direct Svc Time spent – Enter the amount of time this position will spend to complete this unit. Do not indicate it is per 15 minutes! Enter the amount of time this position would spend on this specific task. For example, a typical face-to-face visit may be 30 minutes. Enter 30 in this line item.

Other Direct Costs – This section applies the budgeted numbers from the previous sections and allocates the costs to this unit based on the number of units provided and percent of time spent providing these services. For example, Travel cannot be necessarily allocated per mile per unit (sometimes a Case Manager might have to travel; sometimes it will be in the office). This section applies an average.

Administrative Costs – This section applies the budgeted amounts from the previous sections and allocates the costs to this unit based on the number of units provided and percent of time spent providing these services in a similar manner to the Other Direct Costs.

Cost per Unit – This calculation indicates a reasonable rate that will link into the Schedule of Deliverables and provide a planning model for the actual costs to provide different services in this contract.

Unit Cost Narrative –

This sheet is optional for providers to use. This sheet will be utilized **IF** the provider feels the unit costs cannot or should not be calculated in the Unit Cost Worksheet. MCDPH has the final authority to approve or disapprove of any amounts requested manually in this section. If a Provider indicates the use of the manual calculation, it is imperative they provide strong justifications of the costs associated with providing the services indicated.

Complete the **Yellow** sections only.

- A. **Unit Name** – Enter the name that will best identify the unit to be provided.
- B. **Definition** - Provide a brief narrative of what this unit is, does, and how it ties to the scope of the contract.
- C. **Unit Measurement** – Enter how the unit will be measured and recorded. For example, 1 unit = 1 hour of time.
- D. **Reimbursement Rate Requested** – Enter the amount you are asking to be reimbursed for providing this service. This must match the total below.

Unit Cost – This section will be utilized to indicate the various costs associated with providing this service. It is critical the costs associated with this service be reasonable and justified.

- A. **Description of Cost** – Indicate what cost will be incurred to complete this unit of service. (i.e., Staff time).
- B. **Cost** – Indicate the actual cost for one unit of this service. (i.e., 1 hour of staff time)
- C. **Narrative Justification** – Provide a brief narrative of how this cost is associated with providing this service.

EXHIBIT 6

Properly Completed Sample Application WORK PLAN & BUDGET

Performance Measure FY 2007-2008

- 1) Number of new clients = 20
- 2) Number of returning clients = 50
- 3) Case management Units = 5,441

- 4) =
- 5) =
- 6) % of compliance =
- 7) Total # unduplicated clients 70

My Non Profit **FY 2006/2007 WORK PLAN FOR** Case Management

<u>Challenge: Case management is necessary for continuum of care and providing clients the resources to access services available</u>
<u>Goal: Provide comprehensive case management from assessment/intake, care planning and linkage to the continuum of care.</u>

EXHIBIT 6

Properly Completed Sample Application WORK PLAN & BUDGET

OBJECTIVES:	ACTIVITIES	IMPLEMENTATION PLAN/POSITIONS REQUIRED	HOW GOALS WILL BE MEASURED/ATTAINED/EVALUATION METHODS
<p>Objective 1: To offer a comprehensive intake/assessment to 20 clients</p> <p>Offer a comprehensive reassessment to 50 returning clients.</p> <p>441 units of service represents approximately 6 units per new client (1.5 hours) and 6 units per reassessment.</p>	<p>The project will: Determine eligibility for Ryan White part A services, schedule face-to-face contact with client and to provide other contacts to primary medical physicians, bh to develop a care plan that will assist the client in living with the disease and managing the continuum of care.</p> <p>An intake/assessment includes:</p> <ul style="list-style-type: none"> • Providing initial contact with new client and scheduling a first appointment within 10 days of initial contact. • Development of a comprehensive assessment – reviewing items including, but not limited to: Medical, Treatment Adherence, dental, nutritional, mental health, and substance abuse history. Comprehensive assessments will be conducted within 10 days of the initial Case Management visit. • Development of a comprehensive Care Plan – reflecting short-term and long-term goals and service referrals. Care Plans will be approved within 10 days of the completion of the Assessment. • Reassessment – clients will be reassessed every six months to determine the efficacy of the care plan 	<p>Implementation: Make available assessment case management, establish community contacts for the linkage to services</p> <p><i>Responsible staff:</i></p> <p>.33 Case Manager .33 Supervisor Case Manager</p> <p>Supervisor Case Manager will assist with and review all client assessments.</p> <p>Supervisor Case Manager will assist with and review all client Care Plans</p>	<p>Narrative Measure Statement: Careware will be used to report billing and client demographics. Client Chart(s) will document an approved intake, Assessment (within 10 days of initial visit), Care Plan (within 10 days of assessment), and Reassessment (every six months)</p> <p>Service Unit Name: CMA – Case Management Assessment</p> <p>Service Unit Description: 1 unit = 15 minutes, phone or face to face</p> <p>Units to be Provided: 441</p>

EXHIBIT 6

Properly Completed Sample Application WORK PLAN & BUDGET

OBJECTIVES:	ACTIVITIES	IMPLEMENTATION PLAN/POSITIONS REQUIRED	HOW GOALS WILL BE MEASURED/ATTAINED/EVALUATION METHOD
<p>Objective 2 : <i>To offer comprehensive case management to 70 clients.</i></p> <p><i>5,000 units of service for 70 clients represents approximately 17 hours of service per year for each client.</i></p>	<p>The project will: Provide the needed support to clients based upon their care plan developed and ongoing needs to insure that they are linked to care to ensure positive clinical outcomes.</p> <p>Case Management will be provided via face-to-face interaction or via telephone. Case Management will coordinate referrals and linkages with core services as defined by HRSA –</p> <ul style="list-style-type: none"> • Identification of resources and referrals • Follow Up activities to encourage and assist the client in maintaining care. • Case Closure upon completion of care plan 	<p>Implementation: Make case managers available to the community with the proper resources to the continuum of care.</p> <p>Responsible staff:</p> <p>.67 Case Manager .67 Supervisor Case Manager</p>	<p>Narrative Measure Statement: <i>Careware will be used to report billing and client demographics. Quarterly chart audits.</i> Client chart(s) will document:</p> <ul style="list-style-type: none"> • All applicable resources and referrals made on behalf of the client. • All follow up activities in support of the clients needs identified in the assessment and care plan. Follow up will be conducted at least one time per quarter for each active client. • Documentation of appropriate closure of client file upon completion of plan, death, client choice, or ineligibility within 10 days of inactive status. <p>Service Unit Name: CM – Case management</p> <p>Service Unit Description: 1 unit = 15 minutes</p> <p>Units to be Provided: 5,441 units</p>

EXHIBIT 6

Properly Completed Sample Application WORK PLAN & BUDGET

Administrative Costs	Admin Salaries	Admin BNF	Ttl Admin	% of Ttl	Units	per unit
Salaries	551.20	165.36	716.56	8%	441.00	0.13
Total Admin Labor Cost						0.13
Other Direct Costs	Total Admin Cost	Units Prop	Percent to total			
Travel	-	441	8%			-
Supplies	10.00					0.00
Equipment	600.00					0.11
Contractual	-					-
PS	5.77					0.00
Other Direct Costs	3,675.00					0.68
						0.92
Indirect	-					-
						9.24

2

Unit of Service (Name)
Unit Definition (Describe the Unit)

Case management

Case Management includes all supporting activities done to assist the client in attaining their goals from the assessment and treatment plan. This includes work done via face-to-face or via telephone on behalf of the client.

Units Proposed
Percent of Total

	5000
	92%

Maricopa County Department of Public Health
 Ryan White Title 1 - Budget Documentation Instructions

Maricopa County Health Care Mandates, as Administrative Agent for the Federal Ryan White HIV/AIDS Treatment Modernization Act of 2006 Part A grant created and revised the format for budget submissions for all Providers providing services under the Part A C.A.R.E. Act grant. The attached set of instructions will help you in completion of the Maricopa County Health Care Mandates Part A grant budget forms.

The forms can be completed electronically and sent to: _____ or manually and mailed to _____

Purpose In an ongoing effort to continuously improve the quality of service under the Ryan White Part A grant, these forms will enable providers to efficiently create annualized management budgets that accurately record the budgeted costs of services to the community.
 These forms create a standard format to accurately provide reporting information required under the administration of Part A funds. Every effort has been taken to ensure that the forms are easily completed and accurately reported.

Objective To standardize the budget system utilized by providers of Ryan White Part A funds that will:

- Accurately track and report Administrative Costs and Direct Service Costs separately.
- Minimize risk of exceeding the Administrative Cost Cap (10% of the aggregate award available for service).
- Minimize the real or perceived risk of arbitrary budget approval.

INSTRUCTIONS -

FORM NAME FORM NUMBER

Cover Page

B05-CV-1

Use this page to enter the summary information for your organization and Ryan White Part A grant award.
 * A separate budget packet, including Cover Page, is required for each Ryan White Part A grant award that you have been awarded.

The Cover Page consists of the following:

- Name Enter the official name of your organization
- FEIN Enter your federal employee identification number
- Address Enter the address of your organization
- Authorized Contact the name of the person to be contacted and allowed to make decisions
- Telephone the telephone number of the Authorized Person
- Primary Contact the name of the person(s) to be contacted primarily (if different from above)
- Primary Telephone the telephone number of the Primary Contact
- Email Email of the Primary Contact
- Fax fax number that you can receive facsimile messages/correspondence
- Service Category the service category of the submitted budget packet (see Service Category in your Contract)
- Grant Year the beginning and ending grant year of your budget submission

Budget Summary

B05-SU-1

This form summarizes all of the line items in the submitted budget packet for the award listed in the Cover Page.

Section I Summarizes the organizational information provided in the Cover Page.
 The information will automatically populate when the Cover Page is complete

Section II This section summarizes the budget information calculated in the submitted budget packet for this grant. This form is required for all Ryan White Part A awards issued by Maricopa County Health Care Mandates. This form reports the summary line item amounts allocated as Administrative Costs, Direct Service Cost, and total budget for the budget packet for this service award.

Administrative costs relate to oversight and management of CARE Act funds and include such items as contracting, accounting, and data reporting.

- 1 Administrative Costs, defined in Section 2604(f)(3) defines allowable "subcontractor administrative activities to include:
 - Usual and recognized overhead, including establishing indirect rates for agencies;
 - Management and oversight of specific programs funded under this title; and
 - Other types of program support such as quality assurance, quality control, and related activities."

Examples include: salaries and expenses of executive officers, personnel administration, accounting, the costs of operating and maintaining facilities, and depreciation or use allowances on building and equipment.

The Administrative Costs Column, including indirect cost, cannot exceed 10% of the total award

**** Indirect Cost - Providers claiming and indirect cost must submit their most current negotiated indirect cost rate issued federally**

Maricopa County Department of Public Health
Ryan White Title 1 - Budget Documentation Instructions

Maricopa County Department of Public Health
Ryan White Title 1 - Budget Documentation Instructions

2 Direct Services allocations are for service that directly benefits Ryan White HIV clients such as staff, medicine and drugs, clinical supplies, etc..

The final determination for cost allocations between Administrative Costs and Direct Service Costs resides with Maricopa County Health Care Mandates

If completing this form electronically, the information will automatically populate as the budget packet is completed:

* Enter the indirect rate used by your organization in cell [C134], if applicable - see "indirect cost".

Grant Balance - This cell calculates the amount of the grant less the projected costs. This number must equal 0.

Personnel B05-PE-1

Use this form to list ALL persons being paid a salary from the Ryan White Part A grant in this budget packet.

This form calculates the applied annual salary and applied annual benefits per individual FTE.

The Provider must determine if the position(s) listed are Administrative, Direct Service, or Both

* for Both, the Provider must indicate how much of the time spent on Ryan White Part A activities are considered administrative.

For example - a Case Management Supervisor may continue with a case load of their own, in this case, it must be determined how much of their time should be allocated to Administrative duties and Direct Service support.

The Cells referenced in the form (#) requiring entry are:

- (A) Full Time Hours. This is used to determine the annual hours for full time staff.
(Typically 2,080)
- (B) Benefits
Enter a brief name of all benefits included for staff and the percentage of gross salary associated with that benefit.
(I.e., Social Security - (FICA) 6.75%)
- (C) and (C-a) Enter the position title and staff members last name.
- (D) Enter the FTE, or fraction of full time, that this person will work on this Part A grant
(I.e., A person who spends 1/2 of full time hours on this grant would be .5 FTE)
- (E) Enter the position's hourly rate
- (H) Determine whether a persons primary responsibilities on this grant will be for Direct Service activities or Administrative Activities by entering A or D.
* For a staff member who has both responsibilities, enter A
- (I) Enter how much of the persons time is spent on Administrative duties.
(I.e., a staff member can spend 90% of their time doing administrative duties and 10% performing Direct Services.)

The Cells referenced in the form (#) that are calculated are:

F,G,J,K,L,M,N,O,P,Q

These calculations are explained in under each of the Cell references. If submitting this form manually, follow the directions listed in the formula bar.

Travel B05-TV-1

Use this form to budget any travel expenses associated with the services of the Ryan White Part A Grant.

This form consists of two (2) sections - Mileage and Other Travel

Mileage This section establishes a budget amount, both Administrative and Direct Service, for mileage reimbursement in conjunction with providing services to the grant.
The Provider is to determine the per mile rate that they reimburse staff for (Cell [E12])
Maricopa County Health Care Mandates has adapted a standard formula to apply all mileage reimbursements budgets.

The mileage budget form requires the following entries:

- (A) Enter the number of FTE both Administrative and Direct Service in the corresponding row.
The information will automatically populate as the Personnel form is completed.
- (B) Enter the annual miles that are annually budgeted for one (1) FTE staff person.
***Do not use partial FTEs, only the annual miles for 1 FTE.**
- (C) [Cell E16] Enter the current rate used by your organization to reimburse mileage requests
- (G) Provide a detailed justification of the travel budget requested, both Administrative Cost and Direct Services.

Maricopa County Department of Public Health
Ryan White Title 1 - Budget Documentation Instructions

Cell References: (D), (E), and (F) are calculated automatically.

Maricopa County Department of Public Health
Ryan White Title 1 - Budget Documentation Instructions

Other Allowable Travel

In some cases, other travel may be allowed under the Ryan White Part A Grant. Each item listed in this section must have a detailed and accurate budget justification attached.

At this time, Maricopa County Health Care Mandates has determined that costs included in this

- (A) Enter the dates that the other travel is expected.
- (B) and (C) Enter the estimated cost and description of the expense
*this can include car rental, parking fees, etc.
- (G) Provide a detailed description of the justification, in relation to Ryan White Part A services as awarded in this grant.

Columns (D), (E), and (F) are calculated automatically.

Supplies B05-SP-1

Use this form to create the supplies budget for the Ryan White Part A grant for this budget packet. Supplies can include general office supplies, (pens, paper, etc.) and program and medical supplies.

Section I General Office Supplies

Maricopa County Health Care Mandates has initiated a standard allocation model for general office supplies:

(Administrative Allocation = Total Budget x Percent of administrative FTE to total FTE)

When completing the general office supplies chart manually, use the information calculated in (N), (O), (P), and (Q) of the Personnel Worksheet (Form B05-PE-1)

Section II Program Supplies

This chart can be used to identify and budget for program specific and/or medical supplies used in providing services.

Program Supplies have been determined to be Direct Service Costs, however final determination resides with Maricopa County Department of Public Health.

Equipment B05-EQ-1

Use this form to budget for equipment needed to support services under this Part A grant.

Indicate the item budgeted, the total budgeted amount, and a detailed justification of the equipment to be purchased.

Contractual B05-CT-1

Use this form to budget for consulting, contract labor, and/or subcontracts in conjunction with operating this Part A grant.

For each section, indicate the name, licenses/qualifications, hours budgeted, quoted rate, dates of service, and a detailed justification for

Other Program Support B05-SP-1

Use this form to budget for other support necessary to provide services under this grant. This form applies the FTE ratio for the expenditures including: telephone, postage, copying, and utilities.

Other Professional Services B05-PF-1

Use this form to budget for other professional services; audit/accounting, insurance, rent/space, or other professional services.

For each section, indicated the provider of service(s), the rate, a detailed description of the services provided, and the method of calculating the budget for this Part A grant.

This section allows providers to indicate the percentage requested as administrative and direct service. Final determination reside with Maricopa County Health Care Mandates County Health Care Mandates.

Maricopa County Health Care Mandates, Ryan White Part A - Budget Documentation

NAME OF ORGANIZATION: My Non Profit

Fed. Employee ID #
(FEIN) 86-5555555

ADDRESS: 111 W My Street
Phoenix, AZ 85001

AUTHORIZED CONTACT Julie Young

TELEPHONE 602-555-5555 FAX 602-555-5555

E-MAIL myemail@mynonprofit.org

PRIMARY CONTACT Julie young

TELEPHONE 602-555-5555 FAX 602-555-5555

EMAIL myemail@mynonprofit.org

SERVICE CATEGORY Case Management

GRANT PERIOD: 3/1/08 2/28/09
Start Date End Date

AMOUNT \$ 51,813.00

**Maricopa County Health Care Mandates,
Ryan White Part A Grant,
Administration Budget Summary - B05-SU-1**

(Section I)

Organization
Service Category
Grant Period

My Non Profit Case Management	Contract Number
March-08 Through	February-09

(Enter Contract #)

Narrative of Grant:

(Enter the Planning Council Definition of this service.)

(Section II)

Budget Requested: \$ 51,813.00

Operating Expenses			Administrative Budget	Direct Service Budget	Total Budget
Personnel:	Salaries	0.7 FTE	\$ 551.20	\$ 33,664.80	\$ 34,216.00
Personnel:	Fringe/Benefits		165.36	10,099.44	10,264.80

Subtotal: Personnel	716.56	43,764.24	44,480.80
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Other Direct Costs

Travel	-	1,552.50	1,552.50
Supplies	10.00	591.43	601.43
Equipment	600.00		
Contractual	-	-	-
Program Support	5.77	898.03	903.80
Other Professional Services	3,675.00	-	3,675.00

Subtotal: Other Direct Costs	4,290.77	3,041.96	7,332.73
-------------------------------------	----------	----------	----------

Total Operating Expenses	5,007.33	46,806.20	51,813.53
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(Personnel and Other Direct Costs)

Indirect Costs

Indirect Rate	0%	-	-
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(Providers claiming an indirect cost must submit their most current negotiated indirect cost rate issued by the cognizant federal agency.)

Total Costs of Grant	(Percent of Total)	5,007.33	46,806.20	\$ 51,813.53
	(Total Operating Expenses plus Indirect Costs)	10%	0%	

GRANT BALANCE (Grant Revenue less Total Costs of Grant) **\$ (0.53)**

The Grant balance must equal zero

Finance Approval _____ Date: _____
 Exec. Director Approval _____ Date: _____
 Administrative Agent _____ Date: _____

Maricopa County Department of Public Health
Ryan White Title 1 - Budget Document
Budget Summary

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The following tabs are to be used to update the Budget Cover Sheet.

All backup is required with each grant.

 These cells indicate provider required entry.

Maricopa County Health Care Mandates Part A - Budget Document
Personnel - B05-PR-1

Personnel All staff paid in full or part from this Ryan White Title I grant are to be listed in the following chart.

1 Staffing

Provider Entry Auto Calculation

(C)	(C - a)	(D)	(E)	(F) = (A)*(E)*(D)	(G) = (F)*(B)	(H)	(I)	(J) = (F)*(I)	(K) = (G) * (I)	(L) = (F) - (J)	(M) = (G) - (K)
Staffing My Non Profit Case Management											
Position Title	Last Name	FTE	Rate	Gross	Benefits	Job Status	Percent applied as Administrative	Gross Admin Salary	Gross Admin Benefits	Direct Service Salary	Direct Service Benefits
				Applied to grant per FTE	Applied to grant per FTE						
1 Case Manager	Smith	0.6	23	28,704.00	8,611.20	D		-	-	28,704.00	8,611.20
Case Manager is responsible for providing case management services to clients. This includes creating an assessment with the client, assisting clients with their needs in completion of the case management plan, in person or via phone on behalf of the client, and coordinating care for the client with other HIV Services.											
2 Super - Case Mgr	Jack	0.1	26.5	5,512.00	1,653.60	D	10%	551.20	165.36	4,960.80	1,488.24
Super - Case Mgr is responsible for supervision of the Case Manager and reporting requirements of the Program (10%). This position also sees and average of 4 clients in support of the Case Manager, providing direct client services (90%).											
3				-	-	0	0%	-	-	-	-
4				-	-		0%	-	-	-	-
5				-	-			-	-	-	-
6				-	-			-	-	-	-
7				-	-		0%	-	-	-	-
TOTAL		0.7		34,216.00	10,264.80			551.20	165.36	33,664.80	10,099.44

(Admin) 0.01 FTE (N) = (D)* (I) 1% (P) = (N) / ((N) + (O))
 (Direct Service) 0.69 FTE (O) = (D) * (1-(I)) Percent FTE 99% (Q) = (O) / ((N) + (O))

Calculating Annual Salary	2080
---------------------------	------

(Rate x Annual Hours)

Benefits	
Benefits	Percent
health ins	10.00%
FICA	6.00%
Unemployment	7.00%
Retirement	4.00%
Life/Dis Ins	3.00%
TOTAL	30.00%

0.70

Maricopa County Health Care Mandates Part A - Budget Document
Travel - B05-TV-1

TRAVEL

Travel can be budgeted for the cost of staff mileage and other travel associated with Ryan White CARE Act Title I funds.

- 1 Mileage** Mileage will be budgeted utilizing the standard calculation of annual miles for a full time staff person x the rate determined by your organization per mile x the number of FTE(s) budgeted to provide services under this grant.

	(A)	(B)	(C)	(D) = (B)*(C)*(A)	(E)	(F)	(G)
Mileage My Non Profit Case Management							
	FTE	Annual Miles Budgeted (Per 1 FTE)	Miles Applied to Grant	Budget \$0.45	Admin	Direct Svc	Description
1	Admin	0.01	0	\$ -	-	-	
2	Direct Svc	0.69	5000	1,552.50	-	\$1,552.50	Travel has been approved for Case Manager mileage for home visits with clients.
	TOTAL		5000	1,552.50	-	1,552.50	\$ 1,552.50

(Total Miles applied to this grant)

(B) Note - Budget annual mileage for 1 FTE

2 Other Allowable Travel

At this time, Maricopa County Health Care Mandates has determined that costs included in this section are Administrative Costs.

	(A)	(B)	(C)	(D) = (B)+(C)	(E) = (D)	(F)	(G)
Other Allowable Travel My Non Profit Case Management							
	Dates of Travel	Cost Line Item	Cost Line Item	Total Budget	Admin	Direct Service	Description
1		\$ -	\$ -	-	-	-	
	Description						
2		\$ -	\$ -	-	-	-	
	Description						
3		\$ -	\$ -	-	-	-	
	Description						
				-	-	-	\$ -

SUMMARY	(Travel)	Admin	Direct Service	Total
		-	1,552.50	1,552.50

Maricopa Country Health Care Mandates Part A - Budget Document
Equipment - B05-EQ-2

The equipment line item is budgeted for equipment purchased or leased in conjunction with operations of the grant.

Equipment greater than \$1,000

1 Equipment greater than \$1,000 - Include large equipment necessary to be used in the operations of this grant. Please note that there are more requirements for approval.

(A)	(B)	(C)	(D) = (B * (1 - (C)))	(D) = (B) + (C)	(E)
Equipment greater than \$1,000 My Non Profit Case Management					
Item Budgeted	Amount Budgeted	Admin 1%	Direct Service	Total	Narrative
1 copier	600	8.57	591.43	600.00	A copier is necessary to copy information in client charts for service coordination with other HIV Services.
2		-	-	-	
3		-	-	-	
4		-	-	-	
5		-	-	-	
TOTAL		8.57	591.43	TOTAL	\$ 600.00

Maricopa Country Health Care Mandates Part A - Budget Document
Contractual - B05-CT-1

The Contractual line item is used for consulting and contracting to be utilized in conjunction with operations of the grant.

This budget category includes payments to outside consultants and temporary services. Use this section for both professional and clerical support.

Consulting

1 Consulting - Include any payments anticipated for consulting and capacity building services

Consulting My Non Profit Case Management							
Consultant	Hours Budgeted	Quoted Rate	Total Budget	Admin Budget %	Admin Budget	Direct Service	Dates of Service
1		0	-	0%	-	-	
Licenses / qualifications							
Narrative							
2	0	0	-	0%	-	-	
Licenses / qualifications							
Narrative							
3			-		-	-	
Licenses / qualifications							
Narrative							
4							
				TOTAL	-	-	\$ -

Subcontracts

2 Include any payments for subcontracts to provide services under this grant.

Backup is required for each subcontract listed in this section. Maricopa County Department of Public Health will enforce the 10% administrative Cost Cap established by HRSA for first-line entities receiving Title I funds.

Subcontracts My Non Profit Case Management							
Contract Provider	Units/Hours Budgeted	Quoted Rate	Total Budget	Admin Rate	Admin Budget	Direct Service	Dates of Service
1			-	0%	-	-	
Service(s) Provided							
Narrative							
2			-		-	-	
Service(s) Provided							
Narrative							
3			-		-	-	
Service(s) Provided							
Narrative							
				TOTAL	-	-	\$ -

Maricopa Country Health Care Mandates Part A - Budget Document
Other Program Support - B05-SP-1

Other Program Support

1 Telephone

Telephone My Non Profit Case Management					
Description	Annual Amount Budgeted	Admin 1%	Direct Service	Total	Narrative Justification
1 Cell Phones	350	5.00	345.00	350.00	Cell phones are issued to Case Manager for safety (Home visits) and direct access from clients.
2 Direct Line	25	0.36	24.64	25.00	Allocated portion of general phone lines in support of the Case Management Program
3		-	-		
TOTAL		5.36	369.64	TOTAL	\$ 375.00

2 Copy/Duplicating

Copy/Duplicating My Non Profit Case Management					
Description	Budget	Admin 1%	Direct Service	Total	Narrative Justification
1 Program Brochures					
main brochure	500		500.00	500.00	Printing of brochures to ensure that PLWHA are aware of the services offered by this organization.
2 Other Copying/Duplicating					
	0	-	-	-	
	0	-	-	-	
	0	-	-	-	
TOTAL		-	500.00	TOTAL	\$ 500.00

Budget Category 6 4

3 Postage

Postage My Non Profit Case Management					
Description	Amount Budgeted	Admin 1%	Direct Service	Total	Narrative Justification
1 mail to clients for recert	28.8	0.41	28.39	28.80	Notices are sent to clients regarding recertification and other items throughout the year.
TOTAL		0.41	28.39	TOTAL	\$ 28.80

4 Utilities

Utilities have been deemed 100% administrative. (Ruling 6.6.B05)

Utilities My Non Profit Case Management					
Description	Amount Budgeted	Admin 1%	Direct Service	Total	Narrative Justification
1	0	-	-	-	
		-	-	-	
		-	-	-	
		-	-	-	
TOTAL		-	-	TOTAL	\$ -

4 Other Program Support

Other Program Support My Non Profit Case Management					
Description	Budgeted Amount	Admin 1%	Direct Service	Total	Narrative
1	0	-	-	-	
	0	-	-	-	
	0	-	-	-	
	0	-	-	-	
TOTAL		-	-	TOTAL	\$ -

Maricopa Country Health Care Mandates Part A - Budget Document
Other Professional Services - B05-PF-1

1 Audit/Accounting/Finance

Audit/Accounting/Finance My Non Profit Case Management							
Vendor	Hours Budgeted	Quoted Price*	Total Price	Dates of Service	Admin	Direct Service	Description
a			-		-		
Cost Method Used							
Budget Justification							
b			-		-		
Cost Method Used							
Budget Justification							
c					-		
Cost Method Used							
Budget Justification							
			TOTAL		-		\$ -

2 Insurance

Insurance My Non Profit Case Management							
Insurance Type	Annual Premium	Percent To grant	Total Grant	Dates of Service	Admin	Direct Service	Description
a Liability	1500	15%	225.00		225.00		
Cost Method Used	cash basis - allocated annual premium per business percentage of program						
Budget Justification	required for doing business. Case Management represents 15% of the annual insurance premium. 15% of the total annual premium is allocated to this program.						
b Autos - hired	800	50%	400.00		400.00		
Cost Method Used	cash basis - allocated annual premium per business percentage of program						
Budget Justification	required for coverage of employees to use their own vehicle. The Case Management Program requires more travel - and use of personal vehicles - than other programs within the organization.						
c Errors and Omissions	2500	50%	1,250.00		1,250.00		
Cost Method Used	cash basis - allocated annual premium per business percentage of program						
Budget Justification	required for professional insurance. Case Management services requires higher premiums, Ryan White Case Management increases the annual premium.						
			TOTAL		1,875.00		\$ 1,875.00

3 Rent/Space

Rent/Space My Non Profit Case Management							
Provider	Annual Rent	Percent to Grant	Total Grant	Dates of Service	Admin	Direct Service	Description
a XYZ building	6000	30%	1,800.00		1,800.00		
Cost Method Used	cash basis - Accrual of Office space for Case Management.						
Budget Justification	need location for case managers to provide confidential meeting place with clients. Annual rent for the organization is \$6,000 - Ryan White Case Management uses two offices, representing 30% of the total floor space of the organization.						
			TOTAL		1,800.00		\$ 1,800.00

4 Other Professional Service

Other Professional Service My Non Profit Case Management							
Vendor	Hours Budgeted	Quoted Price*	Total Price	Admin Budget %	Admin	Direct Service	Description
a	0	0	-	0%	-	-	
Cost Method Used							
Budget Justification							
b			-		-	-	
Cost Method Used							
Budget Justification							
c					-	-	
Cost Method Used							

Maricopa Country Health Care Mandates Part A - Budget Document
 Other Professional Services - B05-PF-1

Budget Justification										
			-	TOTAL		-		-	\$	-

Instructions: Complete the yellow sections for this template. All information will be linked to the Unit Cost sheet of this work book
 This sheet allows for planning and cost calculations for services to be provided under this grant.
 Providers may utilize this sheet to determine costs of units that they are proposing for the contract.
 Providers also have the option to utilize the Unit Cost Narrative sheet at the end of this workbook.

Organization Name: **MY Non Profit**
 Contract: **Case management**

(A) Activity (From Work Statement)	(B) Product / Unit Name	(C) Number of Units Proposed	(D) Proposed Fee Per Product/Deliv erable	Schedule of Deliverables												(E) Total Payment Per Objective/Activity
				Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	
1 Obj 1	CM Assessments	70	53.18													3,722.40
2 Obj 2	Case management	1,260	38.23													48,166.14
3		-	-													-
4		-	-													-
5		-	-													-
6		-	-													-
7		-	-													-
8		-	-													-
TOTAL		1,330		-	-	-	-	-	-	-	-	-	-	-	-	

51,888.54
 \$ 51,813.53
 \$ 75.01
 (Over Budget)

- (A) From the Work Statement - enter which activity this unit relates to.
- (B) Product/Unit Name - Enter the name that identifies this unit.
- (C) Enter the number of units proposed for the contract year.
- (D) This fee calculates automatically, based on the budget and unit cost from the Unit Cost Worksheet.
- Schedule of Deliverables Enter the number of units BY MONTH proposed in the corresponding column and row.
- (E) This calculates the total amount budgeted, based on proposed units x proposed fee, for this contract.

Unit of Service (Name) 0
 Unit Definition (Describe the Unit)
 Units Proposed 0
 Percent of Total 0%

Direct Costs

POSITION	Direct Services duties (provide a brief narrative of what this person will be doing for this unit)	Hourly Rate (or average if more than one FTE)	Hourly BNF	Total Salary and Benefits (Hourly)	Direct Svc Time spent (minutes)	
		-	-	-	-	-
		-	-	-	-	-
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		-	-	-	-	-
		-	-			

Units Proposed
Percent of Total

	0
	0%

Direct Costs

POSITION	Direct Services duties (provide a brief narrative of what this person will be doing for this unit)	Hourly Rate (or average if more than one FTE)	Hourly BNF	Total Salary and Benefits (Hourly)	Direct Svc Time spent (minutes)	
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
						-

Other Direct Costs

	Total Direct Cost Budget	Units Prop	Percent to total	
Travel	1,552.50	-	0%	#DIV/0!
Supplies	591.43			#DIV/0!
Equipment	-			#DIV/0!
Contractual	-			#DIV/0!
PS	898.03			#DIV/0!
Other Direct Costs	-			#DIV/0!
				#DIV/0!

Administrative Costs

	Admin Salaries	Admin BNF	Ttl Admin	% of Ttl	Units	per unit
Salaries	551.20	165.36	716.56	0%	-	#DIV/0!
						#DIV/0!

Other Direct Costs

	Total Admin Cost	Units Prop	Percent to total	
Travel	-	-	0%	#DIV/0!
Supplies	10.00			#DIV/0!
Equipment	600.00			#DIV/0!
Contractual	-			#DIV/0!
PS	5.77			#DIV/0!
Other Direct Costs	3,675.00			#DIV/0!
				#DIV/0!
Indirect	-			#DIV/0!
				#DIV/0!

5

Unit of Service (Name)

0

Unit Definition (Describe the Unit)

Direct Costs

POSITION	Direct Services duties (provide a brief narrative of what this person will be doing for this unit)	Hourly Rate (or average if more than one FTE)	Hourly BNF	Total Salary and Benefits (Hourly)	Direct Svc Time spent (minutes)	
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-

Other Direct Costs	Total Direct Cost Budget	Units Prop	Percent to total	
Travel	1,552.50	-	0%	#DIV/0!
Supplies	591.43			#DIV/0!
Equipment	-			#DIV/0!
Contractual	-			#DIV/0!
PS	898.03			#DIV/0!
Other Direct Costs	-			#DIV/0!
				#DIV/0!

Administrative Costs	Admin Salaries	Admin BNF	Ttl Admin	% of Ttl	Units	per unit
Salaries	551.20	165.36	716.56	0%	-	#DIV/0!

Other Direct Costs	Total Admin Cost	Units Prop	Percent to total	
Travel	-	-	0%	#DIV/0!
Supplies	10.00			#DIV/0!
Equipment	600.00			#DIV/0!
Contractual	-			#DIV/0!
PS	5.77			#DIV/0!
Other Direct Costs	3,675.00			#DIV/0!
				#DIV/0!

Indirect	-			#DIV/0!
				#DIV/0!

7

Unit of Service (Name)	0
Unit Definition (Describe the Unit)	
Units Proposed	0
Percent of Total	0%

Direct Costs

POSITION	Direct Services duties (provide a brief narrative of what this person will be doing for this unit)	Hourly Rate (or average if more than one FTE)	Hourly BNF	Total Salary and Benefits (Hourly)	Direct Svc Time spent (minutes)	
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-

Other Direct Costs	Total Direct Cost Budget	Units Prop	Percent to total	
Travel	1,552.50	-	0%	#DIV/0!
Supplies	591.43			#DIV/0!
Equipment	-			#DIV/0!
Contractual	-			#DIV/0!
PS	898.03			#DIV/0!
Other Direct Costs	-			#DIV/0!
				#DIV/0!

Administrative Costs	Admin Salaries	Admin BNF	Ttl Admin	% of Ttl	Units	per unit
Salaries	551.20	165.36	716.56	0%	-	#DIV/0!
						#DIV/0!

Other Direct Costs	Total Admin Cost	Units Prop	Percent to total	
Travel	-	-	0%	#DIV/0!
Supplies	10.00			#DIV/0!
Equipment	600.00			#DIV/0!
Contractual	-			#DIV/0!
PS	5.77			#DIV/0!
Other Direct Costs	3,675.00			#DIV/0!
				#DIV/0!
Indirect	-			#DIV/0!
				#DIV/0!

Instructions: Use this worksheet to submit manual calculations of proposed reimbursement rates for services provided under this grant.
 Complete one section for each unit of service proposed. (i.e, face-to-face visit)
 It is the Provider's responsibility to adequately identify costs associated with this service.
 Unallowable and/or unnecessary costs will be rejected by MCDPH.

Unit Name:
 Definition:

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

Reimbursement Rate Requested:

(enter the rate at which you are submitting to be reimbursed for this service.)

* This number must match the total in the section below.

Unit Cost: (Use this section to justify the rate at which you are requesting to be reimbursed.)
 (PER UNIT)

	Description of Cost	Cost	Narrative Justification
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
Total		-	

Description of Cost Identify the cost associated with providing this cost.
 (i.e., personnel and benefits utilized in providing one unit.)
 Cost Input the amount PER UNIT
 Narrative Justification Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost.
 any other information relevant to justify this cost.

Unit Name:
Definition:

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

--

Reimbursement Rate Requested:

--

(enter the rate at which you are submitting to be reimbursed for this service.)

* This number must match the total in the section below.

Unit Cost: (Use this section to justify the rate at which you are requesting to be reimbursed.)
(PER UNIT)

	Description of Cost	Cost	Narrative Justification
1			
2			
3			
4			
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8			
9			
10			
	Total	-	

Description of Cost	Identify the cost associated with providing this cost. (i.e., personnel and benefits utilized in providing one unit.)
Cost	Input the amount PER UNIT
Narrative Justification	Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost. any other information relevant to justify this cost.

Unit Name:

Definition:

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

Reimbursement Rate Requested: (enter the rate at which you are submitting to be reimbursed for this service.)

* This number must match the total in the section below.

Unit Cost: (Use this section to justify the rate at which you are requesting to be reimbursed.)
(PER UNIT)

	Description of Cost	Cost	Narrative Justification
1			
2			
3			
4			
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6			
7			
8			
9			
10			
	Total	-	

Description of Cost Identify the cost associated with providing this cost.
(i.e., personnel and benefits utilized in providing one unit.)

Cost Input the amount PER UNIT

Narrative Justification Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost.
any other information relevant to justify this cost.

Unit Name:

Definition:

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

Reimbursement Rate Requested: (enter the rate at which you are submitting to be reimbursed for this service.)

* This number must match the total in the section below.

Unit Cost: (Use this section to justify the rate at which you are requesting to be reimbursed.)
(PER UNIT)

	Description of Cost	Cost	Narrative Justification
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
	Total	-	

Description of Cost Identify the cost associated with providing this cost.
(i.e., personnel and benefits utilized in providing one unit.)

Cost Input the amount PER UNIT

Narrative Justification Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost.
any other information relevant to justify this cost.

Unit Name:

Definition:

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

Reimbursement Rate Requested: (enter the rate at which you are submitting to be reimbursed for this service.)

* This number must match the total in the section below.

Unit Cost: (Use this section to justify the rate at which you are requesting to be reimbursed.)
(PER UNIT)

	Description of Cost	Cost	Narrative Justification
1			
2			
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9			
10			
	Total	-	

Description of Cost Identify the cost associated with providing this cost.
(i.e., personnel and benefits utilized in providing one unit.)

Cost Input the amount PER UNIT

Narrative Justification Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost.
any other information relevant to justify this cost.

Unit Name:

Definition:

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

Reimbursement Rate Requested: (enter the rate at which you are submitting to be reimbursed for this service.)

* This number must match the total in the section below.

Unit Cost: (Use this section to justify the rate at which you are requesting to be reimbursed.)
(PER UNIT)

	Description of Cost	Cost	Narrative Justification
1			
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10			
	Total	-	

Description of Cost Identify the cost associated with providing this cost.
(i.e., personnel and benefits utilized in providing one unit.)

Cost Input the amount PER UNIT

Narrative Justification Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost.
any other information relevant to justify this cost.

Unit Name:

Definition:

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

Reimbursement Rate Requested: (enter the rate at which you are submitting to be reimbursed for this service.)

* This number must match the total in the section below.

Unit Cost: (Use this section to justify the rate at which you are requesting to be reimbursed.)
(PER UNIT)

	Description of Cost	Cost	Narrative Justification
1			
2			
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8			
9			
10			
	Total	-	

Description of Cost Identify the cost associated with providing this cost.
(i.e., personnel and benefits utilized in providing one unit.)

Cost Input the amount PER UNIT

Narrative Justification Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost.
any other information relevant to justify this cost.

Unit Name:
Definition:

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

--

Reimbursement Rate Requested:

--

(enter the rate at which you are submitting to be reimbursed for this service.)

* This number must match the total in the section below.

Unit Cost: (Use this section to justify the rate at which you are requesting to be reimbursed.)
(PER UNIT)

	Description of Cost	Cost	Narrative Justification
1			
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9			
10			
	Total	-	

Description of Cost	Identify the cost associated with providing this cost. (i.e., personnel and benefits utilized in providing one unit.)
Cost	Input the amount PER UNIT
Narrative Justification	Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost. any other information relevant to justify this cost.

Unit Name:

Definition:

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

Reimbursement Rate Requested: (enter the rate at which you are submitting to be reimbursed for this service.)

* This number must match the total in the section below.

Unit Cost: (Use this section to justify the rate at which you are requesting to be reimbursed.)
(PER UNIT)

	Description of Cost	Cost	Narrative Justification
1			
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10			
	Total	-	

Description of Cost Identify the cost associated with providing this cost.
(i.e., personnel and benefits utilized in providing one unit.)

Cost Input the amount PER UNIT

Narrative Justification Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost.
any other information relevant to justify this cost.

Unit Name:

Definition:

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

Reimbursement Rate Requested: (enter the rate at which you are submitting to be reimbursed for this service.)

* This number must match the total in the section below.

Unit Cost: (Use this section to justify the rate at which you are requesting to be reimbursed.)
(PER UNIT)

	Description of Cost	Cost	Narrative Justification
1			
2			
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4			
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7			
8			
9			
10			
	Total	-	

Description of Cost Identify the cost associated with providing this cost.
(i.e., personnel and benefits utilized in providing one unit.)

Cost Input the amount PER UNIT

Narrative Justification Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost.
any other information relevant to justify this cost.