

Provider Agency Name and Address:

Health Planning Council of Northeast Florida
 644 Cesery Blvd. #210
 Jacksonville, FL 32211

DEPARTMENT OF HEALTH
GENERAL REVENUE
 Monthly Expenditure and Reimbursement Report

From: 12-01-2009 to 12-31-2009

Contract No. CODR4
 FY 2009-2010



Preparer's Name: James Allen
 Phone Number: (904) 723-2162 Ext. 107

A. ADMINISTRATIVE BUDGET	Original Amount	Approved Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
Total Administrative Budget	20,697.00		1,724.75	10,348.50	10,348.50

B. DIRECT CARE 7105-7350	Number of Clients Served	Number of Units of Service	Original Amount	Approved Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
2. AIDS Pharmaceutical Assistance (Local)			20,000.00			228.74	19,771.26
3. Ambulatory - Outpatient Care	1	1	45,000.00		275.50	9,212.59	35,787.41
4. Case Management (Non Medical)			85,000.00				85,000.00
5. Early Intervention Services							
6. Food Bank / Home Delivered Meals			927.00				927.00
7. Health Insurance							
8. Housing Assistance (Ryan White Title II Only)							
9. Legal Services							
10. Case Management (Medical)							
11. Medical Transportation Services							
12. Mental Health Services							
13. Oral Health Care			25,000.00			565.00	24,435.00
14. Substance Abuse Services - Outpatient							
15. Substance Abuse Services - Residential							
16. Treatment Adherence Services							
Total Direct Care	1	1	175,927.00		275.50	10,006.33	165,920.67

C. PROGRAM SUPPORT - STATE PRIORITIES	Original Amount	Approved Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
20. Quality Assurance	10,349.00		862.41	5,174.46	5,174.54
Total Program Support - State Priorities	10,349.00		862.41	5,174.46	5,174.54
TOTAL SECTIONS A, B AND C	206,973.00		2,862.66	25,529.29	181,443.71

D. ADVANCE(S) INFORMATION		Total Contract Amount
Total Advances	0.00	206,973.00
Previous Reductions		Expenditures Year -To-Date 25,529.29
Current Reductions		UNPAID Advances
Remaining Advances		Balance to Draw 181,443.71
Total Expenditures This Period		2,862.66
Less Advances Paid This Period		
AMOUNT OF FUNDS REQUESTED THIS REPORT		2,862.66
Type of Request:		Regular X
		Final

Provider Agency Name and Address:

Health Planning Council of Northeast Florida
 644 Cesery Blvd. #210
 Jacksonville, FL 32211

DEPARTMENT OF HEALTH
GENERAL REVENUE
 Monthly Expenditure and Reimbursement Report

From: 11-01-2009 to 11-30-2009

Contract No. CODR4
 FY 2009-2010



Preparer's Name: James Allen

Phone Number: (904) 723-2162 Ext. 107

A. ADMINISTRATIVE BUDGET

	Original Amount	Approved Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
Total Administrative Budget	<u>20,697.00</u>		<u>1,724.75</u>	<u>8,623.75</u>	<u>12,073.25</u>

B. DIRECT CARE 7105-7350	Number of Clients Served	Number of Units of Service	Original Amount	Approved Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
2. AIDS Pharmaceutical Assistance (Local)			20,000.00			228.74	19,771.26
3. Ambulatory - Outpatient Care	1	1	45,000.00		467.50	8,937.09	36,062.91
4. Case Management (Non Medical)			85,000.00				85,000.00
5. Early Intervention Services							
6. Food Bank / Home Delivered Meals			927.00				927.00
7. Health Insurance							
8. Housing Assistance (Ryan White Title II Only)							
9. Legal Services							
10. Case Management (Medical)							
11. Medical Transportation Services							
12. Mental Health Services							
13. Oral Health Care			25,000.00			565.00	24,435.00
14. Substance Abuse Services - Outpatient							
15. Substance Abuse Services - Residential							
16. Treatment Adherence Services							
Total Direct Care	<u>1</u>	<u>1</u>	<u>175,927.00</u>		<u>467.50</u>	<u>9,730.83</u>	<u>166,196.17</u>

C. PROGRAM SUPPORT - STATE PRIORITIES

20. Quality Assurance	10,349.00		862.41	4,312.05	6,036.95
Total Program Support - State Priorities	<u>10,349.00</u>		<u>862.41</u>	<u>4,312.05</u>	<u>6,036.95</u>
TOTAL SECTIONS A, B AND C	<u>206,973.00</u>		<u>3,054.66</u>	<u>22,666.63</u>	<u>184,306.37</u>

D. ADVANCE(S) INFORMATION

Total Advances	<u>0.00</u>	Total Contract Amount	<u>206,973.00</u>
Previous Reductions		Expenditures Year -To-Date	<u>22,666.63</u>
Current Reductions		UNPAID Advances	
Remaining Advances		Balance to Draw	<u>184,306.37</u>
		Total Expenditures This Period	<u>3,054.66</u>
		Less Advances Paid This Period	
		AMOUNT OF FUNDS REQUESTED THIS REPORT	<u>3,054.66</u>
		Type of Request:	
		Regular	X
		Final	

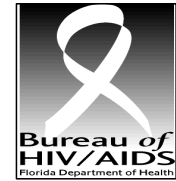
Provider Agency Name and Address:

Health Planning Council of Northeast Florida
 644 Cesery Blvd. #210
 Jacksonville, FL 32211

DEPARTMENT OF HEALTH
GENERAL REVENUE
 Monthly Expenditure and Reimbursement Report

From: 10-01-2009 to 10-31-2009

Contract No. CODR4
 FY 2009-2010



Preparer's Name: James Allen

Phone Number: (904) 723-2162 Ext. 107

A. ADMINISTRATIVE BUDGET

	Original Amount	Approved Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
Total Administrative Budget	<u>20,697.00</u>		<u>1,724.75</u>	<u>6,899.00</u>	<u>13,798.00</u>

B. DIRECT CARE 7105-7350	Number of Clients Served	Number of Units of Service	Original Amount	Approved Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
2. AIDS Pharmaceutical Assistance (Local)			20,000.00			228.74	19,771.26
3. Ambulatory - Outpatient Care	1	1	45,000.00		362.50	8,469.59	36,530.41
4. Case Management (Non Medical)			85,000.00				85,000.00
5. Early Intervention Services							
6. Food Bank / Home Delivered Meals			927.00				927.00
7. Health Insurance							
8. Housing Assistance (Ryan White Title II Only)							
9. Legal Services							
10. Case Management (Medical)							
11. Medical Transportation Services							
12. Mental Health Services							
13. Oral Health Care			25,000.00			565.00	24,435.00
14. Substance Abuse Services - Outpatient							
15. Substance Abuse Services - Residential							
16. Treatment Adherence Services							
Total Direct Care	<u>1</u>	<u>1</u>	<u>175,927.00</u>		<u>362.50</u>	<u>9,263.33</u>	<u>166,663.67</u>

C. PROGRAM SUPPORT - STATE PRIORITIES

20. Quality Assurance	10,349.00		862.41	3,449.64	6,899.36
Total Program Support - State Priorities	<u>10,349.00</u>		<u>862.41</u>	<u>3,449.64</u>	<u>6,899.36</u>
TOTAL SECTIONS A, B AND C	<u>206,973.00</u>		<u>2,949.66</u>	<u>19,611.97</u>	<u>187,361.03</u>

D. ADVANCE(S) INFORMATION

Total Advances	<u>0.00</u>	Total Contract Amount	<u>206,973.00</u>
Previous Reductions		Expenditures Year -To-Date	<u>19,611.97</u>
Current Reductions		UNPAID Advances	
Remaining Advances		Balance to Draw	<u>187,361.03</u>
Total Expenditures This Period		2,949.66	Type of Request:
Less Advances Paid This Period			Regular X
AMOUNT OF FUNDS REQUESTED THIS REPORT		<u>2,949.66</u>	Final

Provider Agency Name and Address:

Health Planning Council of Northeast Florida
 644 Cesery Blvd. #210
 Jacksonville, FL 32211

DEPARTMENT OF HEALTH
GENERAL REVENUE
 Monthly Expenditure and Reimbursement Report

From: 09-01-2009 to 09-30-2009

Contract No. CODR4
 FY 2009-2010



Preparer's Name: James Allen

Phone Number: (904) 723-2162 Ext. 107

A. ADMINISTRATIVE BUDGET

	Original Amount	Approved Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
Total Administrative Budget	20,697.00		1,724.75	5,174.25	15,522.75

B. DIRECT CARE 7105-7350	Number of Clients Served	Number of Units of Service	Original Amount	Approved Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
2. AIDS Pharmaceutical Assistance (Local)	1	2	20,000.00		393.74	228.74	19,771.26
3. Ambulatory - Outpatient Care			45,000.00			8,107.09	36,892.91
4. Case Management (Non Medical)			85,000.00				85,000.00
5. Early Intervention Services							
6. Food Bank / Home Delivered Meals			927.00				927.00
7. Health Insurance							
8. Housing Assistance (Ryan White Title II Only)							
9. Legal Services							
10. Case Management (Medical)							
11. Medical Transportation Services							
12. Mental Health Services							
13. Oral Health Care			25,000.00			565.00	24,435.00
14. Substance Abuse Services - Outpatient							
15. Substance Abuse Services - Residential							
16. Treatment Adherence Services							
Total Direct Care	1	2	175,927.00		393.74	8,900.83	167,026.17

C. PROGRAM SUPPORT - STATE PRIORITIES

20. Quality Assurance	10,349.00		862.41	2,587.23	7,761.77
Total Program Support - State Priorities	10,349.00		862.41	2,587.23	7,761.77
TOTAL SECTIONS A, B AND C	206,973.00		2,980.90	16,662.31	190,310.69

D. ADVANCE(S) INFORMATION

Total Advances	0.00	Total Contract Amount	206,973.00
Previous Reductions		Expenditures Year -To-Date	16,662.31
Current Reductions		UNPAID Advances	
Remaining Advances		Balance to Draw	190,310.69
Total Expenditures This Period		2,980.90	Type of Request:
Less Advances Paid This Period			Regular X
AMOUNT OF FUNDS REQUESTED THIS REPORT		2,980.90	Final

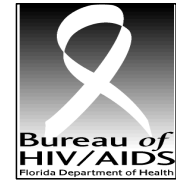
Provider Agency Name and Address:

Health Planning Council of Northeast Florida
 644 Cesery Blvd. #210
 Jacksonville, FL 32211

DEPARTMENT OF HEALTH
GENERAL REVENUE
 Monthly Expenditure and Reimbursement Report

From: 08-01-2009 to 08-31-2009

Contract No. CODR4
 FY 2009-2010



Preparer's Name: James Allen

Phone Number: (904) 723-2162 Ext. 107

A. ADMINISTRATIVE BUDGET

	Original Amount	Approved Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
Total Administrative Budget	<u>20,697.00</u>		<u>1,724.75</u>	<u>3,449.50</u>	<u>17,247.50</u>

B. DIRECT CARE 7105-7350	Number of Clients Served	Number of Units of Service	Original Amount	Approved Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
2. AIDS Pharmaceutical Assistance (Local)			20,000.00			(165.00)	20,165.00
3. Ambulatory - Outpatient Care	22	27	45,000.00		6,611.50	8,107.09	36,892.91
4. Case Management (Non Medical)			85,000.00				85,000.00
5. Early Intervention Services							
6. Food Bank / Home Delivered Meals			927.00				927.00
7. Health Insurance							
8. Housing Assistance (Ryan White Title II Only)							
9. Legal Services							
10. Case Management (Medical)							
11. Medical Transportation Services							
12. Mental Health Services							
13. Oral Health Care	1	1	25,000.00		565.00	565.00	24,435.00
14. Substance Abuse Services - Outpatient							
15. Substance Abuse Services - Residential							
16. Treatment Adherence Services							
Total Direct Care	<u>23</u>	<u>28</u>	<u>175,927.00</u>		<u>7,176.50</u>	<u>8,507.09</u>	<u>167,419.91</u>

C. PROGRAM SUPPORT - STATE PRIORITIES

20. Quality Assurance	10,349.00		862.41	1,724.82	8,624.18
Total Program Support - State Priorities	<u>10,349.00</u>		<u>862.41</u>	<u>1,724.82</u>	<u>8,624.18</u>
TOTAL SECTIONS A, B AND C	<u>206,973.00</u>		<u>9,763.66</u>	<u>13,681.41</u>	<u>193,291.59</u>

D. ADVANCE(S) INFORMATION

Total Advances	<u>0.00</u>	Total Contract Amount	<u>206,973.00</u>
Previous Reductions		Expenditures Year -To-Date	<u>13,681.41</u>
Current Reductions		UNPAID Advances	
Remaining Advances		Balance to Draw	<u>193,291.59</u>
Total Expenditures This Period		<u>9,763.66</u>	Type of Request:
Less Advances Paid This Period			Regular X
AMOUNT OF FUNDS REQUESTED THIS REPORT		<u>9,763.66</u>	Final

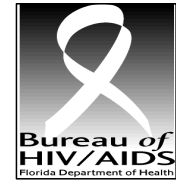
Provider Agency Name and Address:

Health Planning Council of Northeast Florida
 644 Cesery Blvd. #210
 Jacksonville, FL 32211

DEPARTMENT OF HEALTH
GENERAL REVENUE
 Monthly Expenditure and Reimbursement Report

From: 07-01-2009 to 07-31-09

Contract No. CODR4
 FY 2009-2010



Preparer's Name: James Allen

Phone Number: (904) 723-2162 Ext. 107

A. ADMINISTRATIVE BUDGET

	Original Amount	Approved Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
Total Administrative Budget	20,697.00		1,724.75	1,724.75	18,972.25

B. DIRECT CARE 7105-7350	Number of Clients Served	Number of Units of Service	Original Amount	Approved Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
2. AIDS Pharmaceutical Assistance (Local)			20,000.00		(165.00)	(165.00)	20,165.00
3. Ambulatory - Outpatient Care	11	11	45,000.00		1,495.59	1,495.59	43,504.41
4. Case Management (Non Medical)			85,000.00				85,000.00
5. Early Intervention Services							
6. Food Bank / Home Delivered Meals			927.00				927.00
7. Health Insurance							
8. Housing Assistance (Ryan White Title II Only)							
9. Legal Services							
10. Case Management (Medical)							
11. Medical Transportation Services							
12. Mental Health Services							
13. Oral Health Care			25,000.00				25,000.00
14. Substance Abuse Services - Outpatient							
15. Substance Abuse Services - Residential							
16. Treatment Adherence Services							
Total Direct Care	11	11	175,927.00		1,330.59	1,330.59	174,596.41

C. PROGRAM SUPPORT - STATE PRIORITIES

20. Quality Assurance	10,349.00		862.41	862.41	9,486.59
Total Program Support - State Priorities	10,349.00		862.41	862.41	9,486.59
TOTAL SECTIONS A, B AND C	206,973.00		3,917.75	3,917.75	203,055.25

D. ADVANCE(S) INFORMATION

Total Advances	0.00	Total Contract Amount	206,973.00
Previous Reductions		Expenditures Year -To-Date	3,917.75
Current Reductions		UNPAID Advances	
Remaining Advances		Balance to Draw	203,055.25
		Total Expenditures This Period	3,917.75
		Less Advances Paid This Period	
		AMOUNT OF FUNDS REQUESTED THIS REPORT	3,917.75
		Type of Request:	
		Regular	X
		Final	

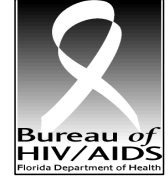
Provider Agency Name and Address:

Health Planning Council of Northeast Florida
 644 Cesery Blvd. #210
 Jacksonville, FL 32211

DEPARTMENT OF HEALTH
 PATIENT CARE NETWORK - GENERAL REVENUE
 Monthly Expenditure and Reimbursement Report

From: 06-01-2009 to 06-30-09

Contract No. CODK1



Preparer's Name: James Allen

Phone Number: (904) 723-2162 Ext. 107

FINAL

A. ADMINISTRATIVE BUDGET

	Original Amount	Approved Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
Total Administrative Budget		16,298.00	1,339.27	16,298.00	

B. DIRECT CARE 7105-7350

	Number of Clients Served	Number of Units of Service	Original Amount	Approved Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
2. AIDS Pharmaceutical Assistance (Local)	71	494		19,200.00	13,909.08	19,193.66	6.34
3. Ambulatory - Outpatient Care	67	124		57,600.00	13,859.63	57,540.95	59.05
4. Case Management (Non Medical)							
5. Early Intervention Services							
6. Food Bank / Home Delivered Meals				960.00		900.00	60.00
7. Health Insurance							
8. Housing Assistance (Ryan White Title II Only)							
9. Legal Services							
10. Case Management (Medical)							
11. Medical Transportation Services				595.00		456.00	139.00
12. Mental Health Services				960.00		953.33	6.67
13. Oral Health Care	17	18		28,800.00	8,056.00	28,766.00	34.00
14. Substance Abuse Services - Outpatient	1	1		960.00	60.00	125.00	835.00
15. Substance Abuse Services - Residential							
16. Treatment Adherence Services							
Total Direct Care	156	637		109,075.00	35,884.71	107,934.94	1,140.06

C. PROGRAM SUPPORT - STATE PRIORITIES

17. Outcome Assessment							
18. Planning and Development							
19. Program Evaluation							
20. Quality Assurance							
21. Technical Assistance							

Total Program Support - State Priorities

TOTAL SECTIONS A, B AND C

	125,373.00	37,223.98	124,232.94	1,140.06
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D. ADVANCE(S) INFORMATION

Total Advances	_____	Total Contract Amount	125,373.00
Previous Reductions	_____	Expenditures Year -To-Date	124,232.94
Current Reductions	_____	UNPAID Advances	
Remaining Advances	_____	Balance to Draw	1,140.06

Total Expenditures This Period	37,223.98	Type of Request:	
Less Advances Paid This Period		Regular	_____
AMOUNT OF FUNDS REQUESTED THIS REPORT	37,223.98	Final	X

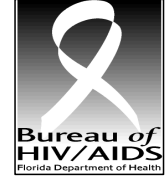
Provider Agency Name and Address:

Health Planning Council of Northeast Florida
 644 Cesery Blvd. #210
 Jacksonville, FL 32211

DEPARTMENT OF HEALTH
 PATIENT CARE NETWORK - GENERAL REVENUE
 Monthly Expenditure and Reimbursement Report

From: 05-01-2009 to 05-31-09

Contract No. CODK1



Preparer's Name: James Allen
 Phone Number: (904) 723-2162 Ext. 107

A. ADMINISTRATIVE BUDGET

	Original Amount	Approved Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
Total Administrative Budget		16,298.00	1,339.31	14,958.73	1,339.27

B. DIRECT CARE 7105-7350

	Number of Clients Served	Number of Units of Service	Original Amount	Approved Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
2. AIDS Pharmaceutical Assistance (Local)	27	105		19,200.00	5,133.54	5,284.58	13,915.42
3. Ambulatory - Outpatient Care	145	253		57,600.00	32,488.78	43,681.32	13,918.68
4. Case Management (Non Medical)							
5. Early Intervention Services							
6. Food Bank / Home Delivered Meals				960.00		900.00	60.00
7. Health Insurance							
8. Housing Assistance (Ryan White Title II Only)							
9. Legal Services							
10. Case Management (Medical)							
11. Medical Transportation Services	2	2		595.00	456.00	456.00	139.00
12. Mental Health Services				960.00		953.33	6.67
13. Oral Health Care	39	54		28,800.00	18,675.00	20,710.00	8,090.00
14. Substance Abuse Services - Outpatient				960.00		65.00	895.00
15. Substance Abuse Services - Residential							
16. Treatment Adherence Services							
Total Direct Care	213	414		109,075.00	56,753.32	72,050.23	37,024.77

C. PROGRAM SUPPORT - STATE PRIORITIES

17. Outcome Assessment							
18. Planning and Development							
19. Program Evaluation							
20. Quality Assurance							
21. Technical Assistance							
Total Program Support - State Priorities							

TOTAL SECTIONS A, B AND C

			125,373.00	58,092.63	87,008.96	38,364.04
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D. ADVANCE(S) INFORMATION

Total Advances _____
 Previous Reductions _____
 Current Reductions _____
 Remaining Advances _____

Total Contract Amount 125,373.00
 Expenditures Year -To-Date 87,008.96
 UNPAID Advances
 Balance to Draw 38,364.04

Total Expenditures This Period **58,092.63**
 Less Advances Paid This Period _____
AMOUNT OF FUNDS REQUESTED THIS REPORT 58,092.63

Type of Request:
 Regular **X**
 Final _____