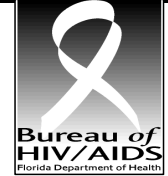


**DEPARTMENT OF HEALTH**  
**CONSORTIA - RYAN WHITE TITLE II**  
 Monthly Expenditure and Reimbursement Report



Provider Agency Name and Address:

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

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

Contract No. CODP8  
 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
<b>Total Administrative Budget</b>	189,262.00		<b>15,771.91</b>	110,403.13	78,858.87

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)	99	489	331,053.00		19,391.97	83,073.60	247,979.40
3. Ambulatory - Outpatient Care	159	241	364,600.00		34,886.33	114,141.42	250,458.58
4. Case Management (Non Medical)	191	191	50,000.00		13,333.33	39,999.99	10,000.01
5. Early Intervention Services	57	673	50,000.00		7,493.33	34,959.99	15,040.01
6. Food Bank / Home Delivered Meals			18,838.00			9,500.00	9,338.00
7. Health Insurance	29	36	109,886.00		12,154.83	64,835.61	45,050.39
8. Housing Assistance (Ryan White Title II Only)			10,347.00			1,307.16	9,039.84
9. Legal Services			161.00				161.00
10. Case Management (Medical)	226	801	355,355.00		29,583.33	177,499.98	177,855.02
11. Medical Transportation Services	4	8	15,698.00		1,574.00	4,676.00	11,022.00
12. Mental Health Services	19	26	31,396.00		2,510.12	15,882.63	15,513.37
13. Oral Health Care	26	37	211,922.00		10,349.20	73,035.20	138,886.80
14. Substance Abuse Services - Outpatient			3,217.00			140.00	3,077.00
15. Substance Abuse Services - Residential			1,570.00				1,570.00
16. Treatment Adherence Services	1	1	54,697.00		4,558.08	27,348.48	27,348.52
<b>Total Direct Care</b>	<b>811</b>	<b>2,503</b>	<b>1,608,740.00</b>		<b>135,834.52</b>	<b>646,400.06</b>	<b>962,339.94</b>

**C. PROGRAM SUPPORT - STATE PRIORITIES**

17. Outcome Assessment	23,712.00		<b>1,976.00</b>	13,832.00	9,880.00
18. Planning and Development	13,306.00		<b>1,108.83</b>	7,761.81	5,544.19
19. Program Evaluation	20,013.00		<b>1,667.75</b>	11,674.25	8,338.75
20. Quality Assurance	9,422.00		<b>785.17</b>	5,496.19	3,925.81
21. Technical Assistance	28,179.00		2,348.16	<b>16,437.39</b>	11,741.61
<b>Total Program Support - State Priorities</b>	<b>94,632.00</b>		<b>7,885.91</b>	55,201.64	39,430.36

**TOTAL SECTIONS A, B AND C**

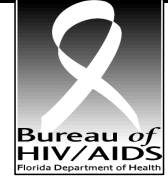
<b>1,892,634.00</b>		<b>159,492.34</b>	<b>812,004.83</b>	<b>1,080,629.17</b>
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**D. ADVANCE(S) INFORMATION**

Total Advances	315,438.00	Total Contract Amount	1,892,634.00
Previous Reductions		Expenditures Year-To-Date	812,004.83
Current Reductions		UNPAID Advances	315,438.00
Remaining Advances	315,438.00	Balance to Draw	765,191.17

Total Expenditures This Period	<b>159,492.34</b>	Type of Request:	
Less Advances Paid This Period		Regular	<b>X</b>
<b>AMOUNT OF FUNDS REQUESTED THIS REPORT</b>	<b>159,492.34</b>	Final	

**DEPARTMENT OF HEALTH**  
**CONSORTIA - RYAN WHITE TITLE II**  
 Monthly Expenditure and Reimbursement Report



Provider Agency Name and Address:

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

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

Contract No. CODP8  
 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
<b>Total Administrative Budget</b>	189,262.00		<b>15,771.91</b>	94,631.22	94,630.78

	Number of Clients Served	Number of Units of Service	Original Amount	Approved Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
<b>B. DIRECT CARE 7105 - 7350</b>							
2. AIDS Pharmaceutical Assistance (Local)	108	573	331,053.00		20,760.91	63,681.63	267,371.37
3. Ambulatory - Outpatient Care	143	233	364,600.00		34,293.23	79,255.09	285,344.91
4. Case Management (Non Medical)	159	159	50,000.00		13,333.33	26,666.66	23,333.34
5. Early Intervention Services	131	1,625	50,000.00		15,813.33	27,466.66	22,533.34
6. Food Bank / Home Delivered Meals			18,838.00			9,500.00	9,338.00
7. Health Insurance	29	42	109,886.00		9,834.06	52,680.78	57,205.22
8. Housing Assistance (Ryan White Title II Only)			10,347.00			1,307.16	9,039.84
9. Legal Services			161.00				161.00
10. Case Management (Medical)	248	904	355,355.00		29,583.33	147,916.65	207,438.35
11. Medical Transportation Services	4	15	15,698.00		2,030.00	3,102.00	12,596.00
12. Mental Health Services	23	36	31,396.00		3,000.99	13,372.51	18,023.49
13. Oral Health Care	36	50	211,922.00		12,874.80	62,686.00	149,236.00
14. Substance Abuse Services - Outpatient			3,217.00			140.00	3,077.00
15. Substance Abuse Services - Residential			1,570.00				1,570.00
16. Treatment Adherence Services	1	1	54,697.00		4,558.08	22,790.40	31,906.60
<b>Total Direct Care</b>	<b>882</b>	<b>3,638</b>	<b>1,608,740.00</b>		<b>146,082.06</b>	<b>510,565.54</b>	<b>1,098,174.46</b>

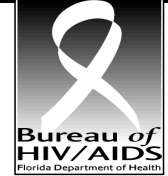
**C. PROGRAM SUPPORT - STATE PRIORITIES**

17. Outcome Assessment	23,712.00		<b>1,976.00</b>	11,856.00	11,856.00
18. Planning and Development	13,306.00		<b>1,108.83</b>	6,652.98	6,653.02
19. Program Evaluation	20,013.00		<b>1,667.75</b>	10,006.50	10,006.50
20. Quality Assurance	9,422.00		<b>785.17</b>	4,711.02	4,710.98
21. Technical Assistance	28,179.00		2,348.16	<b>14,089.23</b>	14,089.77
<b>Total Program Support - State Priorities</b>	<b>94,632.00</b>		<b>7,885.91</b>	47,315.73	47,316.27
<b>TOTAL SECTIONS A, B AND C</b>	<b>1,892,634.00</b>		<b>169,739.88</b>	<b>652,512.49</b>	<b>1,240,121.51</b>

**D. ADVANCE(S) INFORMATION**

Total Advances	315,438.00	Total Contract Amount	1,892,634.00
Previous Reductions		Expenditures Year -To-Date	652,512.49
Current Reductions		UNPAID Advances	315,438.00
Remaining Advances	315,438.00	Balance to Draw	924,683.51
		Total Expenditures This Period	<b>169,739.88</b>
		Less Advances Paid This Period	
		<b>AMOUNT OF FUNDS REQUESTED THIS REPORT</b>	<b>169,739.88</b>
		Type of Request:	
		Regular	<b>X</b>
		Final	

**DEPARTMENT OF HEALTH**  
**CONSORTIA - RYAN WHITE TITLE II**  
 Monthly Expenditure and Reimbursement Report



Provider Agency Name and Address:

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

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

Contract No. CODP8  
 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
<b>Total Administrative Budget</b>	189,262.00		<b>15,771.91</b>	78,859.31	110,402.69

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)	81	500	331,053.00		22,272.10	42,920.72	288,132.28
3. Ambulatory - Outpatient Care	85	116	364,600.00		10,752.32	44,961.86	319,638.14
4. Case Management (Non Medical)	229	229	50,000.00		5,013.33	13,333.33	36,666.67
5. Early Intervention Services	2	3	50,000.00		11,653.33	11,653.33	38,346.67
6. Food Bank / Home Delivered Meals			18,838.00			9,500.00	9,338.00
7. Health Insurance	23	31	109,886.00		7,185.89	42,846.72	67,039.28
8. Housing Assistance (Ryan White Title II Only)			10,347.00			1,307.16	9,039.84
9. Legal Services			161.00				161.00
10. Case Management (Medical)	315	315	355,355.00		29,583.33	118,333.32	237,021.68
11. Medical Transportation Services			15,698.00			1,072.00	14,626.00
12. Mental Health Services	19	22	31,396.00		2,466.12	10,371.52	21,024.48
13. Oral Health Care	32	45	211,922.00		13,124.00	49,811.20	162,110.80
14. Substance Abuse Services - Outpatient	1	2	3,217.00		90.00	140.00	3,077.00
15. Substance Abuse Services - Residential			1,570.00				1,570.00
16. Treatment Adherence Services	1	1	54,697.00		4,558.08	18,232.32	36,464.68
<b>Total Direct Care</b>	<b>788</b>	<b>1,264</b>	<b>1,608,740.00</b>		<b>106,698.50</b>	<b>364,483.48</b>	<b>1,244,256.52</b>

**C. PROGRAM SUPPORT - STATE PRIORITIES**

17. Outcome Assessment	23,712.00		<b>1,976.00</b>	9,880.00	13,832.00
18. Planning and Development	13,306.00		<b>1,108.83</b>	5,544.15	7,761.85
19. Program Evaluation	20,013.00		<b>1,667.75</b>	8,338.75	11,674.25
20. Quality Assurance	9,422.00		<b>785.17</b>	3,925.85	5,496.15
21. Technical Assistance	28,179.00		2,348.16	<b>11,741.07</b>	16,437.93
<b>Total Program Support - State Priorities</b>	<b>94,632.00</b>		<b>7,885.91</b>	39,429.82	55,202.18

**TOTAL SECTIONS A, B AND C**

<b>1,892,634.00</b>		<b>130,356.32</b>	<b>482,772.61</b>	<b>1,409,861.39</b>
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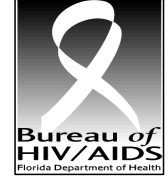
**D. ADVANCE(S) INFORMATION**

Total Advances	315,438.00	Total Contract Amount	1,892,634.00
Previous Reductions		Expenditures Year -To-Date	482,772.61
Current Reductions		UNPAID Advances	315,438.00
Remaining Advances	315,438.00	Balance to Draw	1,094,423.39
Total Expenditures This Period		<b>130,356.32</b>	Type of Request:
Less Advances Paid This Period			Regular
<b>AMOUNT OF FUNDS REQUESTED THIS REPORT</b>		<b>130,356.32</b>	Final
			<b>X</b>

Provider Agency Name and Address:

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

DEPARTMENT OF HEALTH  
**CONSORTIA - RYAN WHITE TITLE II**  
 Monthly Expenditure and Reimbursement Report



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

Contract No. CODP8  
 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
<b>Total Administrative Budget</b>	189,262.00		<b>15,771.91</b>	63,087.40	126,174.60

**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)	58	242	331,053.00		10,246.39	20,648.62	310,404.38
3. Ambulatory - Outpatient Care	110	147	364,600.00		24,402.89	34,209.54	330,390.46
4. Case Management (Non Medical)			50,000.00			8,320.00	41,680.00
5. Early Intervention Services			50,000.00				50,000.00
6. Food Bank / Home Delivered Meals			18,838.00			9,500.00	9,338.00
7. Health Insurance	23	41	109,886.00		12,513.99	35,660.83	74,225.17
8. Housing Assistance (Ryan White Title II Only)			10,347.00			1,307.16	9,039.84
9. Legal Services			161.00				161.00
10. Case Management (Medical)	319	319	355,355.00		29,583.33	88,749.99	266,605.01
11. Medical Transportation Services	4	11	15,698.00		1,072.00	1,072.00	14,626.00
12. Mental Health Services	18	30	31,396.00		2,375.75	7,905.40	23,490.60
13. Oral Health Care	37	53	211,922.00		16,433.70	36,687.20	175,234.80
14. Substance Abuse Services - Outpatient			3,217.00			50.00	3,167.00
15. Substance Abuse Services - Residential			1,570.00				1,570.00
16. Treatment Adherence Services	3	3	54,697.00		13,674.24	13,674.24	41,022.76
<b>Total Direct Care</b>	<b>572</b>	<b>846</b>	<b>1,608,740.00</b>		<b>110,302.29</b>	<b>257,784.98</b>	<b>1,350,955.02</b>

**C. PROGRAM SUPPORT - STATE PRIORITIES**

17. Outcome Assessment		23,712.00		<b>1,976.00</b>	7,904.00	15,808.00
18. Planning and Development		13,306.00		<b>1,108.83</b>	4,435.32	8,870.68
19. Program Evaluation		20,013.00		<b>1,667.75</b>	6,671.00	13,342.00
20. Quality Assurance		9,422.00		<b>785.17</b>	3,140.68	6,281.32
21. Technical Assistance		28,179.00			9,392.91	18,786.09
<b>Total Program Support - State Priorities</b>		<b>94,632.00</b>		<b>7,885.91</b>	<b>31,543.91</b>	<b>63,088.09</b>
<b>TOTAL SECTIONS A, B AND C</b>		<b>1,892,634.00</b>		<b>133,960.11</b>	<b>352,416.29</b>	<b>1,540,217.71</b>

**D. ADVANCE(S) INFORMATION**

Total Advances	315,438.00
Previous Reductions	
Current Reductions	
Remaining Advances	315,438.00

Total Contract Amount	1,892,634.00
Expenditures Year -To-Date	352,416.29
UNPAID Advances	315,438.00
Balance to Draw	1,224,779.71

Total Expenditures This Period	<b>133,960.11</b>
Less Advances Paid This Period	
<b>AMOUNT OF FUNDS REQUESTED THIS REPORT</b>	<b>133,960.11</b>

Type of Request:	
Regular	<b>X</b>
Final	

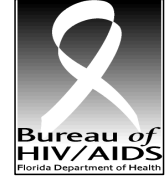
Provider Agency Name and Address:

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

DEPARTMENT OF HEALTH  
 CONSORTIA - RYAN WHITE TITLE II  
 Monthly Expenditure and Reimbursement Report

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

Contract No. CODP8



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
<b>Total Administrative Budget</b>		189262.00	15771.83	47315.49	141946.51

**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)	39	111		331,053.00	6,184.85	10,402.23	320,650.77
3. Ambulatory - Outpatient Care	53	66		364,600.00	7,807.00	9,806.65	354,793.35
4. Case Management (Non Medical)	49	1,040		50,000.00	8,320.00	8,320.00	41,680.00
5. Early Intervention Services				50,000.00			50,000.00
6. Food Bank / Home Delivered Meals	500	500		18,838.00	9,500.00	9,500.00	9,338.00
7. Health Insurance	15	28		109,886.00	4,014.90	23,146.84	86,739.16
8. Housing Assistance (Ryan White Title II Only)				10,347.00		1,307.16	9,039.84
9. Legal Services				161.00			161.00
10. Case Management (Medical)	1,899	1,899		355,355.00	42,945.66	59,166.66	296,188.34
11. Medical Transportation Services				15,698.00			15,698.00
12. Mental Health Services	18	20		31,396.00	2,340.00	5,529.65	25,866.35
13. Oral Health Care	30	43		211,922.00	15,503.50	20,253.50	191,668.50
14. Substance Abuse Services - Outpatient				3,217.00		50.00	3,167.00
15. Substance Abuse Services - Residential				1,570.00			1,570.00
16. Treatment Adherence Services				54,697.00			54,697.00
<b>Total Direct Care</b>	<b>2,603</b>	<b>3,707</b>		<b>1,608,740.00</b>	<b>96,615.91</b>	<b>147,482.69</b>	<b>1,461,257.31</b>

**C. PROGRAM SUPPORT - STATE PRIORITIES**

17. Outcome Assessment				23,712.00	1,976.00	5,928.00	17,784.00
18. Planning and Development				13,306.00	1,108.83	3,326.49	9,979.51
19. Program Evaluation				20,013.00	1,667.75	5,003.25	15,009.75
20. Quality Assurance				9,422.00	785.17	2,355.51	7,066.49
21. Technical Assistance				28,179.00	2,348.25	7,044.75	21,134.25
<b>Total Program Support - State Priorities</b>				<b>94,632.00</b>	<b>7,886.00 #</b>	<b>23,658.00</b>	<b>70,974.00</b>
<b>TOTAL SECTIONS A, B AND C</b>				<b>1,892,634.00</b>	<b>120,273.74</b>	<b>218,456.18</b>	<b>1,674,177.82</b>

**D. ADVANCE(S) INFORMATION**

Total Advances	315,438.00
Previous Reductions	
Current Reductions	
Remaining Advances	315,438.00

Total Contract Amount	1,892,634.00
Expenditures Year -To-Date	218,456.18
UNPAID Advances	315,438.00
Balance to Draw	1,358,739.82

Total Expenditures This Period **120,273.74**  
 Less Advances Paid This Period  
**AMOUNT OF FUNDS REQUESTED THIS REPORT 120,273.74**

Type of Request:  
 Regular **X**  
 Final

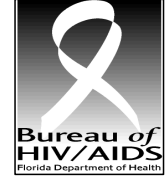
Provider Agency Name and Address:

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

DEPARTMENT OF HEALTH  
 CONSORTIA - RYAN WHITE TITLE II  
 Monthly Expenditure and Reimbursement Report

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

Contract No. CODP8



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
<b>Total Administrative Budget</b>		189,262.00	15,771.83	31,543.66	157,718.34

**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)	28	108		331,053.00	3,230.37	4,217.38	326,835.62
3. Ambulatory - Outpatient Care	2	2		364,600.00	154.46	1,999.65	362,600.35
4. Case Management (Non Medical)				50,000.00			50,000.00
5. Early Intervention Services				50,000.00			50,000.00
6. Food Bank / Home Delivered Meals				18,838.00			18,838.00
7. Health Insurance	17	27		109,886.00	8,204.60	19,131.94	90,754.06
8. Housing Assistance (Ryan White Title II Only)	1	1		10,347.00	1,307.16	1,307.16	9,039.84
9. Legal Services				161.00			161.00
10. Case Management (Medical)	319	1,594		355,355.00	16,221.00	16,221.00	339,134.00
11. Medical Transportation Services				15,698.00			15,698.00
12. Mental Health Services	20	28		31,396.00	2,229.65	3,189.65	28,206.35
13. Oral Health Care				211,922.00		4,750.00	207,172.00
14. Substance Abuse Services - Outpatient	1	1		3,217.00	50.00	50.00	3,167.00
15. Substance Abuse Services - Residential				1,570.00			1,570.00
16. Treatment Adherence Services				54,697.00			54,697.00
<b>Total Direct Care</b>	<b>388</b>	<b>1,761</b>		<b>1,608,740.00</b>	<b>31,397.24</b>	<b>50,866.78</b>	<b>1,557,873.22</b>

**C. PROGRAM SUPPORT - STATE PRIORITIES**

17. Outcome Assessment				23,712.00	1,976.00	3,952.00	19,760.00
18. Planning and Development				13,306.00	1,108.83	2,217.66	11,088.34
19. Program Evaluation				20,013.00	1,667.75	3,335.50	16,677.50
20. Quality Assurance				9,422.00	785.17	1,570.34	7,851.66
21. Technical Assistance				28,179.00	2,348.25	4,696.50	23,482.50
<b>Total Program Support - State Priorities</b>				<b>94,632.00</b>	<b>7,886.00</b>	<b>15,772.00</b>	<b>78,860.00</b>

**TOTAL SECTIONS A, B AND C**

	<b>1,892,634.00</b>	<b>55,055.07</b>	<b>98,182.44</b>	<b>1,794,451.56</b>
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**D. ADVANCE(S) INFORMATION**

Total Advances	315,438.00
Previous Reductions	
Current Reductions	
Remaining Advances	315,438.00

Total Contract Amount	1,892,634.00
Expenditures Year -To-Date	98,182.44
UNPAID Advances	315,438.00
Balance to Draw	1,479,013.56

Total Expenditures This Period	<b>55,055.07</b>
Less Advances Paid This Period	
<b>AMOUNT OF FUNDS REQUESTED THIS REPORT</b>	<b>55,055.07</b>

Type of Request:	
Regular	<b>X</b>
Final	

**DEPARTMENT OF HEALTH  
CONSORTIA - RYAN WHITE TITLE II  
Monthly Expenditure and Reimbursement Report**



Provider Agency Name and Address:

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

From: 04-01-2009 to 04-30-09

Contract No. CODP8

Preparer's Name: James Allen  
Phone Number: (904) 723-2162 ext. 106

ORG: \_\_\_\_\_

OCA: PTC03

EO: \_\_\_\_\_

**A. ADMINISTRATIVE BUDGET**

	Original Amount	Approved Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
1. Salaries					
2. Fringe Benefits					
3. Travel					
4. Office Expenses					
5. Equipment					
6. Other					
<b>Subtotal Administrative Budget</b>		189,263.00	15,771.92	15,771.92	173,491.08

**B. DIRECT CARE**

	Number of Clients Served	Number of Units of Service	Original Amount	Approved Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
7. Ambulatory - Outpatient Care	12	13		364,600.00	1,845.19	1,845.19	362,754.81
8. Buddy/Companion Services							
9. Case Management							
Case Management (Medical)				355,355.00			355,355.00
10. Case Management (Non Medical)				50,000.00			50,000.00
11. Child Welfare Services							
12. Client Advocacy							
13. Day or Respite Care							
14. AIDS Pharmaceutical Assistance (Local)	4	7		331,053.00	987.01	987.01	330,065.99
15. Early Intervention Services				50,000.00			50,000.00
16. Food Bank / Home Delivered Meals				18,838.00			18,838.00
17. Health Education / Risk Reduction							
18. Health Insurance	16	25		109,886.00	10,927.34	10,927.34	98,958.66
19. Home Health Care							
20. Hospice Services - Home Based							
21. Hospice Services - Residential Care							
22. Housing Assistance (Ryan White Title II Only)				10,347.00			10,347.00
23. Legal Services				161.00			161.00
24. Mental Health Services				31,396.00	961.00	961.00	30,435.00
25. Medical Nutrition Therapy							
26. Oral Health Care				211,922.00	4,750.00	4,750.00	207,172.00
27. Other Health Care (Specify)							
28. Other Support Services							
29. Outreach Services							
30. Permanency Planning							
31. Psychosocial Support Services							
32. Referral							

**DEPARTMENT OF HEALTH  
CONSORTIA - RYAN WHITE TITLE II  
Monthly Expenditure and Reimbursement Report**



Provider Agency Name and Address:

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

From: 04-01-2009 to 04-30-09

Contract No. CDDP8

Preparer's Name: James Allen  
Phone Number: (904) 723-2162 ext.106

ORG: \_\_\_\_\_

OCA: PTC03

EO: \_\_\_\_\_

	Number of Clients Served	Number of Units of Service	Original Amount	Approved Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
<b>Direct Care - Continued:</b>							
33. Rehabilitation Services							
34. Substance Abuse Services - Outpatient				3,217.00			3,217.00
35. Substance Abuse Services - Residential				1,570.00			1,570.00
36. Medical Transportation Services				15,698.00			15,698.00
37. Treatment Adherence Services				54,697.00			54,697.00
<b>Subtotal Direct Care</b>				<b>1,608,740.00</b>	<b>19,470.54</b>	<b>19,470.54</b>	<b>1,589,269.46</b>

**C. PROGRAM SUPPORT - STATE PRIORITIES**

38. Capacity Building							
39. Case Management Coordination							
40. Developing Standards of Care							
41. Evaluation of Cost Effectiveness							
42. Needs Assessment							
43. Other Program Support - State Priorities (Specify)							
44. Outcome Assessment				23,712.00	1,976.00	1,976.00	21,736.00
45. Planning and Development				13,306.00	1,108.83	1,108.83	12,197.17
46. Program Evaluation				20,013.00	1,667.75	1,667.75	18,345.25
47. Quality Assurance				9,422.00	785.17	785.17	8,636.83
48. Technical Assistance				28,179.00	2,348.25	2,348.25	25,830.75
<b>Subtotal Program Support - State Priorities</b>				<b>94,632.00</b>	<b>7,886.00</b>	<b>7,886.00</b>	<b>86,746.00</b>
<b>TOTAL SECTIONS A, B AND C</b>				<b>1,892,635.00</b>	<b>43,128.46</b>	<b>43,128.46</b>	<b>1,849,506.54</b>

**D. ADVANCE(S) INFORMATION**

Total Advances	315,438.00
Previous Reductions	
Current Reductions	
Remaining Advances	315,438.00

Total Contract Amount	1,892,635.00
Expenditures Year -To-Date	43,128.46
UNPAID Advances	315,438.00
Balance to Draw	1,534,068.54

Total Expenditures This Period	<b>43,128.46</b>	Type of Request:	
Less Advances Paid This Period		Regular	<b>X</b>
<b>AMOUNT OF FUNDS REQUESTED THIS REPORT</b>	<b>43,128.46</b>	Final	

I certify that the above report is a true, accurate and correct reflection of the activities of this period; and that the expenditures reported are made only for items which are allowable and directly related to the purpose of this referenced contract.

Signature and Title of Provider Agency Official	Date	Contract Manager's Signature	Date
		Contract Manager's Supervisor Signature	Date

**DEPARTMENT OF HEALTH  
CONSORTIA - RYAN WHITE TITLE II  
Monthly Expenditure and Reimbursement Report**



Provider Agency Name and Address:

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

From: 03-01-2009 to 03-31-09

Contract No. CODG5

Preparer's Name: James Allen  
Phone Number: (904) 723-2162 ext. 106

ORG: \_\_\_\_\_

OCA: PTC03

EO: \_\_\_\_\_

**A. ADMINISTRATIVE BUDGET**

	Original Amount	Approved Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
1. Salaries					
2. Fringe Benefits					
3. Travel					
4. Office Expenses					
5. Equipment					
6. Other					
<b>Subtotal Administrative Budget</b>	<b>167,352.00</b>	<b>178,327.00</b>	<b>15,108.34</b>	<b>178,327.00</b>	

**B. DIRECT CARE**

	Number of Clients Served	Number of Units of Service	Original Amount	Approved Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
7. Ambulatory - Outpatient Care	126	192	324,600.00	384,600.00	39,156.24	356,940.16	27,659.84
8. Buddy/Companion Services							
9. Case Management							
Case Management (Medical)	319	1,892	345,355.00	353,101.00	46,277.46	302,162.60	50,938.40
10. Case Management (Non Medical)			15,698.00	15,680.00		15,680.00	
11. Child Welfare Services							
12. Client Advocacy							
13. Day or Respite Care							
14. AIDS Pharmaceutical Assistance (Local)	135	870	331,053.00	251,053.00	19,132.15	213,973.65	37,079.35
15. Early Intervention Services			157.00				
16. Food Bank / Home Delivered Meals			17,838.00	41,838.00		19,464.50	22,373.50
17. Health Education / Risk Reduction			3,924.00	1,200.00		1,200.00	
18. Health Insurance	12	18	109,886.00	81,886.00	2,794.30	78,616.95	3,269.05
19. Home Health Care			157.00				
20. Hospice Services - Home Based							
21. Hospice Services - Residential Care							
22. Housing Assistance (Ryan White Title II Only)	15	25	157.00	26,778.00	12,092.44	26,506.02	271.98
23. Legal Services							
24. Mental Health Services	36	204	30,396.00	27,748.00	6,827.97	26,912.06	835.94
25. Medical Nutrition Therapy							
26. Oral Health Care	25	36	191,922.00	201,922.00	17,935.00	185,517.95	16,404.05
27. Other Health Care (Specify)							
28. Other Support Services							
29. Outreach Services							
30. Permanency Planning							
31. Psychosocial Support Services	31	1,112	157.00	95,912.00	8,896.00	86,912.00	9,000.00
32. Referral							

**DEPARTMENT OF HEALTH  
CONSORTIA - RYAN WHITE TITLE II  
Monthly Expenditure and Reimbursement Report**



Provider Agency Name and Address:

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

From: 03-01-2009 to 03-31-09

Contract No. CODG5

Preparer's Name: James Allen  
Phone Number: (904) 723-2162 ext.106

ORG: \_\_\_\_\_

OCA: PTC03

EO: \_\_\_\_\_

	Number of Clients Served	Number of Units of Service	Original Amount	Approved Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
<b>Direct Care - Continued:</b>							
33. Rehabilitation Services			157.00				
34. Substance Abuse Services - Outpatient			13,128.00	539.00		538.27	0.73
35. Substance Abuse Services - Residential			1,570.00				
36. Medical Transportation Services	1	2,201	15,077.00	27,076.00	2,673.00	11,886.70	15,189.30
37. Treatment Adherence Services			54,943.00	54,943.00		33,507.00	21,436.00
<b>Subtotal Direct Care</b>			<b>1,456,175.00</b>	<b>1,564,276.00</b>	<b>155,784.56</b>	<b>1,359,817.86</b>	<b>204,458.14</b>

**C. PROGRAM SUPPORT - STATE PRIORITIES**

38. Capacity Building							
39. Case Management Coordination			22,500.00	33,569.00	10,879.15	33,563.58	5.42
40. Developing Standards of Care							
41. Evaluation of Cost Effectiveness							
42. Needs Assessment			2,500.00	2,360.00	139.99	2,359.99	0.01
43. Other Program Support - State Priorities (Specify)							
44. Outcome Assessment							
45. Planning and Development			2,500.00	4,127.00	346.04	3,467.86	659.14
46. Program Evaluation			20,000.00	15,422.00	727.58	15,421.54	0.46
47. Quality Assurance			2,500.00				
48. Technical Assistance							
<b>Subtotal Program Support - State Priorities</b>			<b>50,000.00</b>	<b>55,478.00</b>	<b>12,092.76</b>	<b>54,812.97</b>	<b>665.03</b>
<b>TOTAL SECTIONS A, B AND C</b>			<b>1,673,527.00</b>	<b>1,798,081.00</b>	<b>182,985.66</b>	<b>1,592,957.83</b>	<b>205,123.17</b>

**D. ADVANCE(S) INFORMATION**

Total Advances	139,460.58	Total Contract Amount	1,798,081.00
Previous Reductions	92,973.72	Expenditures Year -To-Date	1,592,957.83
Current Reductions	46,486.86	UNPAID Advances	(0.00)
Remaining Advances	(0.00)	Balance to Draw	205,123.17

Total Expenditures This Period	<b>182,985.66</b>	Type of Request:	
Less Advances Paid This Period	<b>46,486.86</b>	Regular	<b>X</b>
<b>AMOUNT OF FUNDS REQUESTED THIS REPORT</b>	<b>136,498.80</b>	Final	

I certify that the above report is a true, accurate and correct reflection of the activities of this period; and that the expenditures reported are made only for items which are allowable and directly related to the purpose of this referenced contract.

Signature and Title of Provider Agency Official \_\_\_\_\_ Date \_\_\_\_\_ Contract Manager's Signature \_\_\_\_\_ Date \_\_\_\_\_

Contract Manager's Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

**DEPARTMENT OF HEALTH  
CONSORTIA - RYAN WHITE TITLE II  
Monthly Expenditure and Reimbursement Report**



Provider Agency Name and Address:

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

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

Contract No. CODG5

Preparer's Name: James Allen  
Phone Number: (904) 723-2162 ext. 106

ORG: \_\_\_\_\_

OCA: PTC03

EO: \_\_\_\_\_

**A. ADMINISTRATIVE BUDGET**

	Original Amount	Approved Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
1. Salaries					
2. Fringe Benefits					
3. Travel					
4. Office Expenses					
5. Equipment					
6. Other					
<b>Subtotal Administrative Budget</b>	<b>167,352.00</b>	<b>193,300.00</b>	<b>22,595.33</b>	<b>148,109.33</b>	<b>45,190.67</b>

**B. DIRECT CARE**

	Number of Clients Served	Number of Units of Service	Original Amount	Approved Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
7. Ambulatory - Outpatient Care	154	469	324,600.00	324,600.00	40,617.55	269,538.43	55,061.57
8. Buddy/Companion Services							
9. Case Management							
Case Management (Medical)	319	1,606	345,355.00	348,101.00	21,228.03	210,247.26	137,853.74
10. Case Management (Non Medical)			15,698.00	15,698.00		15,680.00	18.00
11. Child Welfare Services							
12. Client Advocacy							
13. Day or Respite Care							
14. AIDS Pharmaceutical Assistance (Local)	129	169	331,053.00	301,053.00	24,335.76	133,392.28	167,660.72
15. Early Intervention Services			157.00	157.00			157.00
16. Food Bank / Home Delivered Meals	132	132	17,838.00	29,838.00	2,100.00	19,464.50	10,373.50
17. Health Education / Risk Reduction			3,924.00	3,924.00		1,200.00	2,724.00
18. Health Insurance	23	63	109,886.00	109,886.00	10,779.02	67,025.59	42,860.41
19. Home Health Care			157.00	157.00			157.00
20. Hospice Services - Home Based							
21. Hospice Services - Residential Care							
22. Housing Assistance (Ryan White Title II Only)	9	77	157.00	20,157.00	9,964.75	9,964.75	10,192.25
23. Legal Services							
24. Mental Health Services	34	50	30,396.00	30,396.00	5,182.56	17,241.64	13,154.36
25. Medical Nutrition Therapy							
26. Oral Health Care	29	44	191,922.00	191,922.00	16,763.65	148,527.95	43,394.05
27. Other Health Care (Specify)							
28. Other Support Services							
29. Outreach Services							
30. Permanency Planning							
31. Psychosocial Support Services	34	1,040	157.00	100,512.00	8,320.00	68,448.00	32,064.00
32. Referral							

**DEPARTMENT OF HEALTH  
CONSORTIA - RYAN WHITE TITLE II  
Monthly Expenditure and Reimbursement Report**



Provider Agency Name and Address:

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

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

Contract No. CODG5

Preparer's Name: James Allen  
Phone Number: (904) 723-2162 ext.106

ORG: \_\_\_\_\_

OCA: PTC03

EO: \_\_\_\_\_

	Number of Clients Served	Number of Units of Service	Original Amount	Approved Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
<b>Direct Care - Continued:</b>							
33. Rehabilitation Services			157.00	157.00			157.00
34. Substance Abuse Services - Outpatient	2	6	13,128.00	2,628.00	338.27	538.27	2,089.73
35. Substance Abuse Services - Residential			1,570.00	70.00			70.00
36. Medical Transportation Services	9	37	15,077.00	15,077.00	2,130.00	8,715.70	6,361.30
37. Treatment Adherence Services			54,943.00	54,943.00		14,892.00	40,051.00
<b>Subtotal Direct Care</b>			<b>1,456,175.00</b>	<b>1,549,276.00</b>	<b>141,759.59</b>	<b>984,876.37</b>	<b>564,399.63</b>

**C. PROGRAM SUPPORT - STATE PRIORITIES**

38. Capacity Building							
39. Case Management Coordination			22,500.00	26,371.00	397.59	22,118.57	4,252.43
40. Developing Standards of Care							
41. Evaluation of Cost Effectiveness							
42. Needs Assessment			2,500.00	3,896.00			3,896.00
43. Other Program Support - State Priorities (Specify)							
44. Outcome Assessment							
45. Planning and Development			2,500.00	3,869.00		691.58	3,177.42
46. Program Evaluation			20,000.00	21,369.00	1,259.72	12,908.86	8,460.14
47. Quality Assurance			2,500.00				
48. Technical Assistance							
<b>Subtotal Program Support - State Priorities</b>			<b>50,000.00</b>	<b>55,505.00</b>	<b>1,657.31</b>	<b>35,719.01</b>	<b>19,785.99</b>
<b>TOTAL SECTIONS A, B AND C</b>			<b>1,673,527.00</b>	<b>1,798,081.00</b>	<b>166,012.23</b>	<b>1,168,704.71</b>	<b>629,376.29</b>

**D. ADVANCE(S) INFORMATION**

Total Advances	139,460.58
Previous Reductions	
Current Reductions	46,486.86
Remaining Advances	92,973.72

Total Contract Amount	1,798,081.00
Expenditures Year -To-Date	1,168,704.71
UNPAID Advances	92,973.72
Balance to Draw	536,402.57

Total Expenditures This Period	<b>166,012.23</b>	Type of Request:	
Less Advances Paid This Period	<b>46,486.86</b>	Regular	<b>X</b>
<b>AMOUNT OF FUNDS REQUESTED THIS REPORT</b>	<b>119,525.37</b>	Final	

I certify that the above report is a true, accurate and correct reflection of the activities of this period; and that the expenditures reported are made only for items which are allowable and directly related to the purpose of this referenced contract.

Signature and Title of Provider Agency Official \_\_\_\_\_ Date \_\_\_\_\_ Contract Manager's Signature \_\_\_\_\_ Date \_\_\_\_\_

Contract Manager's Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_