

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: 1-01-2010 to 1-31-2010

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	12,073.25	8,623.75

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	6	20,000.00		2.72	231.46	19,768.54
3. Ambulatory - Outpatient Care	1	1	45,000.00		343.00	9,555.59	35,444.41
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	2	7	175,927.00		345.72	10,352.05	165,574.95

C. PROGRAM SUPPORT - STATE PRIORITIES

20. Quality Assurance	10,349.00		862.41	6,036.87	4,312.13
Total Program Support - State Priorities	10,349.00		862.41	6,036.87	4,312.13
TOTAL SECTIONS A, B AND C	206,973.00		2,932.88	28,462.17	178,510.83

D. ADVANCE(S) INFORMATION

Total Advances	0.00	Total Contract Amount	206,973.00
Previous Reductions		Expenditures Year -To-Date	28,462.17
Current Reductions		UNPAID Advances	
Remaining Advances		Balance to Draw	178,510.83
		Total Expenditures This Period	2,932.88
		Less Advances Paid This Period	
		AMOUNT OF FUNDS REQUESTED THIS REPORT	2,932.88
		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: 2-01-2010 to 2-28-2010

Contract No. CODR4
 FY 2009-2010



Preparer's Name: T. Earle

Phone Number: (904) 723-2162 Ext. 106

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	13,798.00	6,899.00

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)			20,000.00			231.46	19,768.54
3. Ambulatory - Outpatient Care	1	1	45,000.00		181.50	9,737.09	35,262.91
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	1	175,927.00		181.50	10,533.55	165,393.45

C. PROGRAM SUPPORT - STATE PRIORITIES

20. Quality Assurance	10,349.00		862.41	6,899.28	3,449.72
Total Program Support - State Priorities	10,349.00		862.41	6,899.28	3,449.72
TOTAL SECTIONS A, B AND C	206,973.00		2,768.66	31,230.83	175,742.17

D. ADVANCE(S) INFORMATION

Total Advances 0.00
 Previous Reductions _____
 Current Reductions _____
 Remaining Advances _____

Total Contract Amount 206,973.00
 Expenditures Year -To-Date 31,230.83
 UNPAID Advances _____
 Balance to Draw 175,742.17

Total Expenditures This Period 2,768.66
 Less Advances Paid This Period _____
AMOUNT OF FUNDS REQUESTED THIS REPORT **2,768.66**

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: 3-01-2010 to 3-31-2010

Contract No. CODR4
 FY 2009-2010



Preparer's Name: T. Earle

Phone Number: (904) 723-2162 Ext. 106

A. ADMINISTRATIVE BUDGET

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

B. DIRECT CARE 7105-7350	Number of Clients Served	Number of Units of Service	Original Amount	Revised Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
2. AIDS Pharmaceutical Assistance (Local)			20,000.00	50,000.00		231.46	49,768.54
3. Ambulatory - Outpatient Care	1	1	45,000.00	95,000.00	72.00	9,809.09	85,190.91
4. Case Management (Non Medical)			85,000.00				
5. Early Intervention Services							
6. Food Bank / Home Delivered Meals			927.00	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	30,000.00		565.00	29,435.00
14. Substance Abuse Services - Outpatient							
15. Substance Abuse Services - Residential							
16. Treatment Adherence Services							
Total Direct Care	1	1	175,927.00	175,927.00	72.00	10,605.55	165,321.45

C. PROGRAM SUPPORT - STATE PRIORITIES

20. Quality Assurance	10,349.00	10,349.00	862.41	7,761.69	2,587.31
Total Program Support - State Priorities	10,349.00	10,349.00	862.41	7,761.69	2,587.31
TOTAL SECTIONS A, B AND C	206,973.00	206,973.00	2,659.16	33,889.99	173,083.01

D. ADVANCE(S) INFORMATION

Total Advances 0.00
 Previous Reductions _____
 Current Reductions _____
 Remaining Advances _____

Total Contract Amount 206,973.00
 Expenditures Year -To-Date 33,889.99
 UNPAID Advances _____
 Balance to Draw 173,083.01

Total Expenditures This Period **2,659.16**
 Less Advances Paid This Period _____
AMOUNT OF FUNDS REQUESTED THIS REPORT **2,659.16**

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

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: 4-01-2010 to 4-30-2010

Contract No. CODR4
 FY 2009-2010

Preparer's Name: T. Earle
 Phone Number: (904) 723-2162 Ext. 106

A. ADMINISTRATIVE BUDGET

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

B. DIRECT CARE 7105-7350

	Number of Clients Served	Number of Units of Service	Original Amount	Revised Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
2. AIDS Pharmaceutical Assistance (Local)	38	141	20,000.00	50,000.00	12,501.30	12,732.76	37,267.24
3. Ambulatory - Outpatient Care	19	26	45,000.00	85,000.00	2,685.70	12,494.79	72,505.21
4. Case Management (Non Medical)			85,000.00				
5. Early Intervention Services							
6. Food Bank / Home Delivered Meals	488	488	927.00	10,927.00	10,920.00	10,920.00	7.00
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	23	26	25,000.00	30,000.00	6,255.00	6,820.00	23,180.00
14. Substance Abuse Services - Outpatient							
15. Substance Abuse Services - Residential							
16. Treatment Adherence Services							
Total Direct Care	<u>568</u>	<u>681</u>	<u>175,927.00</u>	<u>175,927.00</u>	<u>32,362.00</u>	<u>42,967.55</u>	<u>132,959.45</u>

C. PROGRAM SUPPORT - STATE PRIORITIES

20. Quality Assurance	10,349.00	10,349.00	862.41	8,624.10	1,724.90
Total Program Support - State Priorities	<u>10,349.00</u>	<u>10,349.00</u>	<u>862.41</u>	<u>8,624.10</u>	<u>1,724.90</u>
TOTAL SECTIONS A, B AND C	<u>206,973.00</u>	<u>206,973.00</u>	<u>34,949.16</u>	<u>68,839.15</u>	<u>138,133.85</u>

D. ADVANCE(S) INFORMATION

Total Advances 0.00
 Previous Reductions _____
 Current Reductions _____
 Remaining Advances _____

Total Contract Amount 206,973.00
 Expenditures Year -To-Date 68,839.15
 UNPAID Advances _____
 Balance to Draw 138,133.85

Total Expenditures This Period **34,949.16**
 Less Advances Paid This Period _____
AMOUNT OF FUNDS REQUESTED THIS REPORT 34,949.16

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

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: 5-01-2010 to 5-31-2010

Contract No. CODR4
 FY 2009-2010



Preparer's Name: T. Earle

Phone Number: (904) 723-2162 Ext. 106

A. ADMINISTRATIVE BUDGET

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

B. DIRECT CARE 7105-7350	Number of Clients Served	Number of Units of Service	Original Amount	Revised Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
2. AIDS Pharmaceutical Assistance (Local)	119	584	20,000.00	50,000.00	21,205.68	33,938.44	16,061.56
3. Ambulatory - Outpatient Care	43	48	45,000.00	85,000.00	8,583.60	21,078.39	63,921.61
4. Case Management (Non Medical)			85,000.00				
5. Early Intervention Services							
6. Food Bank / Home Delivered Meals			927.00	10,927.00		10,920.00	7.00
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	21	29	25,000.00	30,000.00	8,577.00	15,397.00	14,603.00
14. Substance Abuse Services - Outpatient							
15. Substance Abuse Services - Residential							
16. Treatment Adherence Services							
Total Direct Care	183	661	175,927.00	175,927.00	38,366.28	81,333.83	94,593.17

C. PROGRAM SUPPORT - STATE PRIORITIES

20. Quality Assurance	10,349.00	10,349.00	862.41	9,486.51	862.49
Total Program Support - State Priorities	10,349.00	10,349.00	862.41	9,486.51	862.49
TOTAL SECTIONS A, B AND C	206,973.00	206,973.00	40,953.44	109,792.59	97,180.41

D. ADVANCE(S) INFORMATION

Total Advances 0.00
 Previous Reductions _____
 Current Reductions _____
 Remaining Advances _____

Total Contract Amount 206,973.00
 Expenditures Year -To-Date 109,792.59
 UNPAID Advances _____
 Balance to Draw 97,180.41

Total Expenditures This Period **40,953.44**
 Less Advances Paid This Period _____
AMOUNT OF FUNDS REQUESTED THIS REPORT **40,953.44**

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

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: 6-01-2010 to 6-30-2010

Contract No. CODR4
 FY 2009-2010



Preparer's Name: T. Earle

Phone Number: (904) 723-2162 Ext. 106

A. ADMINISTRATIVE BUDGET

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

B. DIRECT CARE 7105-7350	Number of Clients Served	Number of Units of Service	Original Amount	Revised Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
2. AIDS Pharmaceutical Assistance (Local)	25	153	20,000.00	50,000.00	16,051.75	49,990.19	9.81
3. Ambulatory - Outpatient Care	171	345	45,000.00	85,000.00	61,035.10	82,113.49	2,886.51
4. Case Management (Non Medical)			85,000.00				
5. Early Intervention Services							
6. Food Bank / Home Delivered Meals			927.00	10,927.00		10,920.00	7.00
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	27	38	25,000.00	30,000.00	14,603.00	30,000.00	
14. Substance Abuse Services - Outpatient							
15. Substance Abuse Services - Residential							
16. Treatment Adherence Services							
Total Direct Care	223	536	175,927.00	175,927.00	91,689.85	173,023.68	2,903.32

C. PROGRAM SUPPORT - STATE PRIORITIES

20. Quality Assurance	10,349.00	10,349.00	862.49	10,349.00	
Total Program Support - State Priorities	10,349.00	10,349.00	862.49	10,349.00	
TOTAL SECTIONS A, B AND C	206,973.00	206,973.00	94,277.09	204,069.68	2,903.32

D. ADVANCE(S) INFORMATION

Total Advances 0.00
 Previous Reductions _____
 Current Reductions _____
 Remaining Advances _____

Total Contract Amount 206,973.00
 Expenditures Year -To-Date 204,069.68
 UNPAID Advances
 Balance to Draw 2,903.32

Total Expenditures This Period **94,277.09**
 Less Advances Paid This Period _____
AMOUNT OF FUNDS REQUESTED THIS REPORT **94,277.09**

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

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: 07-01-2010 to 07-31-10

Contract No. CODAP
 FY 2010 - 2011



Preparer's Name: T. Earle

Phone #: 904-723-2162 Ext. 106

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. Pharmaceutical Assistance	6	22	30,000.00		698.48	698.48	29,301.52
3. Ambulatory - Outpatient Care			45,000.00				45,000.00
4. Case Management Non Medical			24,000.00				24,000.00
5. Early Intervention Services							
6. Food Bank / Home Delivered Meals			18,927.00				18,927.00
7. Health Insurance							
8. Housing Assistance (Ryan White Title II Only)							
9. Legal Services							
10. Case Management Medical			28,000.00				28,000.00
11. Medical Transportation Services							
12. Mental Health Services							
13. Oral Health Care	12	12	30,000.00		2,724.00	2,724.00	27,276.00
14. Substance Abuse Services - Outpatient							
15. Substance Abuse Services - Residential							
16. Treatment Adherence Services							
Total Direct Care	18	34	175,927.00		3,422.48	3,422.48	172,504.52

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	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		6,009.64	6,009.64	200,963.36

D. ADVANCE(S) INFORMATION		Total Contract Amount
Total Advances	0.00	206,973.00
Previous Reductions		Expenditures Year -To-Date 6,009.64
Current Reductions		UNPAID Advances
Remaining Advances		Balance to Draw 200,963.36
Total Expenditures This Period		6,009.64
Less Advances Paid This Period		
AMOUNT OF FUNDS REQUESTED THIS REPORT		6,009.64
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: 08-01-2010 to 08-31-10

Contract No. CODAP
 FY 2010 - 2011



Preparer's Name: T. Earle

Phone #: 904-723-2162 Ext. 106

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. Pharmaceutical Assistance	18	55	30,000.00		2,635.49	3,333.97	26,666.03
3. Ambulatory - Outpatient Care	17	17	45,000.00		4,096.86	4,096.86	40,903.14
4. Case Management Non Medical	38	87	24,000.00		2,200.00	2,200.00	21,800.00
5. Early Intervention Services							
6. Food Bank / Home Delivered Meals			18,927.00				18,927.00
7. Health Insurance							
8. Housing Assistance (Ryan White Title II Only)							
9. Legal Services							
10. Case Management Medical	24	90	28,000.00		2,545.00	2,545.00	25,455.00
11. Medical Transportation Services							
12. Mental Health Services							
13. Oral Health Care	5	7	30,000.00		2,608.00	5,332.00	24,668.00
14. Substance Abuse Services - Outpatient							
15. Substance Abuse Services - Residential							
16. Treatment Adherence Services							
Total Direct Care	<u>102</u>	<u>256</u>	<u>175,927.00</u>		<u>14,085.35</u>	<u>17,507.83</u>	<u>158,419.17</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>16,672.51</u>	<u>22,682.15</u>	<u>184,290.85</u>

D. ADVANCE(S) INFORMATION

Total Advances	<u>0.00</u>
Previous Reductions	
Current Reductions	
Remaining Advances	

Total Contract Amount	<u>206,973.00</u>
Expenditures Year -To-Date	<u>22,682.15</u>
UNPAID Advances	
Balance to Draw	<u>184,290.85</u>

Total Expenditures This Period	16,672.51	Type of Request:	
Less Advances Paid This Period		Regular	X
AMOUNT OF FUNDS REQUESTED THIS REPORT	<u>16,672.51</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: 9-01-2010 to 9-30-10

Contract No. CODAP
 FY 2010 - 2011



Preparer's Name: T. Earle

Phone #: 904-723-2162 Ext. 106

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. Pharmaceutical Assistance	16	57	30,000.00		2,661.51	5,995.48	24,004.52
3. Ambulatory - Outpatient Care	24	25	45,000.00		4,060.82	8,157.68	36,842.32
4. Case Management Non Medical	38	87	24,000.00		2,200.00	4,400.00	19,600.00
5. Early Intervention Services							
6. Food Bank / Home Delivered Meals			18,927.00				18,927.00
7. Health Insurance							
8. Housing Assistance (Ryan White Title II Only)							
9. Legal Services							
10. Case Management Medical	24	90	28,000.00		2,545.00	5,090.00	22,910.00
11. Medical Transportation Services							
12. Mental Health Services							
13. Oral Health Care	4	6	30,000.00		2,745.00	8,077.00	21,923.00
14. Substance Abuse Services - Outpatient							
15. Substance Abuse Services - Residential							
16. Treatment Adherence Services							
Total Direct Care	106	265	175,927.00		14,212.33	31,720.16	144,206.84

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		16,799.49	39,481.64	167,491.36

D. ADVANCE(S) INFORMATION

Total Advances 0.00
 Previous Reductions _____
 Current Reductions _____
 Remaining Advances _____

Total Contract Amount 206,973.00
 Expenditures Year-To-Date 39,481.64
 UNPAID Advances
 Balance to Draw 167,491.36

Total Expenditures This Period **16,799.49** Type of Request:
 Less Advances Paid This Period _____ Regular **X**
AMOUNT OF FUNDS REQUESTED THIS REPORT **16,799.49** 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: 10-01-2010 to 10-31-10

Contract No. CODAP
 FY 2010 - 2011



Preparer's Name: T. Earle

Phone #: 904-723-2162 Ext. 106

A. ADMINISTRATIVE BUDGET

	Original Amount	Revised Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
Total Administrative Budget	20,697.00	20,697.00	1,724.75	6,899.00	13,798.00

B. DIRECT CARE 7105-7350

	Number of Clients Served	Number of Units of Service	Original Amount	Revised Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
2. Pharmaceutical Assistance	11	32	30,000.00	30,000.00	2,703.48	8,698.96	21,301.04
3. Ambulatory - Outpatient Care	26	26	45,000.00	45,000.00	4,093.69	12,251.37	32,748.63
4. Case Management Non Medical	38	92	24,000.00	24,000.00	2,671.00	7,071.00	16,929.00
5. Early Intervention Services							
6. Food Bank / Home Delivered Meals			18,927.00				
7. Health Insurance				18,927.00			18,927.00
8. Housing Assistance (Ryan White Title II Only)							
9. Legal Services							
10. Case Management Medical	37	146	28,000.00	28,000.00	3,392.00	8,482.00	19,518.00
11. Medical Transportation Services							
12. Mental Health Services							
13. Oral Health Care	3	3	30,000.00	30,000.00	2,700.00	10,777.00	19,223.00
14. Substance Abuse Services - Outpatient							
15. Substance Abuse Services - Residential							
16. Treatment Adherence Services							
Total Direct Care	115	299	175,927.00	175,927.00	15,560.17	47,280.33	128,646.67

C. PROGRAM SUPPORT - STATE PRIORITIES

20. Quality Assurance	10,349.00	10,349.00	862.41	3,449.64	6,899.36
Total Program Support - State Priorities	10,349.00	10,349.00	862.41	3,449.64	6,899.36
TOTAL SECTIONS A, B AND C	206,973.00	206,973.00	18,147.33	57,628.97	149,344.03

D. ADVANCE(S) INFORMATION

Total Advances	0.00	Total Contract Amount	206,973.00
Previous Reductions		Expenditures Year -To-Date	57,628.97
Current Reductions		UNPAID Advances	
Remaining Advances		Balance to Draw	149,344.03

Total Expenditures This Period	18,147.33	Type of Request:	
Less Advances Paid This Period		Regular	X
AMOUNT OF FUNDS REQUESTED THIS REPORT	18,147.33	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: 11-01-2010 to 11-30-10

Contract No. CODAP
 FY 2010 - 2011



Preparer's Name: T. Earle

Phone #: 904-723-2162 Ext. 106

A. ADMINISTRATIVE BUDGET

	Original Amount	Revised Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
Total Administrative Budget	20,697.00	20,697.00	1,724.75	8,623.75	12,073.25

B. DIRECT CARE 7105-7350

	Number of Clients Served	Number of Units of Service	Original Amount	Revised Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
2. AIDS Pharmaceutical Assistance	16	30	30,000.00	30,000.00	2,855.79	11,554.75	18,445.25
3. Ambulatory/Outpatient Medical Care	17	17	45,000.00	45,000.00	4,099.93	16,351.30	28,648.70
4. Case Management Non Medical	52	95	24,000.00	24,000.00	2,671.00	9,742.00	14,258.00
5. Early Intervention Services							
6. Food Bank / Home Delivered Meals			18,927.00				
7. Health Insurance Premium/Cost Sharing	3	4		18,927.00	3,122.71	3,122.71	15,804.29
8. Housing Assistance (Ryan White Title II Only)							
9. Legal Services							
10. Case Management Medical	31	116	28,000.00	28,000.00	3,392.00	11,874.00	16,126.00
11. Medical Transportation Services							
12. Mental Health Services							
13. Oral Health Care	9	12	30,000.00	30,000.00	2,702.00	13,479.00	16,521.00
14. Substance Abuse Services - Outpatient							
15. Substance Abuse Services - Residential							
16. Treatment Adherence Services							
Total Direct Care	128	274	175,927.00	175,927.00	18,843.43	66,123.76	109,803.24

C. PROGRAM SUPPORT - STATE PRIORITIES

20. Quality Assurance	10,349.00	10,349.00	862.41	4,312.05	6,036.95
Total Program Support - State Priorities	10,349.00	10,349.00	862.41	4,312.05	6,036.95
TOTAL SECTIONS A, B AND C	206,973.00	206,973.00	21,430.59	79,059.56	127,913.44

D. ADVANCE(S) INFORMATION

Total Advances	0.00
Previous Reductions	
Current Reductions	
Remaining Advances	

Total Contract Amount	206,973.00
Expenditures Year -To-Date	79,059.56
UNPAID Advances	
Balance to Draw	127,913.44

Total Expenditures This Period	21,430.59	Type of Request:	
Less Advances Paid This Period		Regular	X
AMOUNT OF FUNDS REQUESTED THIS REPORT	21,430.59	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: 12-01-2010 to 12-31-10

Contract No. CODAP
 FY 2010 - 2011



Preparer's Name: T. Earle

Phone #: 904-723-2162 Ext. 106

A. ADMINISTRATIVE BUDGET

	Original Amount	Revised Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
Total Administrative Budget	20,697.00	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	Revised Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
2. AIDS Pharmaceutical Assistance	5	16	30,000.00	30,000.00	1,698.62	13,253.37	16,746.63
3. Ambulatory/Outpatient Medical Care	10	10	45,000.00	45,000.00	3,098.51	19,449.81	25,550.19
4. Case Management Non Medical			24,000.00	24,000.00		9,742.00	14,258.00
5. Early Intervention Services							
6. Food Bank / Home Delivered Meals			18,927.00				
7. Health Insurance Premium/Cost Sharing	5	6		18,927.00	1,985.40	5,108.11	13,818.89
8. Housing Assistance (Ryan White Title II Only)							
9. Legal Services							
10. Case Management Medical	33	116	28,000.00	28,000.00	3,392.00	15,266.00	12,734.00
11. Medical Transportation Services							
12. Mental Health Services							
13. Oral Health Care	2	2	30,000.00	30,000.00	1,705.00	15,184.00	14,816.00
14. Substance Abuse Services - Outpatient							
15. Substance Abuse Services - Residential							
16. Treatment Adherence Services							
Total Direct Care	55	150	175,927.00	175,927.00	11,879.53	78,003.29	97,923.71

C. PROGRAM SUPPORT - STATE PRIORITIES

20. Quality Assurance	10,349.00	10,349.00	862.41	5,174.46	5,174.54
Total Program Support - State Priorities	10,349.00	10,349.00	862.41	5,174.46	5,174.54

TOTAL SECTIONS A, B AND C

	206,973.00	206,973.00	14,466.69	93,526.25	113,446.75
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D. ADVANCE(S) INFORMATION

Total Advances	0.00
Previous Reductions	
Current Reductions	
Remaining Advances	

Total Contract Amount	206,973.00
Expenditures Year -To-Date	93,526.25
UNPAID Advances	
Balance to Draw	113,446.75

Total Expenditures This Period	14,466.69	Type of Request:	
Less Advances Paid This Period		Regular	X
AMOUNT OF FUNDS REQUESTED THIS REPORT	14,466.69	Final	