

Provider Agency Name and Address:

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

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

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

SUPPLEMENTAL

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

Contract No. CODZ SUPPL
 FY 2010-2011



A. ADMINISTRATIVE BUDGET

Original Amount	REVISED Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
Total Administrative Budget				

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
6. Food Bank / Home Delivered Meals	110	110	15,000.00		3,000.00	3,000.00	12,000.00
7. Health Insurance	28	44	50,000.00		8,268.07	8,268.07	41,731.93
10. Case Management (Medical)			20,000.00				20,000.00
Total Direct Care	138	154	85,000.00		11,268.07	11,268.07	73,731.93

C. PROGRAM SUPPORT - STATE PRIORITIES

18. Planning and Development	5,000.00		833.33	833.33	4,166.67
Total Program Support - State Priorities	5,000.00		833.33	833.33	4,166.67

TOTAL SECTIONS A, B AND C

90,000.00		12,101.40	12,101.40	77,898.60
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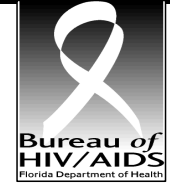
D. ADVANCE(S) INFORMATION

Total Advances _____	Total Contract Amount	90,000.00
Previous Reductions _____	Expenditures Year -To-Date	12,101.40
Current Reductions _____	UNPAID Advances	
Remaining Advances _____	Balance to Draw	77,898.60

Total Expenditures This Period	12,101.40	Type of Request:
Less Advances Paid This Period		Regular X
AMOUNT OF FUNDS REQUESTED THIS REPORT	12,101.40	Final _____

Provider Agency Name and Address:
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 644 Cesery Blvd. #210
 Jacksonville, FL 32211

DEPARTMENT OF HEALTH
CONSORTIA - RYAN WHITE TITLE II
 Monthly Expenditure and Reimbursement Report
SUPPLEMENTAL
From: 5-01-2010 to 5-31-2010



Contract No. CODZ SUPPL
 FY 2010-2011

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					

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
6. Food Bank / Home Delivered Meals	110	110	15,000.00		3,000.00	6,000.00	9,000.00
7. Health Insurance	33	49	50,000.00		18,377.20	26,645.27	23,354.73
10. Case Management (Medical)	1	1	20,000.00		3,333.33	3,333.33	16,666.67
Total Direct Care	144	160	85,000.00		24,710.53	35,978.60	49,021.40

C. PROGRAM SUPPORT - STATE PRIORITIES

18. Planning and Development	5,000.00		833.33	1,666.66	3,333.34
Total Program Support - State Priorities	5,000.00		833.33	1,666.66	3,333.34

TOTAL SECTIONS A, B AND C

	90,000.00		25,543.86	37,645.26	52,354.74
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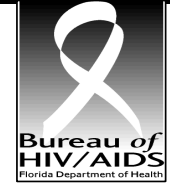
D. ADVANCE(S) INFORMATION

Total Advances _____	Total Contract Amount _____	90,000.00
Previous Reductions _____	Expenditures Year -To-Date _____	37,645.26
Current Reductions _____	UNPAID Advances _____	
Remaining Advances _____	Balance to Draw _____	52,354.74

Total Expenditures This Period	25,543.86	Type of Request:
Less Advances Paid This Period		Regular X
AMOUNT OF FUNDS REQUESTED THIS REPORT	25,543.86	Final _____

Provider Agency Name and Address:
 Health Planning Council of Northeast Florida
 644 Cesery Blvd. #210
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DEPARTMENT OF HEALTH
CONSORTIA - RYAN WHITE TITLE II
 Monthly Expenditure and Reimbursement Report
SUPPLEMENTAL
From: 6-01-2010 to 6-30-2010



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

Contract No. CODZ SUPPL
 FY 2010-2011
FINAL

A. ADMINISTRATIVE BUDGET			Original Amount	REVISED Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
Total Administrative Budget							
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
6. Food Bank / Home Delivered Meals	110	110	15,000.00		3,000.00	9,000.00	6,000.00
7. Health Insurance			50,000.00			26,645.27	23,354.73
10. Case Management (Medical)			20,000.00			3,333.33	16,666.67
Total Direct Care	110	110	85,000.00		3,000.00	38,978.60	46,021.40
C. PROGRAM SUPPORT - STATE PRIORITIES							
18. Planning and Development			5,000.00		833.33	2,499.99	2,500.01
Total Program Support - State Priorities			5,000.00		833.33	2,499.99	2,500.01
TOTAL SECTIONS A, B AND C			90,000.00		3,833.33	41,478.59	48,521.41
D. ADVANCE(S) INFORMATION							
Total Advances _____					Total Contract Amount		90,000.00
Previous Reductions _____					Expenditures Year -To-Date		41,478.59
Current Reductions _____					UNPAID Advances		
Remaining Advances _____					Balance to Draw		48,521.41
Total Expenditures This Period					3,833.33	Type of Request:	
Less Advances Paid This Period						Regular _____	
AMOUNT OF FUNDS REQUESTED THIS REPORT					3,833.33	Final X	