

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

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
Total Administrative Budget	189,262.00	189,262.00	15,771.91	157,718.86	31,543.14

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)	125	630	331,053.00	271,053.00	22,411.96	149,943.94	121,109.06
3. Ambulatory - Outpatient Care	107	160	364,600.00	334,600.00	22,968.05	196,130.62	138,469.38
4. Case Management (Non Medical)	166	166	50,000.00	135,000.00	13,333.33	66,666.65	68,333.35
5. Early Intervention Services	50	602	50,000.00	80,000.00	7,493.33	57,439.98	22,560.02
6. Food Bank / Home Delivered Meals	100	100	18,838.00	18,838.00	3,000.00	17,120.00	1,718.00
7. Health Insurance	21	27	109,886.00	109,886.00	7,029.05	90,757.77	19,128.23
8. Housing Assistance (Ryan White Title II Only)			10,347.00	10,347.00		1,307.16	9,039.84
9. Legal Services			161.00	161.00			161.00
10. Case Management (Medical)	284	1,044	355,355.00	355,355.00	29,583.33	266,249.97	89,105.03
11. Medical Transportation Services	5	8	15,698.00	15,698.00	1,954.00	11,792.00	3,906.00
12. Mental Health Services	11	22	31,396.00	31,396.00	948.14	22,931.91	8,464.09
13. Oral Health Care	22	31	211,922.00	186,922.00	8,646.00	108,005.40	78,916.60
14. Substance Abuse Services - Outpatient			3,217.00	3,217.00		140.00	3,077.00
15. Substance Abuse Services - Residential			1,570.00	1,570.00			1,570.00
16. Treatment Adherence Services	12	43	54,697.00	54,697.00	4,558.08	41,022.72	13,674.28
Total Direct Care	903	2,833	1,608,740.00	1,608,740.00	121,925.27	1,029,508.12	579,231.88

C. PROGRAM SUPPORT - STATE PRIORITIES	Original Amount	REVISED Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
17. Outcome Assessment	23,712.00	23,712.00	1,976.00	19,760.00	3,952.00
18. Planning and Development	13,306.00	13,306.00	1,108.83	11,088.30	2,217.70
19. Program Evaluation	20,013.00	20,013.00	1,667.75	16,677.50	3,335.50
20. Quality Assurance	9,422.00	9,422.00	785.17	7,851.70	1,570.30
21. Technical Assistance	28,179.00	28,179.00	2,348.16	23,481.87	4,697.13
Total Program Support - State Priorities	94,632.00	94,632.00	7,885.91	78,859.37	15,772.63

TOTAL SECTIONS A, B AND C	1,892,634.00	1,892,634.00	145,583.09	1,266,086.35	626,547.65
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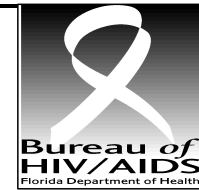
D. ADVANCE(S) INFORMATION		Total Contract Amount
Total Advances	315,438.00	1,892,634.00
Previous Reductions		Expenditures Year -To-Date 1,266,086.35
Current Reductions	105,146.00	UNPAID Advances 210,292.00
Remaining Advances	210,292.00	Balance to Draw 416,255.65
Total Expenditures This Period		145,583.09
Less Advances Paid This Period		105,146.00
AMOUNT OF FUNDS REQUESTED THIS REPORT		40,437.09
		Type of Request:
		Regular X
		Final

DEPARTMENT OF HEALTH

CONSORTIA - RYAN WHITE TITLE II
Monthly Expenditure and Reimbursement Report

From: 2-01-2010 to 2-28-2010

Contract No. CODP8
FY 2009-2010



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

A. ADMINISTRATIVE BUDGET

	Original Amount	REVISED Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
Total Administrative Budget	189,262.00	189,262.00	15,771.91	173,490.77	15,771.23

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)	101	638	331,053.00	271,053.00	19,624.34	169,568.28	101,484.72
3. Ambulatory - Outpatient Care	101	161	364,600.00	334,600.00	22,675.75	218,806.37	115,793.63
4. Case Management (Non Medical)	459	459	50,000.00	131,300.00	26,666.66	93,333.31	37,966.69
5. Early Intervention Services	55	631	50,000.00	80,000.00	7,493.33	64,933.31	15,066.69
6. Food Bank / Home Delivered Meals	78	78	18,838.00	22,538.00	3,003.00	20,123.00	2,415.00
7. Health Insurance	24	31	109,886.00	109,886.00	11,926.69	102,684.46	7,201.54
8. Housing Assistance (Ryan White Title II Only)			10,347.00	12,347.00		1,307.16	11,039.84
9. Legal Services			161.00				
10. Case Management (Medical)	279	947	355,355.00	355,355.00	29,583.33	295,833.30	59,521.70
11. Medical Transportation Services	5	11	15,698.00	15,698.00	2,624.00	14,416.00	1,282.00
12. Mental Health Services	14	18	31,396.00	31,396.00	1,429.09	24,361.00	7,035.00
13. Oral Health Care	35	50	211,922.00	186,922.00	15,843.90	123,849.30	63,072.70
14. Substance Abuse Services - Outpatient			3,217.00	2,948.00		140.00	2,808.00
15. Substance Abuse Services - Residential			1,570.00				
16. Treatment Adherence Services	28	46	54,697.00	54,697.00	4,558.08	45,580.80	9,116.20
Total Direct Care	1,179	3,070	1,608,740.00	1,608,740.00	145,428.17	1,174,936.29	433,803.71

C. PROGRAM SUPPORT - STATE PRIORITIES

17. Outcome Assessment	23,712.00	23,712.00	1,976.00	21,736.00	1,976.00
18. Planning and Development	13,306.00	13,306.00	1,108.83	12,197.13	1,208.87
19. Program Evaluation	20,013.00	20,013.00	1,667.75	18,345.25	1,667.75
20. Quality Assurance	9,422.00	9,422.00	785.17	8,636.87	785.13
21. Technical Assistance	28,179.00	28,179.00	2,348.16	25,830.03	2,348.97
Total Program Support - State Priorities	94,632.00	94,632.00	7,885.91	86,745.28	7,886.72

TOTAL SECTIONS A, B AND C

1,892,634.00	1,892,634.00	169,085.99	1,435,172.34	457,461.66
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D. ADVANCE(S) INFORMATION

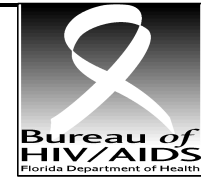
Total Advances	315,438.00
Previous Reductions	105,146.00
Current Reductions	105,146.00
Remaining Advances	105,146.00

Total Contract Amount	1,892,634.00
Expenditures Year -To-Date	1,435,172.34
UNPAID Advances	105,146.00
Balance to Draw	352,315.66

Total Expenditures This Period	169,085.99
Less Advances Paid This Period	105,146.00
AMOUNT OF FUNDS REQUESTED THIS REPORT	63,939.99

Type of Request:	
Regular	X
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: 3-01-2010 to 3-31-2010 **FINAL**

Contract No. CODP8
 FY 2009-2010

Preparer's Name: T. Earle

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

FINAL

A. ADMINISTRATIVE BUDGET

	Original Amount	REVISED Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
Total Administrative Budget	189,262.00	189,262.00		189,262.00	0.00

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)	210	802	331,053.00	250,000.00	27,633.19	233,951.34	16,048.66
3. Ambulatory - Outpatient Care	166	271	364,600.00	334,600.00	36,502.22	298,453.95	36,146.05
4. Case Management (Non Medical)	180	180	50,000.00	120,000.00	13,333.33	119,999.97	0.03
5. Early Intervention Services	51	646	50,000.00	80,000.00	7,493.36	79,920.00	80.00
6. Food Bank / Home Delivered Meals			18,838.00	23,838.00		21,586.00	2,252.00
7. Health Insurance			109,886.00	115,686.00		115,678.86	7.14
8. Housing Assistance (Ryan White Title II Only)			10,347.00	22,347.00		22,325.55	21.45
9. Legal Services			161.00				
10. Case Management (Medical)	311	1,145	355,355.00	365,355.00	39,583.37	365,000.00	355.00
11. Medical Transportation Services			15,698.00	16,751.00		16,678.00	73.00
12. Mental Health Services	11	20	31,396.00	28,396.00	1,268.69	28,100.03	295.97
13. Oral Health Care	18	21	211,922.00	196,922.00	10,791.20	172,079.90	24,842.10
14. Substance Abuse Services - Outpatient			3,217.00	148.00		140.00	8.00
15. Substance Abuse Services - Residential			1,570.00				
16. Treatment Adherence Services	27	32	54,697.00	54,697.00	4,558.08	54,696.96	0.04
Total Direct Care	974	3,117	1,608,740.00	1,608,740.00	141,163.44	1,528,610.56	80,129.44

C. PROGRAM SUPPORT - STATE PRIORITIES

17. Outcome Assessment	23,712.00	23,712.00		23,712.00	
18. Planning and Development	13,306.00	13,306.00		13,306.00	
19. Program Evaluation	20,013.00	20,013.00		20,013.00	
20. Quality Assurance	9,422.00	9,422.00		9,422.00	
21. Technical Assistance	28,179.00	28,179.00		28,179.00	
Total Program Support - State Priorities	94,632.00	94,632.00		94,632.00	

TOTAL SECTIONS A, B AND C

1,892,634.00	1,892,634.00	141,163.44	1,812,504.56	80,129.44
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D. ADVANCE(S) INFORMATION

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

FINAL

Total Contract Amount	1,892,634.00
Expenditures Year-To-Date	1,812,504.56
UNPAID Advances Balance to Draw	80,129.44

Total Expenditures This Period	141,163.44
Less Advances Paid This Period	
AMOUNT OF FUNDS REQUESTED THIS REPORT	141,163.44

Type of Request:	
Regular	
FINAL	X

Provider Agency Name and Address:

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

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

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

Contract No. **CODZ2**
FY 2010-2011



A. ADMINISTRATIVE BUDGET

	Original Amount	REVISED Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
Total Administrative Budget	189,263.00		15,771.91	15,771.91	173,491.09

B. DIRECT CARE 7105 - 7350	Number of Clients Served	Number of Units of Service	Original Amount		Expenditures Year-To-Date	Contract Balance
2. AIDS Pharmaceutical Assistance (Local)			295,204.00			295,204.00
3. Ambulatory - Outpatient Care			374,354.00			374,354.00
4. Case Management (Non Medical)			136,904.00			136,904.00
5. Health Insurance			61,132.00			61,132.00
6. Housing Assistance (Ryan White Title II Only)			28,153.00			28,153.00
7. Case Management (Medical)			337,835.00			337,835.00
8. Medical Transportation Services			16,087.00			16,087.00
9. Mental Health Services	7	7	32,175.00	765.00	765.00	31,410.00
9. Oral Health Care			193,049.00			193,049.00
10. Psychosocial Support			79,150.00			79,150.00
11. Treatment Adherence Services			54,697.00			54,697.00
Total Direct Care	7	7	1,608,740.00	765.00	765.00	1,607,975.00

C. PROGRAM SUPPORT - STATE PRIORITIES

18. Planning and Development	94,631.00		7,885.91	7,885.91	86,745.09
Total Program Support - State Priorities	94,631.00		7,885.91	7,885.91	86,745.09

TOTAL SECTIONS A, B AND C

	1,892,634.00		24,422.82	24,422.82	1,868,211.18
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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	24,422.82
UNPAID Advances	315,438.00
Balance to Draw	1,552,773.18

Total Expenditures This Period	24,422.82
Less Advances Paid This Period	
AMOUNT OF FUNDS REQUESTED THIS REPORT	24,422.82

Type of Request:	
Regular	X
Final	

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

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

Contract No. **CODZ2**
FY 2010-2011



A. ADMINISTRATIVE BUDGET	Original Amount	REVISED Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
Total Administrative Budget	189,263.00	189,263.00	15,771.91	31,543.82	157,719.18

B. DIRECT CARE 7105 - 7350	Number of Clients Served	Number of Units of Service	Original Amount	REVISED Budget		Expenditures Year-To-Date	Contract Balance
2. AIDS Pharmaceutical Assistance (Local)			295,204.00	295,204.00			295,204.00
3. Ambulatory - Outpatient Care			374,354.00	344,354.00			344,354.00
4. Case Management (Non Medical)			136,904.00	136,904.00			136,904.00
5. Health Insurance			61,132.00	61,132.00			61,132.00
6. Housing Assistance (Ryan White Title II Only)			28,153.00	28,153.00			28,153.00
7. Case Management (Medical)	296	1,145	337,835.00	337,835.00	28,750.00	28,750.00	309,085.00
8. Medical Transportation Services	5	15	16,087.00	46,087.00	3,288.00	3,288.00	42,799.00
9. Mental Health Services	9	15	32,175.00	32,175.00	1,138.27	1,903.27	30,271.73
9. Oral Health Care			193,049.00	193,049.00			193,049.00
10. Psychosocial Support	41	91	79,150.00	79,150.00	6,583.33	6,583.33	72,566.67
11. Treatment Adherence Services			54,697.00	54,697.00			54,697.00
Total Direct Care	351	1,266	1,608,740.00	1,608,740.00	39,759.60	40,524.60	1,568,215.40

C. PROGRAM SUPPORT - STATE PRIORITIES	Original Amount	REVISED Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
18. Planning and Development	94,631.00	94,631.00	7,886.00	15,772.00	78,859.00
Total Program Support - State Priorities	94,631.00	94,631.00	7,886.00	15,772.00	78,859.00

TOTAL SECTIONS A, B AND C	1,892,634.00	1,892,634.00	63,417.51	87,840.42	1,804,793.58
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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	87,840.42
Current Reductions		UNPAID Advances	315,438.00
Remaining Advances	315,438.00	Balance to Draw	1,489,355.58
Total Expenditures This Period		63,417.51	Type of Request:
Less Advances Paid This Period			Regular X
AMOUNT OF FUNDS REQUESTED THIS REPORT		63,417.51	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: 6-01-2010 to 6-30-2010

Contract No. **CODZ2**
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	189,263.00	189,263.00	15,771.91	47,315.73	141,947.27

	Number of Clients Served	Number of Units of Service	Original Amount	REVISED Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
B. DIRECT CARE 7105 - 7350							
2. AIDS Pharmaceutical Assistance (Local)	146	571	295,204.00	295,204.00	28,437.47	28,437.47	266,766.53
3. Ambulatory - Outpatient Care			374,354.00	344,354.00			344,354.00
4. Case Management (Non Medical)	312	404	136,904.00	136,904.00	26,666.66	26,666.66	110,237.34
5. Health Insurance	34	46	61,132.00	61,132.00	9,031.03	9,031.03	52,100.97
6. Housing Assistance (Ryan White Title II Only)			28,153.00	28,153.00			28,153.00
7. Case Management (Medical)	322	1,305	337,835.00	337,835.00	32,083.33	60,833.33	277,001.67
8. Medical Transportation Services	11	48	16,087.00	46,087.00	5,398.00	8,686.00	37,401.00
9. Mental Health Services	9	17	32,175.00	32,175.00	1,076.02	2,979.29	29,195.71
9. Oral Health Care	28	37	193,049.00	193,049.00	13,095.00	13,095.00	179,954.00
10. Psychosocial Support	46	98	79,150.00	79,150.00	6,583.33	13,166.66	65,983.34
11. Treatment Adherence Services	85	88	54,697.00	54,697.00	9,116.16	9,116.16	45,580.84
Total Direct Care	993	2,614	1,608,740.00	1,608,740.00	131,487.00	172,011.60	1,436,728.40

C. PROGRAM SUPPORT - STATE PRIORITIES

18. Planning and Development	94,631.00	94,631.00	7,886.00	23,658.00	70,973.00
Total Program Support - State Priorities	94,631.00	94,631.00	7,886.00	23,658.00	70,973.00

TOTAL SECTIONS A, B AND C

	1,892,634.00	1,892,634.00	155,144.91	242,985.33	1,649,648.67
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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	242,985.33
UNPAID Advances	315,438.00
Balance to Draw	1,334,210.67

Total Expenditures This Period	155,144.91
Less Advances Paid This Period	_____
AMOUNT OF FUNDS REQUESTED THIS REPORT	155,144.91

Type of Request:	
Regular	X
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: 7-01-2010 to 7-31-2010

Contract No. **CODZ2**
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	189,263.00	189,263.00	15,771.91	63,087.64	126,175.36

	Number of Clients Served	Number of Units of Service	Original Amount	REVISED Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
B. DIRECT CARE 7105 - 7350							
2. Pharmaceutical Assistance	78	321	295,204.00	295,204.00	13,140.19	41,577.66	253,626.34
3. Ambulatory - Outpatient Care	77	100	374,354.00	344,354.00	16,935.38	16,935.38	327,418.62
4. Case Management Non Medical	201	460	136,904.00	136,904.00	13,333.33	39,999.99	96,904.01
5. Health Insurance	36	46	61,132.00	89,285.00	14,108.90	23,139.93	66,145.07
6. Housing Assistance (RW Title II Only)			28,153.00				
7. Case Management Medical	283	1,137	337,835.00	352,835.00	32,083.33	92,916.66	259,918.34
8. Medical Transportation Services	7	10	16,087.00	31,087.00	2,218.00	10,904.00	20,183.00
9. Mental Health Services	18	29	32,175.00	32,175.00	1,882.99	4,862.28	27,312.72
10. Oral Health Care	22	31	193,049.00	193,049.00	10,699.20	23,794.20	169,254.80
11. Psychosocial Support	42	113	79,150.00	79,150.00	6,576.00	19,742.66	59,407.34
12. Treatment Adherence Services	26	26	54,697.00	54,697.00	4,558.08	13,674.24	41,022.76
Total Direct Care	790	2,273	1,608,740.00	1,608,740.00	115,535.40	287,547.00	1,321,193.00

C. PROGRAM SUPPORT - STATE PRIORITIES

18. Planning and Development	94,631.00	94,631.00	7,886.00	31,544.00	63,087.00
Total Program Support - State Priorities	94,631.00	94,631.00	7,886.00	31,544.00	63,087.00

TOTAL SECTIONS A, B AND C

	1,892,634.00	1,892,634.00	139,193.31	382,178.64	1,510,455.36
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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	382,178.64
UNPAID Advances	315,438.00
Balance to Draw	1,195,017.36

Total Expenditures This Period	139,193.31
Less Advances Paid This Period	_____
AMOUNT OF FUNDS REQUESTED THIS REPORT	139,193.31

Type of Request:	
Regular	X
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: 8-01-2010 to 8-31-2010

Contract No. **CODZ2**
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	189,263.00	189,263.00	15,771.91	78,859.55	110,403.45

	Number of Clients Served	Number of Units of Service	Original Amount	REVISED Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
B. DIRECT CARE 7105 - 7350							
2. Pharmaceutical Assistance	74	252	295,204.00	295,204.00	30,153.87	71,731.53	223,472.47
3. Ambulatory - Outpatient Care	103	139	374,354.00	344,354.00	23,394.08	40,329.46	304,024.54
4. Case Management Non Medical	154	348	136,904.00	136,904.00	11,133.33	51,133.32	85,770.68
5. Health Insurance	34	47	61,132.00	89,285.00	15,585.21	38,725.14	50,559.86
6. Housing Assistance (RW Title II Only)			28,153.00				
7. Case Management Medical	278	1,036	337,835.00	352,835.00	29,538.33	122,454.99	230,380.01
8. Medical Transportation Services			16,087.00	31,087.00		10,904.00	20,183.00
9. Mental Health Services	29	39	32,175.00	32,175.00	3,588.83	8,451.11	23,723.89
10. Oral Health Care	33	51	193,049.00	193,049.00	17,285.70	41,079.90	151,969.10
11. Psychosocial Support	40	109	79,150.00	79,150.00	6,576.00	26,318.66	52,831.34
12. Treatment Adherence Services	19	50	54,697.00	54,697.00	4,558.08	18,232.32	36,464.68
Total Direct Care	764	2,071	1,608,740.00	1,608,740.00	141,813.43	429,360.43	1,179,379.57

C. PROGRAM SUPPORT - STATE PRIORITIES

18. Planning and Development	94,631.00	94,631.00	7,886.00	39,430.00	55,201.00
Total Program Support - State Priorities	94,631.00	94,631.00	7,886.00	39,430.00	55,201.00

TOTAL SECTIONS A, B AND C

	1,892,634.00	1,892,634.00	165,471.34	547,649.98	1,344,984.02
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D. ADVANCE(S) INFORMATION

Total Advances <u>315,438.00</u>	Total Contract Amount <u>1,892,634.00</u>
Previous Reductions _____	Expenditures Year -To-Date <u>547,649.98</u>
Current Reductions _____	UNPAID Advances <u>315,438.00</u>
Remaining Advances <u>315,438.00</u>	Balance to Draw <u>1,029,546.02</u>

Total Expenditures This Period 165,471.34	Type of Request:
Less Advances Paid This Period _____	Regular X
AMOUNT OF FUNDS REQUESTED THIS REPORT <u>165,471.34</u>	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: 9-01-2010 to 9-30-2010

Contract No. CODZ2
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	189,263.00	189,263.00	15,771.91	94,631.46	94,631.54

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	84	475	295,204.00	295,204.00	20,492.91	92,224.44	202,979.56
3. Ambulatory - Outpatient Care	102	145	374,354.00	344,354.00	26,909.01	67,238.47	277,115.53
4. Case Management Non Medical	153	371	136,904.00	136,904.00	11,133.33	62,266.65	74,637.35
5. Health Insurance	32	45	61,132.00	89,285.00	12,521.26	51,246.40	38,038.60
6. Housing Assistance (RW Title II Only)			28,153.00				
7. Case Management Medical	301	1,177	337,835.00	352,835.00	29,538.33	151,993.32	200,841.68
8. Medical Transportation Services	5	12	16,087.00	31,087.00	2,532.00	13,436.00	17,651.00
9. Mental Health Services	30	42	32,175.00	32,175.00	3,681.64	12,132.75	20,042.25
10. Oral Health Care	38	61	193,049.00	193,049.00	23,683.00	64,762.90	128,286.10
11. Psychosocial Support	46	112	79,150.00	79,150.00	6,576.00	32,894.66	46,255.34
12. Treatment Adherence Services	29	59	54,697.00	54,697.00	4,558.08	22,790.40	31,906.60
Total Direct Care	820	2,499	1,608,740.00	1,608,740.00	141,625.56	570,985.99	1,037,754.01

C. PROGRAM SUPPORT - STATE PRIORITIES

18. Planning and Development	94,631.00	94,631.00	7,886.00	47,316.00	47,315.00
Total Program Support - State Priorities	94,631.00	94,631.00	7,886.00	47,316.00	47,315.00

TOTAL SECTIONS A, B AND C

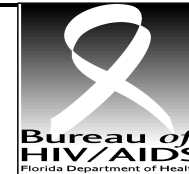
	1,892,634.00	1,892,634.00	165,283.47	712,933.45	1,179,700.55
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D. ADVANCE(S) INFORMATION

Total Advances <u>315,438.00</u>	Total Contract Amount <u>1,892,634.00</u>
Previous Reductions _____	Expenditures Year -To-Date <u>712,933.45</u>
Current Reductions _____	UNPAID Advances <u>315,438.00</u>
Remaining Advances <u>315,438.00</u>	Balance to Draw <u>864,262.55</u>

Total Expenditures This Period 165,283.47	Type of Request:
Less Advances Paid This Period _____	Regular X
AMOUNT OF FUNDS REQUESTED THIS REPORT <u>165,283.47</u>	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: 10-01-2010 to 10-31-2010

Contract No. CODZ2
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	189,263.00	189,263.00	15,771.91	110,403.37	78,859.63

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	55	184	295,204.00	295,204.00	12,881.24	105,105.68	190,098.32
3. Ambulatory - Outpatient Care	93	130	374,354.00	344,354.00	22,599.34	89,837.81	254,516.19
4. Case Management Non Medical	153	366	136,904.00	136,904.00	10,662.33	72,928.98	63,975.02
5. Health Insurance	29	36	61,132.00	89,285.00	12,170.50	63,416.90	25,868.10
6. Housing Assistance (RW Title II Only)			28,153.00				
7. Case Management Medical	256	1,023	337,835.00	352,835.00	28,691.33	180,684.65	172,150.35
8. Medical Transportation Services	7	15	16,087.00	31,087.00	2,232.00	15,668.00	15,419.00
9. Mental Health Services	23	35	32,175.00	32,175.00	2,823.86	14,956.61	17,218.39
10. Oral Health Care	37	63	193,049.00	193,049.00	19,778.95	84,541.85	108,507.15
11. Psychosocial Support	42	110	79,150.00	79,150.00	6,576.00	39,470.66	39,679.34
12. Treatment Adherence Services	23	52	54,697.00	54,697.00	4,558.08	27,348.48	27,348.52
Total Direct Care	718	2,014	1,608,740.00	1,608,740.00	122,973.63	693,959.62	914,780.38

C. PROGRAM SUPPORT - STATE PRIORITIES

18. Planning and Development	94,631.00	94,631.00	7,886.00	55,202.00	39,429.00
Total Program Support - State Priorities	94,631.00	94,631.00	7,886.00	55,202.00	39,429.00

TOTAL SECTIONS A, B AND C

	<u>1,892,634.00</u>	<u>1,892,634.00</u>	<u>146,631.54</u>	<u>859,564.99</u>	<u>1,033,069.01</u>
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D. ADVANCE(S) INFORMATION

Total Advances	<u>315,438.00</u>
Previous Reductions	<u> </u>
Current Reductions	<u> </u>
Remaining Advances	<u>315,438.00</u>

Total Contract Amount	1,892,634.00
Expenditures Year -To-Date	859,564.99
UNPAID Advances	315,438.00
Balance to Draw	<u>717,631.01</u>

Total Expenditures This Period	146,631.54
Less Advances Paid This Period	<u> </u>
AMOUNT OF FUNDS REQUESTED THIS REPORT	<u>146,631.54</u>

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

Provider Agency Name and Address:

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

Preparer's Name: T. Earle
Phone #: 904-723-2162 Ext. 106

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

From: 11-01-2010 to 11-30-2010

Contract No. CODZ2
FY 2010-2011



A. ADMINISTRATIVE BUDGET

	Original Amount	REVISED Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
Total Administrative Budget	189,263.00	189,263.00	15,771.91	126,175.28	63,087.72

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	81	282	295,204.00	295,204.00	14,654.71	119,760.39	175,443.61
3. Ambulatory/Outpatient Medical Care	95	144	374,354.00	344,354.00	20,885.43	110,723.24	233,630.76
4. Case Management Non Medical	146	262	136,904.00	136,904.00	8,673.99	81,602.97	55,301.03
7. Health Insurance Premium/Cost Sharing	24	31	61,132.00	89,285.00	3,678.33	67,095.23	22,189.77
6. Housing Assistance (RW Title II Only)			28,153.00				
7. Case Management Medical	247	931	337,835.00	352,835.00	28,691.33	209,375.98	143,459.02
8. Medical Transportation Services	6	13	16,087.00	31,087.00	1,898.00	17,566.00	13,521.00
9. Mental Health Services	21	30	32,175.00	32,175.00	2,319.28	17,275.89	14,899.11
10. Oral Health Care	18	26	193,049.00	193,049.00	12,695.40	97,237.25	95,811.75
11. Psychosocial Support Services	40	103	79,150.00	79,150.00	6,576.00	46,046.66	33,103.34
12. Treatment Adherence Counseling	54	54	54,697.00	54,697.00	4,558.08	31,906.56	22,790.44
Total Direct Care	732	1,876	1,608,740.00	1,608,740.00	104,630.55	798,590.17	810,149.83

C. PROGRAM SUPPORT - STATE PRIORITIES

18. Planning and Development	94,631.00	94,631.00	7,886.00	63,088.00	31,543.00
Total Program Support - State Priorities	94,631.00	94,631.00	7,886.00	63,088.00	31,543.00
TOTAL SECTIONS A, B AND C	1,892,634.00	1,892,634.00	128,288.46	987,853.45	904,780.55

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 987,853.45
UNPAID Advances 315,438.00
Balance to Draw 589,342.55

Total Expenditures This Period **128,288.46**
Less Advances Paid This Period _____
AMOUNT OF FUNDS REQUESTED THIS REPORT **128,288.46**

Type of Request:
Regular **X**
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: 12-01-2010 to 12-31-2010

Contract No. CODZ2
 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	189,263.00	189,263.00	15,771.91	141,947.19	47,315.81

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	84	395	295,204.00	295,204.00	16,031.53	135,791.92	159,412.08
3. Ambulatory/Outpatient Medical Care	95	154	374,354.00	344,354.00	19,713.56	130,436.80	213,917.20
4. Case Management Non Medical			136,904.00	136,904.00		81,602.97	55,301.03
7. Health Insurance Premium/Cost Sharing	31	42	61,132.00	89,285.00	13,774.35	80,869.58	8,415.42
6. Housing Assistance (RW Title II Only)			28,153.00				
7. Case Management Medical	267	930	337,835.00	352,835.00	28,691.33	238,067.31	114,767.69
8. Medical Transportation Services	3	10	16,087.00	31,087.00	1,258.00	18,824.00	12,263.00
9. Mental Health Services	16	31	32,175.00	32,175.00	2,249.73	19,525.62	12,649.38
10. Oral Health Care	23	33	193,049.00	193,049.00	11,579.00	108,816.25	84,232.75
11. Psychosocial Support Services	40	98	79,150.00	79,150.00	6,576.00	52,622.66	26,527.34
12. Treatment Adherence Counseling	51	51	54,697.00	54,697.00	4,558.08	36,464.64	18,232.36
Total Direct Care	610	1,744	1,608,740.00	1,608,740.00	104,431.58	903,021.75	705,718.25

C. PROGRAM SUPPORT - STATE PRIORITIES

18. Planning and Development	94,631.00	94,631.00	7,886.00	70,974.00	23,657.00
Total Program Support - State Priorities	94,631.00	94,631.00	7,886.00	70,974.00	23,657.00

TOTAL SECTIONS A, B AND C

	1,892,634.00	1,892,634.00	128,089.49	1,115,942.94	776,691.06
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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	1,115,942.94
UNPAID Advances	315,438.00
Balance to Draw	461,253.06

Total Expenditures This Period	128,089.49
Less Advances Paid This Period	
AMOUNT OF FUNDS REQUESTED THIS REPORT	128,089.49

Type of Request:	
Regular	X
Final	