



North Carolina Department of Public Safety

JCPC Program Agreement Revision

SECTION I A	SPONSORING AGENCY AND PROGRAM INFORMATION		
FUNDING PERIOD:	FY 21-22	DPS/JCPC FUNDING # (cont only)	541-XXXX
COUNTY:	Guilford	AREA:	Piedmont Area
NAME OF PROGRAM:	Comprehensive Clinical Assessment		
SPONSORING AGENCY:	Selfless Foundation, Inc.		

Name:	Yohmina Kasey		Title:			
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Program Manager Name & Address (same person on signature page)

THE REASONS FOR THIS BUDGET REVISION ARE AS FOLLOWS:

- | | |
|---|--|
| ☐ INCREASE IN DPS/JCPC REVENUES | ☐ DECREASE IN DPS/JCPC REVENUES |
| ☐ INCREASE IN OTHER REVENUES | ☐ DECREASE IN OTHER REVENUES |
| ☐ CAPITAL EXPENDITURE ADJUSTMENT | ☐ CONTRACTED SERVICE ADJUSTMENT |
| ☐ LAPSED SALARY ADJUSTMENT | ☒ LINE ITEM ADJUSTMENT |
| ☐ CHANGE IN COMPONENT (attach revised Component Narrative) | |

COMMENTS: We have not utilized mileage reimbursement of \$777., for the Single Assessor, due to an increase in virtual assessments conducted at our home office. In the previous two years we have utilized the wi-Fi hotspot when doing assessments in the Guilford County DJJ offices in Greensboro and High Point. This fiscal year we conducted all assessments from our home office in Greensboro and we did not need the WiFi hot spot for assessments. This caused us to not have to use the \$1,500 allotment for the WiFi this fiscal year. This is a total of \$2,277 that we would like to move from categories 310 and 320 and move it to the Salary & Wage category of 120, since we are expected to exceed the salary budget by June 1, 2020. Fringe Benefits increased during this year.

LINE ITEMS IN THE CURRENT DPS/JCPC APPROVED BUDGET ARE BEING ADJUSTED AS FOLLOWS:

Item #	Increase	Decrease	Explanation
180	\$2,277		Fringe benefits increased. (401k, Health Insurance, Vision and Dental)
310		\$777	Due to COVID the program increased virtual assessments and the remainder of the mileage reimbursement was not needed.
320		\$1,500	Due to COVID the program increased virtual assessments and the WIFI hot spot expense was not needed for the Single Assessor.
Total	\$2,277	\$2,277	Difference \$0

BUDGET NARRATIVE			
Comprehensive Clinical Assessment		Fiscal Year	FY 21-22
Item #	Justification	Expense	In Kind Expense
120	Clinical Assessor (LCSW/LCMHC)(\$4,166.66 x 12 months)(40 hours per week)	\$50,000	
120	Administrative Assistant (20 hrs per week x \$15 =\$300 per week) (\$300 x 52 weeks = \$15,600.00)	\$15,600	
180	\$65,600 x 7.65 = 4,986.00 Retirement and 401k Payroll expense increase a total of \$8,580 for 21-22 fiscal year.	\$7,263	
230	Clinical Training / Continuing Education (\$125 x 4 = \$500)	\$500	
260	Paper and Ink for printing (\$250 x 12 months = \$3,000)	\$3,000	
310	mileage reimbursement (.45 per mile x 1,727.50miles = \$777.38) (\$64.78 per month x 12 months = \$777.38)	\$0	
320	Wi-Fi Hot spot (\$125 per month x 12 months)	\$0	
410	Office Space (\$445.50 is 15% of total rent and water for the entire space) (\$445.50 x 12 = \$5346.00)	\$5,346	
450	Professional Liability Insurance	\$2,300	
510	Lap Top Computer (1 HP - Lap top)	\$720	
TOTAL		\$84,729	

Job Title	Annual Expense Wages	Annual In Kind Wages
Clinical Assessor (LCSW/LCMHC)	\$50,000	
Administrative Assistant (part time)	\$15,600	
TOTAL	\$65,600	

Fiscal Year: FY 21-22

Number of Months: 12

	Cash	In Kind	Total
I. Personnel Services	\$72,863		\$72,863
120 Salaries & Wages	\$65,600		\$65,600
180 Fringe Benefits	\$7,263		\$7,263
190 Professional Services*			\$0
*Contracts MUST be attached			
II. Supplies & Materials	\$3,500		\$3,500
210 Household & Cleaning			\$0
220 Food & Provisions			\$0
230 Education & Medical	\$500		\$500
240 Construction & Repair			\$0
250 Vehicle Supplies & Materials			\$0
260 Office Supplies and Materials	\$3,000		\$3,000
280 Heating & Utility Supplies			\$0
290 Other Supplies and Materials			\$0
III. Current Obligations & Services	\$0		\$0
310 Travel & Transportation	\$0		\$0
320 Communications	\$0		\$0
330 Utilities			\$0
340 Printing & Binding			\$0
350 Repairs & Maintenance			\$0
370 Advertising			\$0
380 Data Processing			\$0
390 Other Services			\$0
IV. Fixed Charges & Other Expenses	\$7,646		\$7,646
410 Rental or Real Property	\$5,346		\$5,346
430 Equipment Rental			\$0
440 Service and Maint. Contracts			\$0
450 Insurance & Bonding	\$2,300		\$2,300
490 Other Fixed Charges			\$0
V. Capital Outlay	\$720		\$720
[This Section Requires Cash Match]			
510 Office Furniture & Equipment	\$720		\$720
530 Educational Equipment			\$0
540 Motor Vehicle			\$0
550 Other Equipment			\$0
580 Buildings, Structure & Improv.			\$0
Total	\$84,729		\$84,729

SOURCES OF PROGRAM REVENUE (ALL SOURCES)

CURRENT BUDGET REVENUE			NEW BUDGET REVENUE		
\$61,600			\$61,600		
DPS/JCPC Funds			DPS/JCPC Funds		
\$4,000	Guilford County		\$4,000	Guilford County	
County Cash	<i>Source of County Cash</i>		County Cash	<i>Source of County Cash</i>	
\$19,129	Medicaid Billing for Clinical Assessments		\$19,129	Medicaid Billing for Clinical Assessments	
Local Cash 1	<i>Source of Local Cash 1</i>		Local Cash 1	<i>Source of Local Cash 1</i>	
Local Cash 2	<i>Source of Local Cash 2</i>		Local Cash 2	<i>Source of Local Cash 2</i>	
\$0			\$0		
Local In-Kind	<i>Source of Local In-Kind</i>		Local In-Kind	<i>Source of Local In-Kind</i>	
Local In-Kind 1	<i>Source of Local In-Kind 1</i>		Local In-Kind 1	<i>Source of Local In-Kind 1</i>	
Local In-Kind 2	<i>Source of Local In-Kind 2</i>		Local In-Kind 2	<i>Source of Local In-Kind 2</i>	
Local In-Kind 3	<i>Source of Local In-Kind 3</i>		Local In-Kind 3	<i>Source of Local In-Kind 3</i>	
Local In-Kind 4	<i>Source of Local In-Kind 4</i>		Local In-Kind 4	<i>Source of Local In-Kind 4</i>	
Local In-Kind 5	<i>Source of Local In-Kind 5</i>		Local In-Kind 5	<i>Source of Local In-Kind 5</i>	
Other 1	<i>Source of Other 1</i>		Other 1	<i>Source of Other 1</i>	
Other 2	<i>Source of Other 2</i>		Other 2	<i>Source of Other 2</i>	
Other 3	<i>Source of Other 3</i>		Other 3	<i>Source of Other 3</i>	
Other 4	<i>Source of Other 4</i>		Other 4	<i>Source of Other 4</i>	
\$84,729			\$84,729		
TOTAL			TOTAL	DIFFERENCE	\$0
\$18,480	30%	\$23,129	\$18,480	30%	\$23,129
Required Local Match	Local Match Rate	Local Match Provided	Required Local Match	Local Match Rate	Local Match Provided

Authorizing Official, Department of Public Safety	Date
Chair, County Board of Commissioners or County Finance Director	Date
Chair, Juvenile Crime Prevention Council	Date
Program Manager	Date