



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:	Outpatient Counseling		
SPONSORING AGENCY:	Alexander Youth Network		

Name:	Jennifer Lewis	Title:	Chief Marketing Officer		
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Program Manager Name & Address (same person on signature page)

THE REASONS FOR THIS BUDGET REVISION ARE AS FOLLOWS:

- | | |
|---|--|
| <input type="checkbox"/> INCREASE IN DPS/JCPC REVENUES | <input type="checkbox"/> DECREASE IN DPS/JCPC REVENUES |
| <input checked="" type="checkbox"/> INCREASE IN OTHER REVENUES | <input type="checkbox"/> DECREASE IN OTHER REVENUES |
| <input type="checkbox"/> CAPITAL EXPENDITURE ADJUSTMENT | <input type="checkbox"/> CONTRACTED SERVICE ADJUSTMENT |
| <input type="checkbox"/> LAPSED SALARY ADJUSTMENT | <input checked="" type="checkbox"/> LINE ITEM ADJUSTMENT |
| <input type="checkbox"/> CHANGE IN COMPONENT (attach revised Component Narrative) | |

COMMENTS: To more accurately reflect estimated annual expenses and update some line items for budget at start of agency fiscal year 10/2021. Revenue increase (Medicaid) for increased expenses mainly for staff travel (mileage) contracted therapist and speech services and support allocations.

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

Item #	Increase	Decrease	Explanation
260		\$960	To more accurately reflect estimated annual expenses at start of agency fiscal year in 10/2021. Reduced due to less office items needed. More at home and virtual working conditions.
310	\$101		To more accurately reflect estimated annual expenses of item not originally budgeted. Mileage for staff travel between program locations.
330		\$316	Line item not utilized. Reduced office space.
390	\$33,458		To more accurately reflect estimated annual expenses due to changes for agency fiscal year starting 10/2021. Addition of contracted professional services for therapists and speech services.
490	\$10,637		To more accurately reflect estimated annual expenses due to allocation changes for agency fiscal year starting 10/2021
Total	\$44,196	\$1,276	Difference \$42,920

BUDGET NARRATIVE			
Outpatient Counseling		Fiscal Year	FY 21-22
Item #	Justification	Expense	In Kind Expense
120	Full and part-time staff for program (Supervision, Administrative Support, Therapists)	\$93,649	
180	Fringe benefits and payroll taxes (29.4% eligible salaries/ wages = \$93,649 x 29.4% = \$27,533)	\$27,533	
210	Housekeeping Supplies	\$25	
260	Office Supplies (\$20.00/month x 12 months = \$240)	\$240	
290	Program Supplies (\$8.34/month x 12 months = \$100)	\$100	
310	Mileage (approx 180 miles x 56c per mile = \$101)	\$101	
320	Program cell phones, office land line and internet (\$303.09/ month x 12 months = \$3,637)	\$3,637	
330	Program's share of office utilities (\$26.34/month x 12 months = \$316.00)	\$0	
340	Printing in excess of leased copier max copy limit (\$8.34/month x 12 months = \$100.00)	\$100	
350	Program's share of maintenance (\$16.67/month x 12 months = \$200)	\$200	
390	Professional dues & subscriptions (\$41.67/month x 12 months = \$500)	\$500	
390	Client Incidentals (\$8.34/month x 12 months = \$100)	\$100	
390	Professional contracted services for security, shredding, licensing, therapist, speech services (\$3000/month x 12 months = \$36000)	\$36,000	
410	Program's share of Greensboro & High Point office rental (\$671.50/month x 12 months = \$8,058)	\$8,058	
430	Program's share of copier lease (\$40.00/month x 12 months = \$480)	\$480	
490	Allocations - Support Services (actual, per FTE, % of program exps) for Administration, Finance, Revenue Cycle, Facilities, HR, IT, Communications, Program Operations, Medical Records and Performance Improvement	\$70,738	
510	Office equipment/furniture replacement	\$2,818	
TOTAL		\$244,279	

Job Title	Annual Expense Wages	Annual In Kind Wages
Therapist (0.35 FTE x \$51,820)	\$18,137	
Therapist (1.00 FTE x \$52,070)	\$52,070	
Administrative Assistant - Greensboro (0.27 FTE x \$31,841)	\$8,597	
Outpatient Services Manager (0.22 FTE x \$55,659)	\$12,245	

On Call (\$50.00/week * 52 weeks)	\$2,600	
TOTAL	\$93,649	

Fiscal Year: FY 21-22

Number of Months: 1

	Cash	In Kind	Total
I. Personnel Services	\$121,182		\$121,182
120 Salaries & Wages	\$93,649		\$93,649
180 Fringe Benefits	\$27,533		\$27,533
190 Professional Services*			\$0
*Contracts MUST be attached			
II. Supplies & Materials	\$365		\$365
210 Household & Cleaning	\$25		\$25
220 Food & Provisions			\$0
230 Education & Medical			\$0
240 Construction & Repair			\$0
250 Vehicle Supplies & Materials			\$0
260 Office Supplies and Materials	\$240		\$240
280 Heating & Utility Supplies			\$0
290 Other Supplies and Materials	\$100		\$100
III. Current Obligations & Services	\$40,638		\$40,638
310 Travel & Transportation	\$101		\$101
320 Communications	\$3,637		\$3,637
330 Utilities	\$0		\$0
340 Printing & Binding	\$100		\$100
350 Repairs & Maintenance	\$200		\$200
370 Advertising			\$0
380 Data Processing			\$0
390 Other Services	\$36,600		\$36,600
IV. Fixed Charges & Other Expenses	\$79,276		\$79,276
410 Rental or Real Property	\$8,058		\$8,058
430 Equipment Rental	\$480		\$480
440 Service and Maint. Contracts			\$0
450 Insurance & Bonding			\$0
490 Other Fixed Charges	\$70,738		\$70,738
V. Capital Outlay	\$2,818		\$2,818
[This Section Requires Cash Match]			
510 Office Furniture & Equipment	\$2,818		\$2,818
530 Educational Equipment			\$0
540 Motor Vehicle			\$0
550 Other Equipment			\$0
580 Buildings, Structure & Improv.			\$0
Total	\$244,279		\$244,279

SOURCES OF PROGRAM REVENUE (ALL SOURCES)

CURRENT BUDGET REVENUE			NEW BUDGET REVENUE		
\$76,422			\$76,422		
DPS/JCPC Funds			DPS/JCPC Funds		
\$10,695	Guilford County		\$10,695	Guilford County	
County Cash	Source of County Cash		County Cash	Source of County Cash	
\$21,467	United Way of Greater Greensboro		\$21,467	United Way of Greater Greensboro	
Local Cash 1	Source of Local Cash 1		Local Cash 1	Source of Local Cash 1	
Local Cash 2	Source of Local Cash 2		Local Cash 2	Source of Local Cash 2	
\$0			\$0		
Local In-Kind	Source of Local In-Kind		Local In-Kind	Source of Local In-Kind	
Local In-Kind 1	Source of Local In-Kind 1		Local In-Kind 1	Source of Local In-Kind 1	
Local In-Kind 2	Source of Local In-Kind 2		Local In-Kind 2	Source of Local In-Kind 2	
Local In-Kind 3	Source of Local In-Kind 3		Local In-Kind 3	Source of Local In-Kind 3	
Local In-Kind 4	Source of Local In-Kind 4		Local In-Kind 4	Source of Local In-Kind 4	
Local In-Kind 5	Source of Local In-Kind 5		Local In-Kind 5	Source of Local In-Kind 5	
\$82,775	Medicaid		\$125,695	Medicaid	
Other 1	Source of Other 1		Other 1	Source of Other 1	
\$10,000	Client fees (commercial insurance)		\$10,000	Client fees (commercial insurance)	
Other 2	Source of Other 2		Other 2	Source of Other 2	
Other 3	Source of Other 3		Other 3	Source of Other 3	
Other 4	Source of Other 4		Other 4	Source of Other 4	
\$201,359			\$244,279		
TOTAL			TOTAL	DIFFERENCE	\$42,920
\$22,927	30%	\$32,162	\$22,927	30%	\$32,162
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