



# North Carolina Department of Public Safety

## JCPC Program Agreement Revision

SECTION I A	SPONSORING AGENCY AND PROGRAM INFORMATION		
<b>FUNDING PERIOD:</b>	FY 21-22	<b>DPS/JCPC FUNDING # (cont only)</b>	541-XXXX
<b>COUNTY:</b>	Guilford	<b>AREA:</b>	Piedmont Area
<b>NAME OF PROGRAM:</b>	Psychological Testing		
<b>SPONSORING AGENCY:</b>	Alexander Youth Network		

<b>Name:</b>	Jennifer Lewis	<b>Title:</b>	Chief Marketing Officer		
<b>Mailing Address:</b>	405 Parkway Ste A	<b>City:</b>	Greensboro	<b>Zip:</b>	27401
<b>Phone:</b>	(336) 907-3760	<b>Fax:</b>	(336) 274-3622	<b>E-mail:</b>	jlewis@aynkids.org

**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:** Adjust line items to more accurately reflect estimated annual expenses. Several expense budgets updated due to new agency fiscal year starting 10/2021

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

Item #	Increase	Decrease	Explanation
120			No change
180			No change
190			No change
220			No change
260			No change
290			No change
310			No change
320	\$447		To more accurately reflect estimated annual expenses
390	\$660		Additional line item for copier services not originally budgeted.
410			No change
430			No change
490			No change
<b>Total</b>	<b>\$1,107</b>		<b>Difference \$1,107</b>

BUDGET NARRATIVE			
Psychological Testing		Fiscal Year	FY 21-22
Item #	Justification	Expense	In Kind Expense
120	Salaries and Wages (Administrative Support)	\$6,004	
180	Fringe Benefits and Payroll Taxes (29.4% eligible salaries and wages = \$6,004 x 29.4% = \$1,765)	\$1,765	
190	Contract Services: Psychologist	\$30,000	
220	Snacks for clients (\$15.00/month x 12 months = \$180)	\$180	
260	Office supplies (\$15.00/month x 12 months = \$180.00)	\$180	
290	Psych Supplies (\$83.34/month x 12 months = \$1,000)	\$1,000	
310	Mileage paid @ 0.50/mile (estimated 110 miles x \$0.50/mile = \$55)	\$55	
320	Telephone and internet (\$94.5/month x 12 months = \$1134)	\$1,134	
390	Copier services (\$55/month x 12 months = \$660.00)	\$660	
410	Rental cost of office space in Greensboro (\$433.00/month x 12 months = \$5,196)	\$5,196	
430	Program's share of copier lease (\$71.75/month x 12 months = \$861)	\$861	
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	\$4,479	
<b>TOTAL</b>		<b>\$51,514</b>	

Job Title	Annual Expense Wages	Annual In Kind Wages
Administrative Assistant (0.1 FTE x \$32,210)	\$3,221	
OP Services Clinical Manager (0.05 FTE x \$55,660)	\$2,783	
<b>TOTAL</b>	<b>\$6,004</b>	

Fiscal Year: FY 21-22

Number of Months: 1

	Cash	In Kind	Total
<b>I. Personnel Services</b>	<b>\$37,769</b>		<b>\$37,769</b>
120 Salaries & Wages	\$6,004		\$6,004
180 Fringe Benefits	\$1,765		\$1,765
190 Professional Services*	\$30,000		\$30,000
*Contracts MUST be attached			
<b>II. Supplies &amp; Materials</b>	<b>\$1,360</b>		<b>\$1,360</b>
210 Household & Cleaning			\$0
220 Food & Provisions	\$180		\$180
230 Education & Medical			\$0
240 Construction & Repair			\$0
250 Vehicle Supplies & Materials			\$0
260 Office Supplies and Materials	\$180		\$180
280 Heating & Utility Supplies			\$0
290 Other Supplies and Materials	\$1,000		\$1,000
<b>III. Current Obligations &amp; Services</b>	<b>\$1,849</b>		<b>\$1,849</b>
310 Travel & Transportation	\$55		\$55
320 Communications	\$1,134		\$1,134
330 Utilities			\$0
340 Printing & Binding			\$0
350 Repairs & Maintenance			\$0
370 Advertising			\$0
380 Data Processing			\$0
390 Other Services	\$660		\$660
<b>IV. Fixed Charges &amp; Other Expenses</b>	<b>\$10,536</b>		<b>\$10,536</b>
410 Rental or Real Property	\$5,196		\$5,196
430 Equipment Rental	\$861		\$861
440 Service and Maint. Contracts			\$0
450 Insurance & Bonding			\$0
490 Other Fixed Charges	\$4,479		\$4,479
<b>V. Capital Outlay</b>			<b>\$0</b>
<b>[This Section Requires Cash Match]</b>			
510 Office Furniture & Equipment			\$0
530 Educational Equipment			\$0
540 Motor Vehicle			\$0
550 Other Equipment			\$0
580 Buildings, Structure & Improv.			\$0
<b>Total</b>	<b>\$51,514</b>		<b>\$51,514</b>

# SOURCES OF PROGRAM REVENUE (ALL SOURCES)

CURRENT BUDGET REVENUE			NEW BUDGET REVENUE		
\$30,000			\$30,000		
DPS/JCPC Funds			DPS/JCPC Funds		
\$4,000	Guilford County		\$4,000	Guilford County	
County Cash	Source of County Cash		County Cash	Source of County Cash	
\$5,000	United Way of Greater Greensboro		\$5,000	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	
\$11,407	Medicaid		\$12,514	Medicaid	
Other 1	Source of Other 1		Other 1	Source of Other 1	
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	
\$50,407			\$51,514		
<b>TOTAL</b>			<b>TOTAL</b>	<b>DIFFERENCE</b>	<b>\$1,107</b>
\$9,000	30%	\$9,000	\$9,000	30%	\$9,000
Required Local Match	Local Match Rate	Local Match Provided	Required Local Match	Local Match Rate	Local Match Provided

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