



North Carolina Department of Public Safety

Juvenile Justice and Delinquency Prevention

JCPC Program Agreement Revision

SECTION I A	SPONSORING AGENCY AND PROGRAM INFORMATION		
FUNDING PERIOD:	FY 25-26	DPS/JCPC FUNDING # (cont only)	541-23271
COUNTY:	Guilford	AREA:	Piedmont Area
NAME OF PROGRAM:	Outpatient Counseling		
SPONSORING AGENCY:	Alexander Youth Network		

Name:	Jennifer Lewis	Title:	Vice President		
Mailing Address:	405 Parkway Ste A		City:	Greensboro	Zip: 27401
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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 type="checkbox"/>	INCREASE IN OTHER REVENUES		<input checked="" 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 checked="" type="checkbox"/>	CHANGE IN COMPONENT (attach revised Component Narrative)				
COMMENTS: Updated budget to correspond to expenditure levels at 2/28/26 - 3rd Quarter Accounting					

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

Item #	Increase	Decrease	Explanation
210		\$34	Updated budget for expenditures at 2/28/26 3rd Quarter Accounting. No expenses for July 25-Feb 26.
260		\$334	Updated budget for expenditures at 2/28/26 3rd Quarter Accounting. No expenses for July 25-Feb 26.
310		\$350	Updated budget for expenditures at 2/28/26 3rd Quarter Accounting.
320	\$2,100		Updated budget for expenditures at 2/28/26 3rd Quarter Accounting.
390		\$10,400	Updated budget for expenditures at 2/28/26 3rd Quarter Accounting.
410	\$4,761		Update budget to be in line with year to date expenses at 2/28/26 3rd Quarter Accounting
490	\$3,185		Adjust budget for increased support allocation costs.
Total	\$10,046	\$11,118	Difference -\$1,072

COMPONENT NARRATIVE

Identify below the program section of the program agreement this revision will impact and the changes being requested.

Outpatient counseling no longer offers a service location in High Point, NC. The office lease expired in the third quarter of the fiscal year and the lease was not renewed due to cost constraints. All counseling services are now offered in Greensboro at 405 Parkway Ste A, Greensboro, NC 27401.

BUDGET NARRATIVE			
Outpatient Counseling		Fiscal Year	FY 25-26
Item #	Justification	Expense	In Kind Expense
120	Full and part-time staff for program (Supervision, Administrative Support, Therapists)	\$91,671	
180	Fringe benefits and payroll taxes (28.15% eligible salaries/wages = \$91,671 x 28.15% = \$25,805)	\$25,805	
210	Housekeeping Supplies - program's share of office cleaning/bathroom supplies (\$4.16/month x 4 months = \$16.64)	\$16	
260	Office Supplies (\$41.67/month x 4 months (Mar-June 26) = \$166.68	\$166	
310	Staff mileage paid @ 0.70/mile (est 142.85 miles x \$0.70/mile = \$99.99) for travel in their personal vehicle and \$50 for meals for agency travel during meal times	\$150	
320	Program cell phones, office land line and internet (\$400/month x 12 months = \$4,800)	\$4,800	
330	Program's share of office utilities (\$20.83 month x 12 months = \$250)	\$250	
340	Printing in excess of leased copier max copy limit (\$8.34/month x 12 months = \$100.00)	\$100	
390	Client Incidentals - miscellaneous personal items (toothbrush/paste, combs/brushes etc.) (\$8.34/month x 12 months = \$100)	\$100	
390	Professional contracted services for janitorial services, security, shredding, speech, therapist (\$2,500/month x 12 months = \$30,000)	\$30,000	
410	Program's share of Greensboro & High Point office rental (\$1,554 month x 12 months = \$15,195)	\$15,195	
490	Professional dues - mental health license (\$20.83/month x 12 months = \$250)	\$250	
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	\$41,436	
TOTAL		\$209,939	\$0

Job Title	Annual Expense Wages	Annual In Kind Wages
Substance Use Therapist (0.80 FTE x \$67,045)	\$0	
Therapist (1.00 FTE x \$74,202)	\$74,202	
Office Manager - Greensboro (0.27 FTE x \$37,274)	\$10,415	
Regional Clinical Director (0.05 FTE x 75,740)	\$3,787	
Regional Executive Director (.033 FTE x \$98,000)	\$3,267	
TOTAL	\$91,671	\$0

Fiscal Year: FY 25-26

Number of Months: 12

	Cash	In Kind	Total
I. Personnel Services	\$117,476		\$117,476
120 Salaries & Wages	\$91,671		\$91,671
180 Fringe Benefits	\$25,805		\$25,805
190 Professional Services*			\$0
*Contracts MUST be attached			
II. Supplies & Materials	\$182		\$182
210 Household & Cleaning	\$16		\$16
220 Food & Provisions			\$0
230 Education & Medical			\$0
240 Construction & Repair			\$0
250 Vehicle Supplies & Materials			\$0
260 Office Supplies and Materials	\$166		\$166
280 Heating & Utility Supplies			\$0
290 Other Supplies and Materials			\$0
III. Current Obligations & Services	\$35,400		\$35,400
310 Travel & Transportation	\$150		\$150
320 Communications	\$4,800		\$4,800
330 Utilities	\$250		\$250
340 Printing & Binding	\$100		\$100
350 Repairs & Maintenance			\$0
370 Advertising			\$0
380 Data Processing			\$0
390 Other Services	\$30,100		\$30,100
IV. Fixed Charges & Other Expenses	\$56,881		\$56,881
410 Rental or Real Property	\$15,195		\$15,195
430 Equipment Rental			\$0
440 Service and Maint. Contracts			\$0
450 Insurance & Bonding			\$0
490 Other Fixed Charges	\$41,686		\$41,686
V. Capital Outlay			\$0
[This Section Requires Cash Match]			
510 Office Furniture & Equipment			\$0
530 Educational Equipment			\$0
540 Motor Vehicle			\$0
550 Other Equipment			\$0
580 Buildings, Structure & Improv.			\$0
Total	\$209,939		\$209,939

SOURCES OF PROGRAM REVENUE (ALL SOURCES)

CURRENT BUDGET REVENUE			NEW BUDGET REVENUE		
\$52,000			\$52,000		
DPS/JCPC Funds			DPS/JCPC Funds		
\$15,250	Guilford County		\$15,250	Guilford County	
County Cash	<i>Source of County Cash</i>		County Cash	<i>Source of County Cash</i>	
\$350	Agency Reserves		\$350	Agency Reserves	
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>	
\$143,411	Medicaid		\$142,339	Medicaid	
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>	
\$211,011			\$209,939		
TOTAL			TOTAL	DIFFERENCE	-\$1,072
\$15,600	30%	\$15,600	\$15,600	30%	\$15,600
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