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**Grant Recipient:** Agape Community Health Center, Inc., a Florida not for profit corporation (“Recipient”)

**Program Name:** Interpretative Services (“the Program”)

**City Funding Requests:** \$166,666.67

**Contract/Grant Term:** March 1, 2024– February 28, 2025

**Any substantial change to this FY 2023-2024 City Grant Proposal Term Sheet (the “Term Sheet”) or the attached Program budget will require City Council approval.**

**PROGRAM OVERVIEW:** Agape’s integrated and accessible primary and behavioral health care services program, (hereafter, the Program), serves Duval County residents. The Program is open to all vulnerable (uninsured or under insured) patient population which is demographically diverse and speaks numerous languages. The Program’s goals and objectives are health prevention and promotion. The Program will assist county residents by providing interpretive services, which will open the door to: (1) providing services to income eligible patients without regard to the ability to pay, (2) providing universal screening, standardized assessments, case management, brief psychotherapy, social services linkages, joint care planning, frequent healthcare team plan of care consultations, patient health outcomes monitoring, and point of service/care health education, (3) providing coordinated, co-located, and integrated behavioral health and primary care services using a single, electronic health record plan of care.

**PROGRAM SCOPE OF WORK AND DELIVERABLES:** Provision of Interpretive Services will help to remove the language barrier. These services will be available at all locations for all services being provided by Agape. Propio Language Services was selected from companies researched to meet the needs of clients that Agape staff serve. The company provides options for translation: telephone, video remote, conference, and an app, Propio ONE. The vast scope of languages and their experience with hard of hearing and deaf clients helps for future Agape needs. Propio has qualified medically trained staff with proper certification to translate. Additional considerations for selecting the company were response time, ability to offer additional services such as Document Translation, and the pricing was within budgetary scope for services.

**PROGRAM COSTS/PAYMENT TERMS:** The cost of these services ranges between \$15K - \$20K per month. Services are billed by the minute. Payment will be for the number of service hours/minutes and paid on a monthly basis. The average rate charged for interpretive services is .55 cents per minute. There are some languages that are charged .82 cents per minute. The higher rate calls tend to require more minutes. The call time varies per client and the rate is based on language type. Most of the interpretive services fall within the 0.55 cent rate.

**PROGRAM IMPACT & REPORTING:** The Program’s goal is to remove the language barrier that prevents the patient from getting the quality healthcare services they deserve.

**Additional Grant Requirements and Restrictions:** Recipient expenditure of City funds for the Program and the provision of services shall be subject to Chapter 118, Parts 1 – 5 of the Jacksonville Ordinance Code, and the terms and conditions of any contract entered between the City and Recipient. Recipient shall use the City funds for the Program in accordance with the City Council approved Term Sheet and Program budget. The City’s Grant Administrator may amend this Term Sheet and the approved Program budget consistent with the Program needs, provided that any substantial change to this Term Sheet or a budget change not within 10% of the attached Program budget line-items will require City Council approval.

FY 2024 City Grant - Complete Program Budget Detail

Lead Agency:  
 Agape Community Health Center, Inc.  
 Program Name:  
 Interpretive Services

Agency Fiscal Year: FY2023 -2024

BUDGET

Categories and Line Items	Prior Year Prg Funding FY 2021-2022	Current Year Prg Budget FY 2022-2023	Total Est. Cost of Program FY 2023-2024	Funding Partners				
				Agency Provided Funding	All Other Program Revenues	City of Jacksonville (City Grant)	Federal/ State & Other Funding	Private Foundation Funding
<b>I. Employee Compensation</b>								
Personnel - 01201 (list Job Title or Positions no names)								
1	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
2	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Subtotal Employee Compensation</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Fringe Benefits</b>								
Payroll Taxes - FICA & Med Tax - 02101	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Health Insurance - 02304	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Retirement - 02201	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Dental - 02301	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Life Insurance - 02303	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Workers Compensation - 02401	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Unemployment Taxes - 02501	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other Benefits - (Please describe)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Subtotal Taxes and Benefits</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Total Employee Compensation</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>II. Operating Expenses</b>								
<b>Occupancy Expenses</b>								
Rent - Occupancy -04408	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Telephone - 04181	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Utilities - 04301	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Maintenance and Repairs - 04603	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Insurance Property & General Liability - 04502	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other - (Please describe)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Office Expenses</b>								
Office and Other Supplies - 05101	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Postage - 04101	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Printing and Advertising - 04801	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Publications - 05216	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Staff Training - 05401	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Directors & Officers - Insurance - 04501	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Professional Fees & Services (not audit) - 03410	\$0.00	\$0.00	\$180,000.00	\$13,333.33	\$0.00	\$166,666.67	\$0.00	\$0.00
Background Screening - 04938	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other - Equipment under \$1,000 - 06403	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other - (Please describe)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Travel Expenses</b>								
Local Mileage - 04021	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Parking & Tools - 04028	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Equipment Expenses</b>								
Rental & Leases - Equipment - 04402	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Vehicle Fuel and Maintenance - 04216	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Vehicle Insurance -04502	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other - (Please describe)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Direct Client Expenses - 08301</b>								
Client Rent	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Utilities	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Food	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Medical	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Educational	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Personal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Other (Please describe)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Other (Please describe)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total Operating Expenses</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$180,000.00</b>	<b>\$13,333.33</b>	<b>\$0.00</b>	<b>\$166,666.67</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>III. Operating Capital Outlay (OVER \$1,000)</b>								
Machinery & Equipment - 06402	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Computers & Software - 06427	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other - (Please describe)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total Capital Outlay</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Direct Expenses Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$180,000.00</b>	<b>\$13,333.33</b>	<b>\$0.00</b>	<b>\$166,666.67</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Percent of Budget</b>	-	-	100.0%	7.4%	0.0%	92.6%	0.0%	0.0%

Last Modified: 03/16/2023

All City Grant items listed must be included in the narrative section of the budget.

**Budget Narrative for Selected Items of Cost**  
**FY 2024 City Grant Application**  
**Program Budget Narrative (Max. 2 Pages)**  
**Proposed Funding Period: FY 2023-2024**  
**COJ Funding Only**

**Agency:** Agape Community Health Center **Program Name:** Interpretative Services

**EXPENSES:** Please provide narrative description for all categories listed below for which you are seeking **City Funding Only.**  
 We have included those required elements in the spaces below. See instructions when listing personnel expenses.  
 Please feel free to add additional lines as necessary to provide explanations using the line insert feature.

**I. Employee Compensation** - (not related to costs of the office of the governor of a state or the chief executive of a political subdivision)

Salary & Wages	\$	-
Payroll Taxes & Benefits	\$	-

**II. Operating Expenses**

Occupancy Expenses	\$	-
Office Expenses	\$	-
Interpretative Services	\$	166,666.67
Travel Expenses - not related to entertainment expenses	\$	-
Equipment Expenses	\$	-
Direct Client Expenses	\$	-

**III. Operating Capital Outlay:**

**WestJax Outreach, Inc. d/b/a Community Health Outreach, Inc.**

**FY 2023-2024 City Grant Proposal Term Sheet**

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**Grant Recipient:** WestJax Outreach, Inc., d/b/a Community Health Outreach, Inc. (“Recipient”)

**Program Name:** Jax Care Connect – partner clinic

**City Funding Requests:** \$166,666.67

**Contract/Grant Term:** March 1, 2024– February 28, 2025

**Any substantial change to this FY 2023-2024 City Grant Proposal Term Sheet (the “Term Sheet”) or a budget change not within 10% of the attached Program budget line-items will require City Council approval.**

**PROGRAM OVERVIEW:**

Community Health Outreach (CHO), operating in West Jacksonville, Florida provides primary and specialty medical care, dental services, pre- and post-natal support, and emergency food pantry services for low- to no-income, uninsured residents including a large number of veterans.

Over the last few years with the COVID-19 pandemic, Community Health Outreach saw an increased number of patients across all service areas (dental, medical, baby luv and food pantry). Although the number of community members needing help increased, access to volunteers, providers and resources has been a challenge to maintain.

In order to continue to provide needed services in dental and medical care CHO continues to rely on volunteer medical and dental providers as well as administrative volunteers. The clinic is supported by a few paid clinical and administrative team members to ensure coordination of care for patients which include medication management, referral management to specialty services, community resource connection and medical assistance.

In addition to the medical and dental clinic, CHO provides the Baby Luv program which was developed to aid in providing prevention and intervention services and resources as an effort to reduce these risk factors - poverty, infant mortality, access to care and food, and mental wellness.

CHO also offers the Lord's Pantry, a food pantry servicing on average 80,000 people facing food insecurity. We provide food one day a week to the west Jacksonville community, servicing several veterans.

Funds requested in this proposal are to assist with programmatic expenses.

**PROGRAM SCOPE OF WORK AND DELIVERABLES:**

Goal 1:

We aim over the next year to increase access to care for our medical and dental patients as well as our veteran and senior populations in the clinic and increasing the hours of our volunteer providers and support staff which will allow us to service more patients. In 2023 we provided a total of 790 healthcare visits (dental and medical

combined) and with this grant aim to increase our volume by 25%. Integral to this goal will be the following objectives.

1. Expand awareness of the services provided by the medical and dental clinic to the surrounding area as well as advertising through the City of Jacksonville Military Affairs and Veterans Department, the Naval Air Station, dedicated Senior and Medical Centers, local media outlets and other partnering organizations targeting seniors and veterans.
2. Collaborate with similar organizations providing medical care including but not limited to WeCare, Volunteers in Medicine, Inspire to Rise and ensure access to care for all disparate populations.
3. Reduce disparities in access to effective preventative medical and dental treatment services
4. Sustain hours provided by our medical providers and partner with new medical providers to volunteer their services with CHO. We plan to sign 2 new volunteer providers to our clinic which will allow us to expand hours.
5. Support screening and prevention initiatives with breast cancer screening and access to mammography and services through the Breast and Cervical Cancer Early Detection Program through the Florida Department of Health.

#### Goal 2:

With challenges for patients with access to care, it is even more important to have availability for them to reach a provider/ team member throughout the day. We would like to implement a 5-day-a-week front desk team member to ensure phone calls and patient needs are addressed in a timely manner. As a Jax Care Connect partner clinic, this will ensure access to care for patients being referred through the ability to connect with a representative at CHO during business hours. This will provide CHO the ability to schedule appointments, gather health information and ensure timely follow up to patient care. They will also be responsible to ensure we are capturing the valuable demographic information needed to continue to target vulnerable populations.

#### **PROGRAM COSTS/PAYMENT TERMS:**

The cost to run our programs last year was over \$400,000. Our annual funding sources include corporate donations, church contributions, fundraising events, grants and individual donors. One of our greatest resources is our volunteers who can use their vocation as their means of service allows for greater impacts. Some of our prior supporters include Community Foundation of Northeast Florida; State of Florida Clinic Appropriation managed by the Florida Association of Free and Charitable Clinics; United Way of Northeast Florida; Delores Barr Weaver; Baptist Health; Florida Blue; American Heart Association and others.

#### **PROGRAM IMPACT & REPORTING:**

To ensure the goals are achieved, the following measures will be tracked on a monthly basis:

- Total number of volunteer providers
- Total number of health screenings conducted during medical patient visits
- Total number of medical and dental patient visits

- Total number of medical and dental patients who are veterans and seniors during the reporting period.
- Total number of mammography screenings for reporting period.
- Total number of patients referred to other specialty services and providers

**Additional Grant Requirements and Restrictions:** Recipient's expenditure of City funds for the Program and the provision of services shall be subject to Chapter 118, Parts 1 – 5 of the Jacksonville Ordinance Code, and the terms and conditions of any contract entered between the City and Recipient. Recipient shall use the City funds for the Program in accordance with the City Council approved Term Sheet and Program budget. The City's Grant Administrator may amend this Term Sheet and the approved Program budget consistent with the Program needs, provided that any substantial change to this Term Sheet or a budget change not within 10% of the attached Program budget line-items will require City Council approval.

FY 2024 City Grant - Complete Program Budget Detail

Lead Agency: WestJax Outreach, Inc.  
 Program Name: JaxCareConnect

Agency Fiscal Year: January 1, 2024 - December 31, 2024

BUDGET

Categories and Line Items	Prior Year Prg Funding FY 2022-2023	Current Year Prg Budget FY 2023-2024	Total Est. Cost of Program FY 2023-2024	Agency Provided Funding	All Other Program Revenues	Funding Partners		
						City of Jacksonville (City Grant)	Federal/ State & Other Funding	Private Foundation Funding
<b>I. Employee Compensation</b>								
<b>Personnel - 01201 (list Job Title or Positions no names)</b>								
1 Executive Director	\$31,425.00	\$57,200.00	\$57,200.00	\$27,482.00	\$0.00	\$20,000.00	\$9,718.00	\$0.00
2 Administrative Clinic Coordinator	\$34,342.54	\$34,320.00	\$34,320.00	\$7,445.00	\$0.00	\$10,000.00	\$16,875.00	\$0.00
3 Referral Specialist	\$27,646.91	\$22,100.00	\$22,100.00	\$3,000.00	\$0.00	\$10,000.00	\$9,100.00	\$0.00
4 Primary Care Provider	\$16,877.10	\$26,000.00	\$26,000.00	\$6,900.00	\$0.00	\$10,000.00	\$9,100.00	\$0.00
5 Distribution Coordinator	\$58,742.84	\$22,464.00	\$22,464.00	\$464.00	\$0.00	\$12,000.00	\$0.00	\$10,000.00
6 Development Coordinator	\$18,945.91	\$27,560.00	\$27,560.00	\$560.00	\$0.00	\$17,000.00	\$0.00	\$10,000.00
7 Dental Assistant	\$14,584.03	\$14,040.00	\$14,040.00	\$3,180.00	\$0.00	\$0.00	\$10,860.00	\$0.00
8 Bookkeeper	\$0.00	\$18,720.00	\$18,720.00	\$3,720.00	\$0.00	\$15,000.00	\$0.00	\$0.00
<b>Subtotal Employee Compensation</b>	<b>\$202,564.33</b>	<b>\$222,404.00</b>	<b>\$222,404.00</b>	<b>\$52,751.00</b>	<b>\$0.00</b>	<b>\$94,000.00</b>	<b>\$55,853.00</b>	<b>\$20,000.00</b>
<b>Fringe Benefits</b>								
Payroll Taxes - FICA & Med Tax - 02101	\$18,580.19	\$21,439.75	\$21,439.75	\$15,442.75	\$0.00	\$0.00	\$5,997.00	\$0.00
Health Insurance - 02304	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Retirement - 02201	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Dental - 02301	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Life Insurance - 02303	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Workers Compensation - 02401	\$33,345.00	\$1,061.00	\$1,061.00	\$0.00	\$0.00	\$1,061.00	\$0.00	\$0.00
Unemployment Taxes - 02501	\$0.00	\$2,268.00	\$2,268.00	\$0.00	\$0.00	\$2,268.00	\$0.00	\$0.00
Other Benefits - (Please describe)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Subtotal Taxes and Benefits</b>	<b>\$51,925.19</b>	<b>\$24,768.75</b>	<b>\$24,768.75</b>	<b>\$15,442.75</b>	<b>\$0.00</b>	<b>\$3,329.00</b>	<b>\$5,997.00</b>	<b>\$0.00</b>
<b>Total Employee Compensation</b>	<b>\$254,489.52</b>	<b>\$247,172.75</b>	<b>\$247,172.75</b>	<b>\$68,193.75</b>	<b>\$0.00</b>	<b>\$97,329.00</b>	<b>\$61,850.00</b>	<b>\$20,000.00</b>
<b>II. Operating Expenses</b>								
<b>Occupancy Expenses</b>								
Rent - Occupancy - 04408	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Telephone - 04181	\$15,000.00	\$9,167.00	\$9,167.00	\$162.33	\$0.00	\$7,004.67	\$2,000.00	\$0.00
Utilities - 04301	\$34,135.00	\$27,669.00	\$27,669.00	\$0.00	\$0.00	\$8,669.00	\$9,000.00	\$10,000.00
Maintenance and Repairs - 04603	\$15,967.00	\$14,381.00	\$14,381.00	\$0.00	\$0.00	\$7,698.00	\$750.00	\$5,933.00
Insurance Property & General Liability - 04502	\$26,017.00	\$27,796.00	\$27,796.00	\$0.00	\$0.00	\$22,796.00	\$0.00	\$5,000.00
Other - (Please describe)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Office Expenses</b>								
Office and Other Supplies - 05101	\$46,352.00	\$15,300.00	\$15,300.00	\$0.00	\$0.00	\$15,300.00	\$0.00	\$0.00
Postage - 04101	\$5,000.00	\$2,063.00	\$2,063.00	\$2,063.00	\$0.00	\$0.00	\$0.00	\$0.00
Printing and Advertising - 04801	\$8,000.00	\$5,270.00	\$5,270.00	\$0.00	\$0.00	\$5,270.00	\$0.00	\$0.00
Publications - 05216	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Staff Training - 05401	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Directors & Officers - Insurance - 04501	\$3,200.00	\$2,600.00	\$2,600.00	\$0.00	\$0.00	\$2,600.00	\$0.00	\$0.00
Professional Fees & Services (not audit) - 03410	\$5,621.00	\$3,000.00	\$3,000.00	\$0.00	\$0.00	\$0.00	\$3,000.00	\$0.00
Background Screening - 04938	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other - Equipment under \$1,000 - 06403	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other - (Audit)	\$5,182.00	\$4,800.00	\$4,800.00	\$800.00	\$0.00	\$0.00	\$4,000.00	\$0.00
<b>Travel Expenses</b>								
Local Mileage - 04021	\$62.00	\$300.00	\$300.00	\$300.00	\$0.00	\$0.00	\$0.00	\$0.00
Parking & Tools - 04028	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Equipment Expenses</b>								
Rental & Leases - Equipment - 04402	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Vehicle Fuel and Maintenance - 04216	\$17,795.00	\$726.25	\$726.25	\$726.25	\$0.00	\$0.00	\$0.00	\$0.00
Vehicle Insurance - 04502	\$9,320.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other - (Medical and Dental Supplies)	\$3,699.00	\$7,375.00	\$7,375.00	\$0.00	\$0.00	\$0.00	\$7,375.00	\$0.00
<b>Total Operating Expenses</b>	<b>\$195,350.00</b>	<b>\$120,447.25</b>	<b>\$120,447.25</b>	<b>\$4,051.58</b>	<b>\$0.00</b>	<b>\$69,337.67</b>	<b>\$26,125.00</b>	<b>\$20,933.00</b>
<b>III. Operating Capital Outlay (OVER \$1,000)</b>								
Machinery & Equipment - 06402	\$25,534.00	\$19,369.00	\$19,369.00	\$15,869.00	\$0.00	\$0.00	\$3,500.00	\$0.00
Computers & Software - 06427	\$3,293.00	\$13,889.00	\$13,889.00	\$13,139.00	\$0.00	\$0.00	\$750.00	\$0.00
Other - (Please describe)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total Capital Outlay</b>	<b>\$28,827.00</b>	<b>\$33,258.00</b>	<b>\$33,258.00</b>	<b>\$29,008.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$4,250.00</b>	<b>\$0.00</b>
<b>Direct Expenses Total</b>	<b>\$478,666.52</b>	<b>\$400,878.00</b>	<b>\$400,878.00</b>	<b>\$101,253.33</b>	<b>\$0.00</b>	<b>\$166,666.67</b>	<b>\$92,025.00</b>	<b>\$40,933.00</b>
<b>Percent of Budget</b>			<b>100.0%</b>	<b>25.3%</b>	<b>0.0%</b>	<b>41.6%</b>	<b>23.0%</b>	<b>10.2%</b>

Last Modified: 03/16/2023

All City Grant Items listed must be included in the narrative section of the budget.



**Budget Narrative for Selected Items of Cost  
 FY 2024 City Grant Application  
 Program Budget Narrative (Max. 2 Pages)  
 Proposed Funding Period: FY 2023-2024  
 COJ Funding Only**

**Agency:** WestJax Outreach, Inc. **Program Name:** JaxCareConnect

**EXPENSES:** Please provide narrative description for all categories listed below for which you are seeking **City Funding Only**.

We have included those required elements in the spaces below. See instructions when listing personnel expenses.

Please feel free to add additional lines as necessary to provide explanations using the line insert feature.

**I. Employee Compensation** - (not related to costs of the office of the governor of a state or the chief executive of a political subdivision)

<b>Salary &amp; Wages</b>				
Executive Director	1 FTE (40 hrs/wk)	\$57,200	0.35	\$ 20,000
Admin Coordinator	1 PTE (30 hrs/wk)	\$34,320	0.29	\$ 10,000
Referral Specialist	1 PTE (25 hrs/wk)	\$22,100	0.45	\$ 10,000
Physician Assistant	1 PTE (9 hrs/wk)	\$26,000	0.38	\$ 10,000
Distribution Coordinator	1 PTE (24 hrs/ wk)	\$22,464	0.53	\$ 12,000
Development Coordinator	1 PTE (20 hrs/wk)	\$27,560	0.62	\$ 17,000
Bookkeeper	1 PTE (20 hrs/wk)	\$18,720	0.8	\$ 15,000

**Payroll Taxes & Benefits**

Workers Compensation	qtrly payments	\$ 1,061	1	\$1,061
Unemployment Taxes	5.4% tax rate	\$ 2,268	1	\$2,268

**II. Operating Expenses**

**Occupancy Expenses**

Telephone & internet	Fusion internet phone service provider fee	\$ 7,004.67
Utilities	coverage for office	\$ 8,669
Maintenance	structural repairs, medical/ dental equipment repairs	\$ 7,698
Insurance- Property & G/L	coverage for property and liabilities	\$ 22,796

**Office Expenses**

Office and Other Supplies	General supplies	\$ 15,300
Printing and Advertising	Patient brochures, business cards, newsletters	\$ 5,270
D & O Insurance	liability coverage for Directors	\$ 2,600

**III. Operating Capital Outlay:**

**Muslim American Social Services**

**FY 2024-2025 City Grant Proposal Term Sheet**

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**Grant Recipient:** Muslim American Social Services (MASS) (“Recipient”)

**Program Name:** MASS Unified Health Services Program (“Program”)

**City Funding Requests:** \$166,666.67

**Contract/Grant Term:** March 1, 2024– February 28, 2025

**Any substantial change to this FY 2024-2025 City Grant Proposal Term Sheet (the “Term Sheet”) or the attached Program budget will require City Council approval.**

**PROGRAM OVERVIEW:** MASS is on a mission to create health equity by providing continuity of care to the underserved community in Northeast Florida. With a commitment to accessibility and affordability, MASS seeks support for its Critical Healthcare and Food as Medicine Initiatives. This funding will expand the reach of the Food as Medicine Program and strengthen the MASS Unified Healthcare Program, addressing the rising challenges faced by individuals with chronic diseases and food insecurities. Duval County ranks 47th of the 67 Florida Counties with health outcomes.

MASS Unified Health Services Program: Complications from uncontrolled diabetes and chronic hypertension contribute to frequent emergency department visits, straining healthcare resources and increasing costs. The Program is designed to eliminate unnecessary Emergency Department Visits. By addressing the root causes of emergency visits, the program will reduce the burden on healthcare systems and minimizes associated costs for individuals and the community by providing access to high-quality, comprehensive healthcare services to uninsured indigent Duval County resident. FY23-24 funding will cover programmatic operating expenses.

**PROGRAM SCOPE OF WORK AND DELIVERABLES:**

Our program scope is to increase access to and delivery of high-quality, no-cost healthcare for the uninsured population of Northeast Florida. Our broad goal will be to see at least 1,200 individual patients over one year.

Our specific objectives in reaching this goal are as follows:

1. 40% of those patients will be new patients that have not utilized MASS Clinics services before.
2. 20% of those patients will come from hospital referrals, helping to reduce the use of the Emergency Department in our local hospitals.
3. 40% of those patients will come from populations identified in the Community Health Needs Assessment that had the highest rates of Chronic Diseases in Duval County.

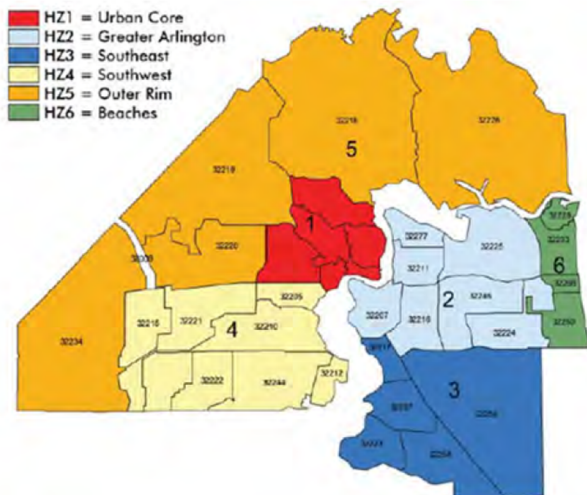
In summary, the program's scope and deliverables are a comprehensive approach to increasing healthcare access, diversifying the patient base, reducing reliance on emergency services, and addressing specific health challenges within the community. The intended impact is not only on individual patient outcomes but also on the overall health and well-being of the uninsured population in Northeast Florida. The timeline for these deliverables will be 12 months after receipt of funding.

**PROGRAM COSTS/PAYMENT TERMS:**

The budget form is attached. MASS continues to have support from additional local foundations, including Baptist Health, Riverside Hospital Foundation, Simply HealthCare, Islamic Relief and Florida Blue Foundation.

**PROGRAM IMPACT & REPORTING:** Provide a description of: (i) how the Program goals and objectives described above will be attained and how they will be measured; (ii) the Program’s achievements during the year immediately preceding this funding request, if applicable; (iii) the anticipated number of residents to be served by the Program and the projected Program impact on those residents.

- i) MASS Clinic utilizes Electronic Medical Records to track our patients’ health, giving us the ability to monitor patient data even after they leave our facility to seek treatment with external specialists. Our information management system allows us to track the demographic information of our patients and if they utilized our services before, this will allow us to track our progress with obtaining new patients and which of these patients are coming from populations identified in the Community Health Needs Assessment who had the highest rates of chronic diseases. This data will be tracked and then compared to our outlined objectives above on a quarterly basis to ensure we are on track to meet or exceed our goals and objectives.
- ii) MASS draws its patients from the most impoverished areas of Duval County (See Exhibit #1). The map indicates that many MASS patients are travelling between half-hour and an hour to access services. Over that distance, many pass one, two or three hospitals to reach MASS.



Data source: Local, DOH-Duval County Health Department

Exhibit #1

Zip Code Group	Patient Visits	Unique Patients
HZ 1 - Urban Core	165	61
HZ 2 - Greater Arlington	1,275	488
HZ 3 - Southeast	547	208
HZ 4 - Southwest	212	78
HZ 5 - Outer Rim	122	51
HZ 6 - Beaches	80	28
Neighboring Counties	70	23
Grand Total	2,471	937

- iii) A minimum of 1,200 individuals will receive services from MASS clinic within one year of the program start date.

**Additional Grant Requirements and Restrictions:** Recipient's expenditure of City funds for the Program and the provision of services shall be subject to Chapter 118, Parts 1 – 5 of the Jacksonville Ordinance Code, and the terms and conditions of any contract entered between the City and Recipient. Recipient shall use the City funds for the Program in accordance with the City Council approved Term Sheet and Program budget. The City's Grant Administrator may amend this Term Sheet and the approved Program budget consistent with the Program needs, provided that any substantial change to this Term Sheet or a budget change not within 10% of the attached Program budget line-items will require City Council approval.



**Budget Narrative for Selected Items of Cost  
FY 2024 City Grant Application  
Program Budget Narrative (Max. 2 Pages)  
Proposed Funding Period: FY 2023-2024  
COJ Funding Only**

**Agency: Muslim American Social Services**

**Program Name: MASS Unified Health Services Program**

**EXPENSES:** Please provide narrative description for all categories listed below for which you are seeking **City Funding Only**.

We have included those required elements in the spaces below. See instructions when listing personnel expenses.

Please feel free to add additional lines as necessary to provide explanations using the line insert feature.

**I. Employee Compensation** - (not related to costs of the office of the governor of a state or the chief executive of a political subdivision)

**Salary & Wages**

Executive Director (1FTE)	\$34,300.00	49% of ED salary with match from State/Other and Private Foundation Funding
Patient Care Coordinators (2)	\$29,166.67	31% of PCC salaries with additional funding from Private Foundation Funding
Advanced Registered Nurse Practicioners (3)	\$23,300.00	23% of ARNP salaries with additional funds from State/Other and Private Foundation Funding
Front Desk, Medical Assistants (3)	\$49,100.00	44% of Front Desk and MA salaries with additional funds from Private Foundation Funding
Administrative Assistants (5)	\$30,800.00	48% of Administrative Assistants salaries with additional funds from Private Foundation Funding

**Payroll Taxes & Benefits**

**II. Operating Expenses**

**Occupancy Expenses**

**Office Expenses**

**Travel Expenses - not related to entertainment expenses**

**Equipment Expenses**

**Direct Client Expenses**

**III. Operating Capital Outlay:**

**Mission House, Inc.**

**FY 2023-2024 City Grant Proposal Term Sheet**

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**Grant Recipient:** Mission House, Inc. (“Recipient”)

**Program Name:** Mission House Medical Clinic (the “Program”)

**City Funding Requests:** \$166,666.66

**Contract/Grant Term:** March 1, 2024– February 28, 2025

**Any substantial change to this FY 2023-2024 City Grant Proposal Term Sheet (the “Term Sheet”) or a budget change not within 10% of the attached Program budget line-items will require City Council approval.**

**PROGRAM OVERVIEW:**

**Program Description:** Mission House is one of the only six completely free clinics in the Northeast Florida’s free and charitable clinic landscape that provides **primary medical care, including prescriptions, completely free of charge.** In FY 2023, we served 200 unique patients at 737 clinic visits, all who have no health insurance, are within 200% of the federal poverty level, and may or may not be housed. These patients also often experience a multitude of co-occurring complex diagnoses resulting from the socio-economic circumstances in which they find themselves, making the work that we do in caring for these patients that much more imperative. Florida’s choice to not expand Medicaid means that there are 700,000 Floridians (Florida Policy Institute) with no access to preventive or primary care, whose only option may be to go to an emergency room. In particular Duval County has over 112,000 residents who do not currently have health insurance. Without Mission House’s Clinic program, patients would be in emergency rooms across the county, causing themselves more undue stress with huge medical bills they could not pay, and straining hospital and community resources.

Additionally, many of our patients are undocumented, unable to qualify for Social Security disability which would give them access to Medicare or Medicaid, or other healthcare programs and insurance options dependent upon citizenship status. Many of our patients also often have to make difficult choices between food and gas, or work and seeing a doctor. Mission House has served these patients, and more, for the last twenty-five years, providing the safety-net free medical care that many in Florida rely on for their healthcare needs.

**The Program Goals and Objectives:** Mission House’s Clinic program services are targeted toward providing free primary care and prescriptions to uninsured, housed or unhoused, adults in Duval County **with income of 200% of the federal poverty level.**

**Mission House’s Clinic program goals and objectives are as follows:**

- 1. Increase patient visit days to three days per week**
- 2. Increase number of new patients enrolled by 25% (increase annually served from 300 to 375 unduplicated individuals).**
- 3. Improve health outcomes for patients by providing access to free prescription medications.**

The Mission House Clinic projects increasing the number of patients we are able to **serve, through this funding, by 25% (from 300 to 375 unduplicated individuals served)** in FY 2023/2024, as well as **increase the number of days we see patients to three days or more per week**, all in an effort to improve the health outcomes of our patients.

We are anticipating serving **375** unduplicated individuals, of which, on average, will be composed of 60% male and 40% female clients; 70% will be Latinx, 25% white, 5% various other races and ethnicities. The anticipated age of the clients served will be comprised of approximately 250 patients will be between the ages of 35 and 55,

with 75 patients over the age of 55, and 50 patients under the age of 35. A majority of our patients have zero or extremely low income.

**The requested funds from the City of Jacksonville, will be utilized for programmatic expenses.** Refer to the Program Scope of Work and Deliverables section below and the submitted budget for more specifics.

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**PROGRAM SCOPE OF WORK AND DELIVERABLES:**

**List of Activities/Description of Program:**

Mission House’s Clinic program will utilize the funds awarded from COJ to ensure the full operational capacity of the program and attainment of expansion goals and objectives. Requested revenue will cover areas of funding related to the salaried positions (all prorated) of Executive Director, Physician’s Assistant, Clinic Director, Medical Assistant and Administrative Coordinator. Direct operational expenses include supplies for the clinic such as scrubs for employees, new desks for direct service clinical staff, and general office supplies. A prorated portion of the utility bill (water, power, sewer and garbage) is also requested. Lastly, the project includes direct expenses for patients, included but not limited to test strips, covid and flu rapid tests, scopes for examination and other medical supplies as necessary to perform the functions of the clinic. *\*Refer to submitted budget for specific costs and funding requests.*

**The specific activities will be provided to the targeted population as follows (Note: *All services rendered are under the supervision of a Board-Certified Physician*):**

- **Internal medicine:** Services rendered specialize in adult medicine, and are specially trained to solve diagnostic problems, manage severe long-term illnesses, and help patients with multiple, complex chronic conditions.
- **Diagnosis and treatment of illness:** Determination, interpretation and treatment protocols and activities occur. Further assessment of any conditions noted during a screening and the provision of any medically necessary treatment services.
- **Management of chronic illnesses such as asthma, diabetes, and high blood pressure:** Chronic disease management involves managing the symptoms of a long-term disease, thereby allowing patients to have a better quality of life. Through managing the client’s chronic disease, our medical interventions can help slow down the progression of the client’s disease and help control the symptoms.
- **Referrals to specialist services through WeCare Jacksonville:** Linkage and coordination of services with Medical Specialists as identified during health screenings.
- **Free Prescriptions:** Mission House Clinic through our partnership with various sources, is able to provide many prescriptions for free for our patients on the same day as their visit. Medication is dispensed by a licensed pharmacist.

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**PROGRAM COSTS/PAYMENT TERMS:**

- Total cost to operate the program: \$427,562.80

**Mission House has secured the following outside funding for FY 23/24 for the clinic:**

- Florida Association of Free and Charitable Clinics-\$62,000
- Health Planning Council of Northeast Florida-\$34,544

**Pending Sources of outside funding for FY 23/24**

- Baptist Health-\$35,000
- State of Florida Appropriation-\$75,000 for clinic (\$300,000 total)



All other funding for clinic budget will be provided by Mission House general fund through fundraising, donations and general community support for the agency and the clinic program

## **PROGRAM IMPACT & REPORTING:**

**Description of how program goals and objectives will be attained:** The goals and objectives will be attained through completed, medical service delivery and documentation of services. To ensure accurate measurement and reporting, Mission House utilizes Athenahealth software to track service delivery and demographics served. This software is a healthcare technology and offers also offers tools for patient engagement, population health management, and care coordination. Our Clinic Director and Medical Assistant will schedule and do intake for all new and recurring patients, the Clinic Director also finalizes all schedules and provides referrals to WeCare Jax and outside agencies. Patients will be seen by either volunteer physicians from Mayo Clinic or by our in-house full-time physician's assistant. The Administrative Coordinator (AC) greets all patients at the reception area and answers any questions they may have while they are waiting for medical services to begin during our clinic times. The AC also supports the clinic team through answering telephone calls regarding the clinic and helping with any clarifications needed when patients arrive for medical services. The Executive Director (ED) is responsible for the overall management of the agency and dedicates 30% of time to managing the clinical team, human resource and payroll processing for the clinical portion of Mission House. The ED along with Clinic Director also attends medical meetings, does outreach and development and advocates for clinical services and expansion to outside key stakeholders. Mission House also works with other non-profit providers to maximize our overall impact in improving the medical conditions of the most vulnerable populations within our community. We have excellent partnerships with WeCare Jax, Vision Is Priceless, Mayo Clinic, and Baptist Health, all of which help us to connect our patients to the medical care they need outside of our scope of services.

**Program Achievements last year: Patients Enrolled/FY 23:** In Fiscal year 2023, our agency served 200 unique individual patients through 737 clinical visits. Mission House provided 4,206 (valued at over \$320,000) prescription medications in FY 2022. Lastly, based on the cost of an emergency room visit as the main alternative for the uninsured, Mission House saved community agencies and hospitals \$2.9 million by providing free clinical services.

**Clinic Visits (return services):** In FY 2023, we provided 737 clinic visits to hundreds of unduplicated individuals, all who have no health insurance, are within 200% of the federal poverty level, and may or may not be housed. Through our services we are reducing the demand on emergency room services and the tax paying community by \$1,979,582 annually (*\$2,686 estimated cost saving per client x 737 clinic visits in FY 2023*).

**The anticipated number of residents to be served by the Program and the projected Program impact on those residents:** The anticipated number of **clients** to be served during this requested funding cycle is **250 unduplicated individuals (increase of 25%)**. In addition, we anticipate the return clinic visits to increase from **737 to 921** annually (25% increase).

**Additional Grant Requirements and Restrictions:** Recipient's expenditure of City funds for the Program and the provision of services shall be subject to Chapter 118, Parts 1 – 5 of the Jacksonville Ordinance Code, and the terms and conditions of any contract entered between the City and Recipient. Recipient shall use the City funds for the Program in accordance with the City Council approved Term Sheet and Program budget. The City's Grant Administrator may amend this Term Sheet and the approved Program budget consistent with the Program needs, provided that any substantial change to this Term Sheet or a budget change not within 10% of the attached Program budget line-items will require City Council approval.

FY 2024 City Grant - Complete Program Budget Detail

Lead Agency: Mission House

Program Name: Mission House Medical Clinic

Agency Fiscal Year: 2024

Categories and Line Items	BUDGET		Total Est. Cost of Program FY 2023-2024	Funding Partners				
	Prior Year Prg Funding FY 2021-2022	Current Year Prg Budget FY 2022-2023		Agency Provided Funding	All Other Program Revenues	City of Jacksonville (City Grant)	Federal/ State & Other Funding	Private Foundation Funding
<b>I. Employee Compensation</b>								
<b>Personnel - 01201 (list Job Title or Positions no names)</b>								
1 Executive Director	\$0.00	\$0.00	\$107,000.00	\$71,690.00	\$0.00	\$35,310.00	\$0.00	\$0.00
2 Physician's Assistant	\$0.00	\$0.00	\$90,000.00	\$0.00	\$0.00	\$39,600.00	\$50,400.00	\$0.00
3 Clinic Director	\$0.00	\$0.00	\$60,000.00	\$0.00	\$0.00	\$30,000.00	\$30,000.00	\$0.00
4 Medical Assistant	\$0.00	\$0.00	\$20,200.00	\$0.00	\$0.00	\$14,140.00	\$6,060.00	\$0.00
5 Administrative Coordinator	\$0.00	\$0.00	\$38,000.00	\$19,000.00	\$0.00	\$19,000.00	\$0.00	\$0.00
6	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
7	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
8	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
18	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
29	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Subtotal Employee Compensation</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$315,200.00</b>	<b>\$90,690.80</b>	<b>\$0.00</b>	<b>\$138,050.00</b>	<b>\$86,460.00</b>	<b>\$0.00</b>
<b>Fringe Benefits</b>								
Payroll Taxes - FICA & Med Tax - 02101	\$0.00	\$0.00	\$24,112.80	\$24,112.80	\$0.00	\$0.00	\$0.00	\$0.00
Health Insurance - 02304	\$0.00	\$0.00	\$24,000.00	\$24,000.00	\$0.00	\$0.00	\$0.00	\$0.00
Retirement - 02201	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Dental - 02301	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Life Insurance - 02303	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Workers Compensation - 02401	\$0.00	\$0.00	\$5,000.00	\$5,000.00	\$0.00	\$0.00	\$0.00	\$0.00
Unemployment Taxes - 02501	\$0.00	\$0.00	\$3,000.00	\$3,000.00	\$0.00	\$0.00	\$0.00	\$0.00
Other Benefits - (Please describe)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Subtotal Taxes and Benefits</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$56,112.80</b>	<b>\$56,112.80</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Total Employee Compensation</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$371,312.80</b>	<b>\$146,803.60</b>	<b>\$0.00</b>	<b>\$138,050.00</b>	<b>\$86,460.00</b>	<b>\$0.00</b>
<b>II. Operating Expenses</b>								
<b>Occupancy Expenses</b>								
Rent - Occupancy - 04408	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Telephone - 04181	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Utilities - 04301	\$0.00	\$0.00	\$27,000.00	\$5,299.34	\$0.00	\$13,500.00	\$8,200.66	\$0.00
Maintenance and Repairs - 04603	\$0.00	\$0.00	\$6,250.00	\$6,250.00	\$0.00	\$0.00	\$0.00	\$0.00
Insurance Property & General Liability - 04502	\$0.00	\$0.00	\$6,000.00	\$6,000.00	\$0.00	\$0.00	\$0.00	\$0.00
Other - (Please describe)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Office Expenses</b>								
Office and Other Supplies - 05101	\$0.00	\$0.00	\$5,000.00	\$0.00	\$0.00	\$3,116.66	\$1,883.34	\$0.00
Postage - 04101	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Printing and Advertising - 04801	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Publications - 05216	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Staff Training - 05401	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Directors & Officers - Insurance - 04501	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Professional Fees & Services (not audit) - 03410	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Background Screening - 04938	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other - Equipment under \$1,000 - 06403	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other - (Please describe)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Travel Expenses</b>								
Local Mileage - 04021	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Parking & Tools - 04028	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Equipment Expenses</b>								
Rental & Leases - Equipment - 04402	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Vehicle Fuel and Maintenance - 04216	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Vehicle Insurance - 04502	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other - (Please describe)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Direct Client Expenses - 08301</b>								
Client Rent	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Utilities	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Food	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Medical	\$0.00	\$0.00	\$12,000.00	\$0.00	\$0.00	\$12,000.00	\$0.00	\$0.00
Client Educational	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Personal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Other (Please describe)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Other (Please describe)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total Operating Expenses</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$56,250.00</b>	<b>\$17,549.34</b>	<b>\$0.00</b>	<b>\$28,616.66</b>	<b>\$10,084.00</b>	<b>\$0.00</b>
<b>III. Operating Capital Outlay (OVER \$1,000)</b>								
Machinery & Equipment - 06402	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Computers & Software - 06427	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other - (Please describe)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total Capital Outlay</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Direct Expenses Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$427,562.80</b>	<b>\$164,352.14</b>	<b>\$0.00</b>	<b>\$168,666.66</b>	<b>\$96,544.00</b>	<b>\$0.00</b>
<b>Percent of Budget</b>	<b>-</b>	<b>-</b>	<b>100.0%</b>	<b>38.4%</b>	<b>0.0%</b>	<b>39.0%</b>	<b>22.6%</b>	<b>0.0%</b>

Last Modified: 03/16/2023

All City Grant items listed must be included in the narrative section of the budget.

**Budget Narrative for Selected Items of Cost  
 FY 2024 City Grant Application  
 Program Budget Narrative (Max. 2 Pages)  
 Proposed Funding Period: FY 2023-2024  
 COJ Funding Only**

**Agency: Mission House**

**Program Name: Mission House Medical Clinic**

**EXPENSES:** Please provide narrative description for all categories listed below for which you are seeking **City Funding Only**.

We have included those required elements in the spaces below. See instructions when listing personnel expenses.

Please feel free to add additional lines as necessary to provide explanations using the line insert feature.

**I. Employee Compensation** — (not related to costs of the office of the governor of a state or the chief executive of a political subdivision)

**Salary & Wages**

Executive Director	1 FTE (40 hours/wk)	107000	0.33	35310
Physician's Assistant	1 FTE (40 hours/wk)	90000	0.44	39600
Clinic Director	1 FTE (40 hours/wk)	60000	0.5	30000
Medical Assistant	.5 FTE (20 hours/wk)	20200	0.7	14140
Admin. Coordinator	1 FTE (40 hours/wk)	38000	0.5	19000
				<b>\$ 138,050.00</b>

**Payroll Taxes & Benefits**

**II. Operating Expenses**

**Occupancy Expenses**

Utilities-04301	Power, water, trash	27000	0.5	<b>\$ 13,500.00</b>
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**Office Expenses**

Office and other supplies	general supplies	3116.66		<b>\$ 3,116.66</b>
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**Travel Expenses - not related to entertainment expenses**

**Equipment Expenses**

**Direct Client Expenses**

Clinic Supplies (medical)	scopes, flu tests, speculums, test strips etc	12000		<b>\$ 12,000.00</b>
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**\$ 166,666.66**

**III. Operating Capital Outlay:**

**I.M. Sulzbacher Center for the Homeless, Inc.**

**FY 2023-2024 City Grant Proposal Term Sheet**

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**Grant Recipient:** I.M. Sulzbacher Center for the Homeless Inc. (“Recipient”)

**Program Name:** Sulzbacher JaxCareConnect Project (the “Program”)

**City Funding Requests:** \$166,666.66

**Contract/Grant Term:** March 1, 2024– February 28, 2025

**Any substantial change to this FY 2023-2024 City Grant Proposal Term Sheet (the “Term Sheet”) or a budget change not within 10% of the attached Program budget line-items will require City Council approval.**

**PROGRAM OVERVIEW:**

JaxCareConnect is an initiative created by members of the Duval Safety Net Collaborative, whose mission is to ensure every resident of Duval County has access to high-quality, comprehensive healthcare – regardless of insurance status or ability to pay.

JaxCareConnect Goal: Improve access to health care for uninsured and under-resourced neighbors by providing connection to care while removing barriers to accessing a primary care medical home for uninsured neighbors living at or below 250% of the Federal Poverty Level in Duval County. FY23-24 funding will cover programmatic operating expenses and was included in the City Council Strategic Plan and operating budget, following a six-month study by the City’s Critical Quality of Life Committee.

As a Federally Qualified Health Center (FQHC), Sulzbacher’s goal of providing quality comprehensive health services to those in need regardless of insurance status or ability to pay is clearly aligned with the JaxCareConnect mission. Sulzbacher’s service array includes primary health care, dental care, vision screening, mental health counseling and treatment, and substance abuse treatment. Sulzbacher has been providing health services to the homeless and disenfranchised in Jacksonville since 1995. Sulzbacher has three clinic locations in downtown Jacksonville, in Jacksonville Beach, and in the Brentwood community, as well as mobile outreach teams. This program will greatly expand health services in Jacksonville by enhancing Sulzbacher’s ability to assess care needs, determine patient eligibility, and make referrals to the most appropriate primary care or specialty care provider in line with patient needs. This funding will cover programmatic expenses related to direct patient services.

**PROGRAM SCOPE OF WORK AND DELIVERABLES:**

Through this program Sulzbacher will expand its efforts to enroll patients in insurance providers they may be eligible for, conduct assessments to determine patient care needs and determine the appropriate care provider, providing both direct care and linkage to specialty care as warranted.

The Medical Eligibility Coordinator screen and enroll patients into various insurance programs. This person educates patients on various insurances based on their qualifications, assists patients and families with enrollment paperwork, and conducts patient follow up.

The Medical Referral Coordinator will pre-screen patients for procedures and specialized care from physicians. This includes booking and referral management with providers both inside and outside of Sulzbacher, as appropriate.

Patient Service Coordination will include not only medical services, but linking clinic patients to other services they may need, ensuring and assist clients in obtaining additional services they may require outside of the immediate medical sphere, such as enrollment in SSI/SSDI benefits, TANF, housing, entry into an ALF, etc.

Objective 1: Provide access to primary health care for a minimum of 500 uninsured and under-resourced neighbors within one year.

Objective 2: A minimum of 25% of clients assigned to a medical home at Sulzbacher will not only access primary care, but will also access mental health, substance use treatment, case management, dental care and/or optometry as applicable to improve overall health outcomes and non-emergency care.

Objective 3: Provide application support and guidance for 200 individuals to access healthcare services, whether internal to Sulzbacher or other sliding fee scale clinics, private or government sponsored healthcare.

Objective 4: Provide 200 patient referrals to other members of the JaxCareConnect Project within one year.

### **PROGRAM COSTS/PAYMENT TERMS:**

This program will require referral personnel/coordinators as well as some of the time of senior personnel for program oversight as well as. The Director of Dental Services and the Director of Medical Services will both time for program oversight.

Staff working directly on the JaxCare Connect project to enhance health access and patient referral and care coordination to appropriate providers include an Eligibility Coordinator, a Referral Coordinator, a Dental Front Desk Coordinator, and a Patient Services Coordinator.

One (1) Eligibility Coordinator @ \$41,101.00 x 0.8 FTE = \$32,880.80.

One (1) Referral Coordinator @ \$41,600.00 x 0.8 FTE = \$33,880.00.

One (1) Dental Front Desk Coordinator @ \$34,528.00 x 0.8 FTE = \$27,622.40.

One (1) Patient Services Coordinator @ \$35,360 x 0.8 FTE = \$28,288.00.

One (1) Director of Dental Services @ \$103,692.50 x 0.05 FTE = \$5,184.63.

One (1) Director of Medical Services @ \$76,860 x 0.05FTE = \$3,843.00.

Other direct medical and dental services are covered by the Health Resources & Services Administration (HRSA) funding in the amount of \$3,457,254.

### **PROGRAM IMPACT & REPORTING:**

The Director of Dental Services and Director of Medical Services will oversee the program. They will measure results as compared to goals via reports from the AthenaHealth Electronic Health Record, reporting on patients assessed for insurances, number of referrals and number of patients referred internally or externally, and linkages to other services, such as SSI/SSDI, ALF, etc. Program progress, success, and barriers will be discussed during regular Health Services Team meetings.

In Calendar Year 2022, the Sulzbacher clinics provided primary care services to 3,576 patients, dental care to 2,256 patients, mental health care to 737 patients, vision screening to 507 patients, and enabling services (outreach, eligibility, medical case management, patient education) to 4,068 patients. Services were provided during 24,241 clinic visits during the 2022 calendar year.

**Additional Grant Requirements and Restrictions:** Recipient's expenditure of City funds for the Program and the provision of services shall be subject to Chapter 118, Parts 1 – 5 of the Jacksonville Ordinance Code, and the terms and conditions of any contract entered between the City and Recipient. Recipient shall use the City funds for the Program in accordance with the City Council approved Term Sheet and Program budget. The City's Grant Administrator may amend this Term Sheet and the approved Program budget consistent with the Program needs, provided that any substantial change to this Term Sheet or a budget change not within 10% of the attached Program budget line-items will require City Council approval.

FY 2024 City Grant - Complete Program Budget Detail

Lead Agency:  
 I.M. Sulzbacher Center for the Homeless, Inc  
 Program Name:  
 JaxCareConnect Partnership

Agency Fiscal Year: 2023-2024  
 7/1/2023 - 6/30/2024

BUDGET

Categories and Line Items	Prior Year Prg Funding FY 2021-2022	Current Year Prg Budget FY 2022-2023	Total Est. Cost of Program FY 2023-2024	Funding Partners				
				Agency Provided Funding	All Other Program Revenues	City of Jacksonville (City Grant)	Federal/ State & Other Funding	Private Foundation Funding
<b>I. Employee Compensation</b>								
<b>Personnel - 01201 (list Job Title or Positions no names)</b>								
Eligibility Coordinator .8 FTE	\$0.00	\$0.00	\$41,100.96	\$0.00	\$0.00	\$32,880.80	\$8,220.16	\$0.00
Referral Coordinator .8 FTE	\$0.00	\$0.00	\$41,600.00	\$0.00	\$0.00	\$33,280.00	\$8,320.00	\$0.00
Dental Front Desk Coordinator .8 FTE	\$0.00	\$0.00	\$34,528.00	\$0.00	\$0.00	\$27,622.40	\$6,905.60	\$0.00
Patient Services Coordinator .8 FTE	\$0.00	\$0.00	\$35,360.00	\$0.00	\$0.00	\$28,288.00	\$7,072.00	\$0.00
Director of Dental Services .05 FTE	\$0.00	\$0.00	\$96,874.74	\$0.00	\$0.00	\$5,184.63	\$91,690.11	\$0.00
Director of Medical Services .05 FTE	\$0.00	\$0.00	\$83,722.80	\$0.00	\$0.00	\$3,843.00	\$79,879.80	\$0.00
7	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
8	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
12	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
13	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
14	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
15	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
16	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
18	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
23	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
29	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Subtotal Employee Compensation</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$333,186.50</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$131,098.83</b>	<b>\$202,087.67</b>	<b>\$0.00</b>
<b>Fringe Benefits</b>								
Payroll Taxes - FICA & Med Tax - 02101	\$0.00	\$0.00	\$25,488.77	\$0.00	\$0.00	\$10,029.06	\$15,459.71	\$0.00
Health Insurance - 02304	\$0.00	\$0.00	\$55,975.33	\$0.00	\$0.00	\$22,024.60	\$33,950.73	\$0.00
Retirement - 02201	\$0.00	\$0.00	\$7,330.10	\$0.00	\$0.00	\$2,884.17	\$4,445.93	\$0.00
Dental - 02301	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Life Insurance - 02303	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Workers Compensation - 02401	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Unemployment Taxes - 02501	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other Benefits - (Please describe)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Subtotal Taxes and Benefits</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$88,794.20</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$34,937.83</b>	<b>\$53,856.37</b>	<b>\$0.00</b>
<b>Total Employee Compensation</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$421,980.70</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$166,036.66</b>	<b>\$255,944.04</b>	<b>\$0.00</b>
<b>II. Operating Expenses</b>								
<b>Occupancy Expenses</b>								
Rent - Occupancy -04408	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Telephone - 04181	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Utilities - 04301	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Maintenance and Repairs - 04603	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Insurance Property & General Liability - 04502	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other - (Please describe)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Office Expenses</b>								
Office and Other Supplies - 05101	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Postage - 04101	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Printing and Advertising - 04801	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Publications - 05216	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Staff Training - 05401	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Directors & Officers - Insurance - 04501	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Professional Fees & Services (not audit) - 03410	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Background Screening - 04938	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other - Equipment under \$1,000 - 06403	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other - (Please describe)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Travel Expenses</b>								
Local Mileage - 04021	\$0.00	\$0.00	\$630.00	\$0.00	\$0.00	\$630.00	\$0.00	\$0.00
Parking & Tools - 04028	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Equipment Expenses</b>								
Rental & Leases - Equipment - 04402	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Vehicle Fuel and Maintenance - 04216	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Vehicle Insurance -04502	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other - (Please describe)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Direct Client Expenses - 08301</b>								
Client Rent	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Utilities	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Food	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Medical	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Educational	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Personal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Other (Please describe)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Other (Please describe)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total Operating Expenses</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$630.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$630.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>III. Operating Capital Outlay (OVER \$1,000)</b>								
Machinery & Equipment - 06402	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Computers & Software - 06427	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other - (Please describe)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total Capital Outlay</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Direct Expenses Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$422,610.70</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$166,666.66</b>	<b>\$255,944.04</b>	<b>\$0.00</b>
<b>Percent of Budget</b>	-	-	100.0%	0.0%	0.0%	39.4%	60.6%	0.0%

Last Modified: 03/16/2023

All City Grant items listed must be included in the narrative section of the budget.

**Budget Narrative for Selected Items of Cost  
 FY 2024 City Grant Application  
 Program Budget Narrative (Max. 2 Pages)  
 Proposed Funding Period: FY 2023-2024  
 COJ Funding Only**

**Agency: I.M. Sulzbacher Center for the Homeless, Inc**

**Program Name: Sulzbacher JaxCareConnect Project**

**EXPENSES: Please provide narrative description for all categories listed below for which you are seeking City Funding Only.**

We have included those required elements in the spaces below. See instructions when listing personnel expenses. Please feel free to add additional lines as necessary to provide explanations using the line insert feature.

**I. Employee Compensation** - (not related to costs of the office of the governor of a state or the chief executive of a political subdivision)

<b>Salary &amp; Wages</b>		<b>Salary: % of time:</b>			
Eligibility Coordinator	1 FTE (40 hours/wk)	41,101.00	0.80	\$	32,880.80
Referral Coordinator	1 FTE (40 hours/wk)	41,600.00	0.80	\$	33,280.00
Dental Front Desk Coordinator	1 FTE (40 hours/wk)	34,528.00	0.80	\$	27,622.40
Patient Services Coordinator	1 FTE (40 hours/wk)	35,360.00	0.80	\$	28,288.00
Director of Dental Services	1 FTE (40 hours/wk)	103,692.50	0.05	\$	5,184.63
Director of Medical Services	1 FTE (40 hours/wk)	76,860.00	0.05	\$	3,843.00

**Payroll Taxes & Benefits**

Payroll Taxes - FICA & Med 1	7.65%	\$	10,029.06
Health Insurance	16.80%	\$	22,024.60
Retirement	2.20%	\$	2,884.17

**Total Employee Compensation** **\$ 166,036.66**

**II. Operating Expenses**

**Occupancy Expenses**

**Office Expenses**

Local Mileage between clinics \$ 630.00

**Travel Expenses - not related to entertainment expenses**

**Equipment Expenses**

**Direct Client Expenses**

**Total Operating Expenses** **\$ 630.00**

**III. Operating Capital Outlay:**

**Total Budget:** **\$ 166,666.66**



**Volunteers in Medicine - JaxCareConnect**

**FY 2023-2024 City Grant Proposal Term Sheet**

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**Grant Recipient:** Volunteers in Medicine, Jacksonville (“Recipient”)

**Program Name:** Expansion of Services through JaxCareConnect Referrals (the “Program”)

**City Funding Requests:** \$166,666.67

**Contract/Grant Term:** March 1, 2024– February 28, 2025

**Any substantial change to this FY 2023-2024 City Grant Proposal Term Sheet (the “Term Sheet”) or a budget change not within 10% of the attached Program budget line-items will require City Council approval.**

**PROGRAM OVERVIEW:** Volunteers in Medicine is a free clinic for the working uninsured in Jacksonville, Florida. We utilize over 200 volunteers a month to provide primary care and 16 specialties including mental health, vital cancer screenings, vision, as well as free prescription medications. There are over 100,000 individuals that are uninsured in Jacksonville and our goal this year is to be the medical home for 1,100 of our neighbors. We serve the ALICE population- Asset Limited Income Constrained and Employed. With the funding received from the City of Jacksonville we estimate we will serve an additional 15% or approximately an additional 165 individuals. In addition, this will result in increased patient visits last year we averaged about 4 visits per patient. The funding received will go to the delivery of services, transportation, marketing our services and providing all of the screenings, medications and doctors visits necessary to keep our patients healthy, working and out of expensive emergency rooms.

**PROGRAM SCOPE OF WORK AND DELIVERABLES:** The funding received will go to the delivery of services, transportation, marketing our services and providing all of the screenings, medications and doctors visits necessary to keep our patients healthy, working and out of expensive emergency rooms.

Delivery of services: 15%-33% (depending upon position) of the salary and benefits of our medical team: Medical Director, Clinical Director, Chief Operating Officer, Clinical Manager, RN and our Director of Volunteers. Expenses for client care are also included: transportation, imaging, medications, screenings, and eye glasses. In addition there will be an additional expense for the use of our electronic medical records.

Marketing: 33% of our Outreach Manager’s salary (included under salaries, above) and 37% of our marketing printing/advertising budget for outreach materials, direct advertising and marketing of our services to the community

Occupancy Expenses: 15% of rent, utilities, maintenance and electronic medical records

Office Expenses: 15% of supplies, medical disposal and cleaning

**PROGRAM COSTS/PAYMENT TERMS:** Volunteers in Medicine operates on an October-September Fiscal Year. For Fiscal Year 2023-2024 our total budget for the Jax Care Connect program will be \$948,059.90. Our current cost per patient visit is \$347.49 and we estimate we will have 5,000 patient visits this year. With our increase of 15% we estimate an additional 660 patient visits just from new patients from our partnership with Jax Care Connect. Other funders who are committed to our mission include the Florida Association of Free and Charitable Clinics \$235,000, Baptist Health \$75,000, Jim Moran Foundation \$90,000, Riverside Hospital Foundation \$50,000, Bank of America \$100,000 and Delores Barr Weaver Endowment Fund which contributes

roughly \$24,000 a year. We also receive funds from private donations and events. We do not accept any Federal funds. Because of our unique model utilizing volunteers we will provide over \$4,000,000 in care. Roughly 2/3rds of our support for our work is in the form of donated service hours by our volunteers who are doctors, nurses, researchers, front desk staff, qualifiers, etc.

**PROGRAM IMPACT & REPORTING:** We will be utilizing eClinical Works to document our patient information so that we can report out the number of patients we will provide screenings, exam visits, vision, mental health visits to. Between October and December 2023 we saw 65 new patients and 528 individuals over 1,282 visits. With the funding received from the City of Jacksonville we estimate we will serve an additional 15% or approximately an additional 165 individuals. In addition, this will result in an increase in patient visits which is estimated at 660 visits. The overall impact of this program is that the working uninsured will stay healthy and out of the emergency room; however when someone stays employed and healthy they are more likely to keep their homes (preventing homelessness), more likely to have a healthy pregnancy (preventing infant mortality), more likely to have healthy children (reduced absences and higher graduation rates) and are less likely to engage in criminal activity.

**Additional Grant Requirements and Restrictions:** Recipient's expenditure of City funds for the Program and the provision of services shall be subject to Chapter 118, Parts 1 – 5 of the Jacksonville Ordinance Code, and the terms and conditions of any contract entered between the City and Recipient. Recipient shall use the City funds for the Program in accordance with the City Council approved Term Sheet and Program budget. The City's Grant Administrator may amend this Term Sheet and the approved Program budget consistent with the Program needs, provided that any substantial change to this Term Sheet or a budget change not within 10% of the attached Program budget line-items will require City Council approval.

FY 2024 PSG/ City Grant - Complete Program Budget Detail

Lead Agency: Volunteers in Medicine Jacksonville Inc.

Program Name: Expansion of Services through JaxCareConnect Referrals

Agency Fiscal Year: October 1, 2023 - September 30, 2024

BUDGET

Categories and Line Items	Prior Year Prg Funding FY 2021-2022	Current Year Prg Budget FY 2022-2023	Total Est. Cost of Program FY 2023-2024	Agency Provided Funding	All Other Program Revenues	Funding Partners		
						City of Jacksonville (City Grant)	Federal/ State & Other Funding	Private Foundation Funding
<b>I. Employee Compensation</b>								
<b>Personnel - 01201 (list Job Title or Positions no names)</b>								
1 Medical Director	\$106,633.80	\$106,633.80	\$91,400.00	\$6,507.00	\$0.00	\$13,710.00	\$71,183.00	\$0.00
2 Clinical Director	\$69,600.00	\$69,600.00	\$95,344.00	\$56,169.40	\$0.00	\$14,301.60	\$24,873.00	\$0.00
3 Chief Operating Officer - new position in 2023	\$0.00	\$0.00	\$83,604.00	\$23,391.40	\$0.00	\$12,540.60	\$30,951.00	\$16,721.00
4 Outreach Manager - changed from Outreach Coordinator	\$39,900.00	\$60,000.00	\$60,000.00	\$30,400.00	\$0.00	\$20,000.00	\$9,600.00	\$0.00
5 Clinical Manager - now an RN position	\$43,680.00	\$43,680.00	\$70,000.00	\$27,910.00	\$0.00	\$15,000.00	\$27,090.00	\$0.00
6 Director of Volunteers	\$48,400.00	\$48,400.00	\$51,000.00	\$3,802.00	\$0.00	\$7,850.00	\$39,548.00	\$0.00
	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Subtotal Employee Compensation</b>	<b>\$308,213.80</b>	<b>\$328,313.80</b>	<b>\$451,348.00</b>	<b>\$148,179.80</b>	<b>\$0.00</b>	<b>\$83,202.20</b>	<b>\$203,245.00</b>	<b>\$16,721.00</b>
<b>Fringe Benefits</b>								
Payroll Taxes - FICA & Med Tax - 02101	\$26,051.00	\$26,051.00	\$41,351.10	\$25,987.10	\$0.00	\$6,364.00	\$9,000.00	\$0.00
Health Insurance - 02304	\$17,743.00	\$17,743.00	\$49,522.80	\$18,470.38	\$0.00	\$7,428.42	\$15,124.00	\$8,500.00
Retirement - 02201	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Dental - 02301	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Life Insurance - 02303	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Workers Compensation - 02401	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Unemployment Taxes - 02501	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other Benefits - (Please describe)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Subtotal Taxes and Benefits</b>	<b>\$43,794.00</b>	<b>\$43,794.00</b>	<b>\$90,873.90</b>	<b>\$44,457.48</b>	<b>\$0.00</b>	<b>\$13,792.42</b>	<b>\$24,124.00</b>	<b>\$8,500.00</b>
<b>Total Employee Compensation</b>	<b>\$352,007.80</b>	<b>\$372,107.80</b>	<b>\$542,221.90</b>	<b>\$192,637.28</b>	<b>\$0.00</b>	<b>\$96,994.62</b>	<b>\$227,369.00</b>	<b>\$25,221.00</b>
<b>II. Operating Expenses</b>								
<b>Occupancy Expenses</b>								
Rent - Occupancy -04408	\$85,200.00	\$85,200.00	\$136,678.00	\$107,176.30	\$0.00	\$20,501.70	\$9,000.00	\$0.00
Telephone - 04181	\$6,613.00	\$6,613.00	\$6,613.00	\$4,174.05	\$0.00	\$991.95	\$1,447.00	\$0.00
Utilities - 04301	\$10,500.00	\$10,500.00	\$10,500.00	\$3,429.00	\$0.00	\$1,575.00	\$5,496.00	\$0.00
Maintenance and Repairs - 04603	\$9,800.00	\$9,800.00	\$9,800.00	\$8,330.00	\$0.00	\$1,470.00	\$0.00	\$0.00
Insurance Property & General Liability - 04502	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other - Medical Liability Insurance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other - Lab Fees	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other - Electronic Medical Records and Data Analysis	\$16,500.00	\$16,500.00	\$16,500.00	\$10,931.00	\$0.00	\$2,475.00	\$3,094.00	\$0.00
<b>Office Expenses</b>								
Office and Other Supplies - 05101	\$12,000.00	\$12,000.00	\$12,000.00	\$8,200.00	\$0.00	\$1,800.00	\$2,000.00	\$0.00
Postage - 04101	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Printing and Advertising - 04801	\$24,970.00	\$24,970.00	\$40,000.00	\$24,203.66	\$0.00	\$ 14,796.35	\$1,000.00	\$0.00
Publications - 05216	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Staff Training - 05401	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Directors & Officers - Insurance - 04501	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Professional Fees & Services (not audit) - 03410	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Background Screening - 04938	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other - Equipment under \$1,000 - 06403	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other - Program Licenses and Permits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other - Medical Supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other - Medical Waste Disposal and Medical Cleaning	\$26,130.00	\$34,572.00	\$34,572.00	\$12,844.20	\$0.00	\$5,185.80	\$16,542.00	\$0.00
Other - Volunteer Supplies and Support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other - Outreach and Education	\$6,540.00	\$7,652.00	\$7,652.00	\$4,166.20	\$0.00	\$1,147.80	\$2,338.00	\$0.00
<b>Travel Expenses</b>								
Local Mileage - 04021	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Parking & Tools - 04028	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Equipment Expenses</b>								
Rental & Leases - Equipment - 04402	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Vehicle Fuel and Maintenance - 04216	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Vehicle Insurance - 04502	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other - (Please describe)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Direct Client Expenses - 08301</b>								
Client Rent	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Utilities	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Food	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Medical	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Educational	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Personal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Other - Self-Monitoring Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Other - Transportation (Bus, Uber, Lyft)	\$0.00	\$0.00	\$5,400.00	\$4,590.00	\$0.00	\$810.00	\$0.00	\$0.00
Client Other - Imaging (mammograms, ultrasounds)	\$28,462.00	\$42,693.00	\$42,693.00	\$289.05	\$0.00	\$6,403.95	\$21,000.00	\$15,000.00
Client Other - Cologuard tests	\$24,000.00	\$38,000.00	\$38,000.00	\$12,800.00	\$0.00	\$5,400.00	\$18,000.00	\$0.00
Client Other - Medications and Inhalers	\$28,560.00	\$42,840.00	\$42,840.00	\$5,759.00	\$0.00	\$6,426.00	\$30,655.00	\$0.00
Client Other - Prescription Eyeglasses	\$4,590.00	\$4,590.00	\$4,590.00	\$901.50	\$0.00	\$885.50	\$3,000.00	\$0.00
<b>Total Operating Expenses</b>	<b>\$283,885.00</b>	<b>\$333,930.00</b>	<b>\$405,838.00</b>	<b>\$207,593.96</b>	<b>\$0.00</b>	<b>\$89,872.05</b>	<b>\$113,572.00</b>	<b>\$15,000.00</b>
<b>III. Operating Capital Outlay (OVER \$1,000)</b>								
Machinery & Equipment - 06402	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Computers & Software - 06427	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other - (Please describe)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total Capital Outlay</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Direct Expenses Total</b>	<b>\$635,872.80</b>	<b>\$706,037.80</b>	<b>\$948,069.90</b>	<b>\$400,231.24</b>	<b>\$0.00</b>	<b>\$166,866.67</b>	<b>\$340,941.00</b>	<b>\$40,221.00</b>
<b>Percent of Budget</b>	<b>-</b>	<b>-</b>	<b>100.0%</b>	<b>42.2%</b>	<b>0.0%</b>	<b>17.6%</b>	<b>36.0%</b>	<b>4.2%</b>

Last Modified: 03/16/2023

All PSG Items listed must be included in the narrative section of the budget.

**Budget Narrative for Selected Items of Cost  
 FY 2023 PSG/ City Grant Application  
 Program Budget Narrative (Max. 2 Pages)  
 Proposed Funding Period: FY 2023-2024  
 COJ Funding Only**

**Agency: Volunteers in Medicine Jacksonville**

**Program Name: Expansion of Services through  
 JaxCareConnect Referrals**

**EXPENSES:** Please provide narrative description for all categories listed below for which you are seeking **City Funding Only**.

We have included those required elements in the spaces below. See instructions when listing personnel expenses. Please feel free to add additional lines as necessary to provide explanations using the line insert feature.

**I. Employee Compensation** \* (not related to costs of the office of the governor of a state or the chief executive of a political subdivision)

**Salary & Wages**

	Annual	coj funding	%	
1. Medical Director (Provides direct patient care; examines and coordinates all practice activities to ensure medical compliance; addresses all labs and imaging results)	\$91,400	\$ 13,710.00	15%	15% of \$91,400 = \$13,710
2. Clinical Director (Provides patient care; precepts all students/interns; maintains clinical quality, patient safety and ensures positive patient experience)	\$95,344	\$ 14,301.60	15%	15% of \$95,344 = \$14,302
3. Chief Operating Officer (Provides training, assists with data collection, and serves as liaison between the clinical coordinator and medical staff)	\$83,604	\$ 12,540.60	15%	15% of \$83,604 = \$12,541
4. Outreach Manager (builds trust in communities, markets our services to churches, at health fairs, assists with transportation assignment for patients, trains community health workers)	\$60,000	\$ 20,000.00	33%	33% of \$60,000 = \$20,000
5. Clinical Manager (RN - Provides clinical support to physicians and nurses; coordinates care for our patients, maintains medical supply inventory and gives direction to volunteer administrative staff)	\$70,000	\$ 15,000.00	21%	21.42% of \$70,000 = \$15,000
6. Director of Volunteers (Recruits, retains and stewards volunteer doctors, nurses and lay persons who provide direct patient services patients)	\$51,000	\$ 7,650.00	15%	15% of \$51,000 = \$7,650
	\$451,348	\$ 83,202.20		

Payroll taxes- 7.5% of annual salaries	\$41,351.10	\$ 6,364.00	15%	15% of \$41,351.10 is \$6,364
Health Insurance- annual amount of full time staff who take benefit	\$49,522.80	\$ 7,428.42	15%	15% of \$49,522.80 is \$7,428.42
		\$ 13,792.42		

Total Employee Compensation **\$ 96,994.62**

**II. Operating Expenses**

**Occupancy Expenses**

Rent- 9400 square feet of exam room space at South San Marco Location	\$ 136,678	\$ 20,501.70	15%	15% of \$136,678= \$20,501.70
Telephone- teams phones to accept patient appointments, qualifying appointments and referrals from Jax Care Connect	\$ 6,613	\$ 991.95	15%	15% of \$6,613 is \$991.95
Utilities- light bill, power bill to illuminate exam rooms and exam room equipment	\$ 10,500	\$ 1,575.00	15%	15% of \$10,500 is \$1,575
Maintenance and repairs- AC unit repairs and annual servicing, when equipment fails	\$ 9,800	\$ 1,470.00	15%	15% of \$9,800 is \$1,470
Other: Electronic Medical Records crucial to documenting, reporting, referring, health care tracking, and health care delivery	\$ 16,500	\$ 2,475.00	15%	15% of \$16,500 is \$2,475
		\$ 27,013.65		

**Office Expenses**

Office and other supplies- includes medical supplies, exam room supplies, printer, etc.	\$12,000.00	\$ 1,800.00	15%	15% of \$12,000 is \$1,800
Printing and advertising- this is the key component to increase our patient population, this includes online marketing, brochures, fees for outreach events, partner marketing, direct mail, education etc.	\$40,000.00	\$ 14,796.35	37%	37% of \$40,000 is \$14,796.34
Other - Medical Disposal and Cleaning	\$34,572	\$ 5,185.80	15%	15% of \$34,572 is \$5,185.80
Other - Outreach and Education	\$7,652.00	\$ 1,147.80	15%	
		\$ 22,929.95		

**Direct Client Expenses**

Client Other - transportation bus passes, Uber and Lyft. Crucial for those who may have to miss an appointment if family member needs car or car breaks down. Reduces no shows and helps patients get to referral appointments	\$5,400	\$ 810.00	15%	15% of \$5,400 is \$810
Client Other - Imaging for cancer screenings (mammograms, ultrasounds, etc.)	\$42,693	\$ 6,403.95	15%	15% of \$42,693 is \$6,403.95
Client Other - Cologuard Tests for colon cancer screenings for those that are low risk for colon cancer	\$36,000	\$ 5,400.00	15%	15% of \$36,000 is \$5,400
Client Other - Medications and Inhalers- all patients provided free medications and inhalers.	\$42,840	\$ 6,426.00	15%	15% of \$42,840 is \$6,426
Client Other - prescription eye glasses- for our diabetic patients who need annual eye exams and eye health is so important.	\$4,590	\$ 688.50	15%	15% of \$4,590 is \$688.50
		\$ 19,726.45		

**III. Operating Capital Outlay:**

	N/A	\$ -	0	
<b>PSG Requested Funding</b>		<b>\$ 166,666.67</b>		