

PSG/DA Budget Amendment Request Form

Please use the form below to insert your approved budget, your requested budget amendment and variance. If you have already been granted an amendment, that revised budget is now your approved budget. Insert rows as necessary to fit your unique budget.

Agency Name:

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

Program Name:

Mental Health Offenders Program

Total Grant Funds Received =

Expenditure Tye	Expenditures	Approved Budget	Budget Amendment Request	Increase or Decrease	Line Item % Change
Compensation (1200)	President/Psychiatrist	\$ 40,167.15	\$ 40,167.15	\$ -	0%
	Psychiatrist	\$ 121,550.00	\$ -	\$ (121,550.00)	-100%
	Human Services Administrator	\$ 24,000.00	\$ 24,000.00	\$ -	0%
	Integrated Services Case Manager	\$ 33,599.90	\$ 33,599.90	\$ -	0%
	Integrated Services Case Manager	\$ 41,999.88	\$ 41,999.88	\$ -	0%
	Aftercare Case Manager	\$ 41,999.88	\$ 41,999.88	\$ -	0%
	Advocate	\$ 17,305.60	\$ 17,305.60	\$ -	0%
Benefits	FICA and Med Tax (2101)	\$ 27,520.19	\$ 27,520.19	\$ -	0%
	Health Insurance (2304)	\$ 62,019.35	\$ 62,019.35	\$ -	0%
	Retirement (02201)	\$ 7,914.30	\$ 7,914.30	\$ -	0%
	Dental	\$ -	\$ -	\$ -	0%
	Life Insurance	\$ -	\$ -	\$ -	0%
	Worker's Compensation	\$ -	\$ -	\$ -	0%
	Unemployment	\$ -	\$ -	\$ -	0%
	Other (LT Disability)	\$ -	\$ -	\$ -	0%
Operating Expenses	Rent Occupancy (04408)	\$ -	\$ -	\$ -	0%
	Telephone (04181)	\$ 960.00	\$ 960.00	\$ -	0%
	Utilities (04301)	\$ -	\$ -	\$ -	0%
	Maintenance and Repairs	\$ -	\$ -	\$ -	0%
	Other - Storage	\$ 3,334.00	\$ 3,334.00	\$ -	0%
	Local Mileage	\$ -	\$ -	\$ -	0%
	Office Supplies	\$ 500.00	\$ 500.00	\$ -	0%
	Insurance Property and General Liabili	\$ -	\$ -	\$ -	0%
	Staff Training	\$ 800.00	\$ 800.00	\$ -	0%
	Printing and Advertising	\$ -	\$ -	\$ -	0%
	Postage	\$ -	\$ -	\$ -	0%
	Other - Licenses & Permits	\$ 1,000.00	\$ 1,000.00	\$ -	0%
	Professional Fees	\$ -	\$ 121,550.00	\$ 121,550.00	100%
	Vehicle Fuel & Maintenance	\$ 2,900.00	\$ 2,900.00	\$ -	0%
	Vehicle Insurance	\$ 9,848.82	\$ 9,848.82	\$ -	0%
Direct Client Expenses (08301)	Client Housing	\$ 1,000.00	\$ -	\$ (1,000.00)	100%
	Client Rent	\$ -	\$ -	\$ -	0%
	Client Food	\$ 4,280.93	\$ 4,280.93	\$ -	0%
	Client Medical	\$ 1,500.00	\$ 1,500.00	\$ -	0%
	Client Integration	\$ 2,200.00	\$ 2,200.00	\$ -	0%
	Client Personal	\$ 1,100.00	\$ 2,100.00	\$ 1,000.00	91%
TOTALS		\$ 447,500.00	\$ 447,500.00	\$ -	

FY 2025 City Grant - Complete Program Budget Detail

Lead Agency: IM Sulzbacher Center for the Homeless, Inc.

Program Name: Mental Health Offenders Program

Agency Fiscal Year: 2025-2026

Categories and Line Items	Prior Year Prg Funding FY 2023-2024	Current Year Prg Budget FY 2024-2025	Total Est. Cost of Program FY 2024-2025	BUDGET				
				Agency Provided Funding	All Other Program Revenues	Funding Partners		
						City of Jacksonville (City Grant)	Federal/ State & Other Funding	Private Foundation Funding
I. Employee Compensation								
Personnel - 01201 (list Job Title or Positions no names)								
President/Psychiatrist		\$22,000.00	\$40,167.15	\$0.00	\$0.00	40,167.15	\$0.00	\$0.00
Human Services Administrator		\$24,000.00	\$24,000.00	\$0.00	\$0.00	24,000.00	\$0.00	\$0.00
Integrated Services Case Manager		\$33,599.90	\$33,599.90	\$0.00	\$0.00	33,599.90	\$0.00	\$0.00
Integrated Services Case Manager		\$41,999.88	\$41,999.88	\$0.00	\$0.00	41,999.88	\$0.00	\$0.00
Aftercare Case Manager			\$41,999.88	\$0.00	\$0.00	41,999.88	\$0.00	\$0.00
Advocate			\$17,305.60	\$0.00	\$0.00	17,305.60	\$0.00	\$0.00
Subtotal Employee Compensation	\$0.00	\$121,599.78	\$199,072.41	\$0.00	\$0.00	\$199,072.41	\$0.00	\$0.00
Fringe Benefits								
Payroll Taxes - FICA & Med Tax - 02101	\$0.00	\$9,302.38	\$27,520.19	\$0.00	\$0.00	27,520.19	\$0.00	\$0.00
Health Insurance - 02304	\$0.00	\$20,513.88	\$62,019.35	\$0.00	\$0.00	62,019.35	\$0.00	\$0.00
Retirement - 02201	\$0.00	\$1,129.03	\$7,914.30	\$0.00	\$0.00	7,914.30	\$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 - (Vision)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Subtotal Taxes and Benefits	\$0.00	\$30,945.30	\$97,453.84	\$0.00	\$0.00	\$97,453.84	\$0.00	\$0.00
Total Employee Compensation	\$0.00	\$152,545.08	\$296,526.25	\$0.00	\$0.00	\$296,526.25	\$0.00	\$0.00
II. Operating Expenses								
Occupancy Expenses								
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	\$960.00	\$0.00	\$0.00	960.00	\$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
IT & General Allocation	\$0.00	\$20,079.00	\$0.00	\$0.00	\$0.00	0.00	\$0.00	\$0.00
Other - (Storage)	\$0.00	\$254.00	\$3,334.00	\$0.00	\$0.00	3,334.00	\$0.00	\$0.00
Office Expenses								
Office and Other Supplies - 05101	\$0.00	\$250.00	\$500.00	\$0.00	\$0.00	500.00	\$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	\$1,240.00	\$800.00	\$0.00	\$0.00	800.00	\$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 (Psychiatrist)	\$0.00	\$0.00	\$121,550.00	\$0.00	\$0.00	121,550.00	\$0.00	\$0.00
Drug & Background Screening - 04938	\$0.00	\$250.00	\$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 - (Licenses & Permits)	\$0.00	\$1,000.00	\$1,000.00	\$0.00	\$0.00	1,000.00	\$0.00	\$0.00
Travel Expenses								
Local Mileage - 04021	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Conferences	\$0.00	\$2,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Equipment Expenses								
Rental & Leases - Equipment - 04402	\$0.00	\$3,097.00	\$0.00	\$0.00	\$0.00	-	\$0.00	\$0.00
Vehicle Fuel and Maintenance - 04216	\$0.00	\$1,440.00	\$2,900.00	\$0.00	\$0.00	2,900.00	\$0.00	\$0.00
Vehicle Insurance -04502	\$0.00	\$4,803.60	\$9,848.82	\$0.00	\$0.00	9,848.82	\$0.00	\$0.00
Other - Equipment under \$1,000	\$0.00	\$1,998.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Direct Client Expenses - 08301								
Client Housing	\$0.00	\$62,517.18	\$0.00	\$0.00	\$0.00	-	\$0.00	\$0.00
Client Transportation	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Food	\$0.00	\$0.00	\$4,280.93	\$0.00	\$0.00	4,280.93	\$0.00	\$0.00
Client Medical	\$0.00	\$3,433.00	\$1,500.00	\$0.00	\$0.00	1,500.00	\$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	\$4,226.68	\$2,100.00	\$0.00	\$0.00	2,100.00	\$0.00	\$0.00
Client Other (Client Shelter Bed)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Other (Community Integration)	\$0.00	\$1,200.00	\$2,200.00	\$0.00	\$0.00	2,200.00	\$0.00	\$0.00
Total Operating Expenses	\$0.00	\$108,288.46	\$150,973.75	\$0.00	\$0.00	\$150,973.75	\$0.00	\$0.00
III. Operating Capital Outlay (OVER \$1,000)								
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
Total Capital Outlay	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Direct Expenses Total	\$0.00	\$260,833.54	\$447,500.00	\$0.00	\$0.00	\$447,500.00	\$0.00	\$0.00
Percent of Budget	-	-	100.0%	0.0%	0.0%	100.0%	0.0%	0.0%

Last Modified: 02/16/2024

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

**Budget Narrative for Selected Items of Cost
 FY 2025 City Grant Application
 Program Budget Narrative (Max. 2 Pages)
 Proposed Funding Period: FY 2025-2026
 COJ Funding Only**

Agency: IM Sulzbacher Center for the Homeless, Inc.

Program Name: Mental Health Offenders 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

President/Psychiatrist	\$40,167.15
Human Services Administrator	\$24,000.00
Integrated Services Case Manager	\$33,599.90
Integrated Services Case Manager	\$41,999.88
Aftercare Case Manager	\$41,999.88
Advocate	\$17,305.60

Payroll Taxes & Benefits

Payroll Taxes - FICA & Med Tax	\$27,520.19
Health Insurance	\$62,019.35
Retirement	\$7,914.30

Subtotal Employee Compensation **296,526.25**

II. Operating Expenses

Occupancy Expenses

Telephone - Cell phones and VIOP (voice over IP) plans for program staff to communicate and ensure access to care for program clients	960.00
Other - Storage - Offsite storage unit to hold furnishings and other related items necessary for client housing needs	\$3,334.00
Office and Other Supplies - Office supplies, to include paper, pens, pencils, file folders, binders, and any other office supplies for program staff to use in the execution of the program	\$500.00
Professional Fees -Psychiatrist creates and implements complex treatment plans for each patient that are the most socially complex in Jacksonville, FL, and collaborate with case managers, disability processors, housing processors, and peer specialists to ensure the plan can help each patient reintegrate into society. The psychiatrist provides direct clinical management of patients in jail, on the streets, and eventually in their apartments, which involves administration of long-acting injectable antipsychotic medications, drawing blood for laboratory monitoring, wound care, and psychotherapy.	\$121,550.00
Staff Training - annual trainings such as registration fees, instructor fees and staff training costs attended by staff	\$800.00
Licenses and Permits - Required renewal certifications for staff and providers	\$1,000.00
Vehicle Fuel and Maintenance - Gas for 2 MHOP vehicles	\$2,900.00
Vehicle Insurance - Insurance for 2 MHOP vehicles	\$9,848.82

Direct Client Expenses

Client Food - Food/ vouchers for program clients until they can be connected to income or Food stamps	4,280.93
Client Medical - Consumables to include drug tests, pregnancy tests, client co-pays, pharmaceuticals and other medications	\$1,500.00
Client Personal - Clothing/personal care essentials for program clients until they can be connected to income. Personal care items such as soap, deodorant, shampoo and other personal hygiene items. Also to include personal items such as keys.	\$2,100.00
Client Other - Community Integration - social activities and supplies to assist clients with daily life skills to re-acclimate them back into the community. Admissions to activities, supplies for group sessions, and other supplies to build life skills (for clients only).	\$2,200.00

Subtotal Operating Expenses **150,973.75**

III. Operating Capital Outlay:

Total **447,500.00**