

Volunteers in Medicine

City Grant Proposal Term Sheet

Grant Recipient: Volunteers in Medicine

Program Name: Jax Westside Clinic

City Funding Requests:

\$36,934 in Fiscal Year 2018-2019 with carry over to Fiscal Year 2019-2020

\$60,937 in Fiscal Year 2019-2020

City Contract Terms:

October 1, 2018 – September 30, 2019 with carry over to

October 1, 2019 – September 30, 2020

Any substantial change will require Council approval.

Program Services and Activities:

Volunteers in Medicine is a full service clinic providing free primary and specialty medical services to low-income and uninsured individuals since 2003. We provide 16 medical specialty services that include mental health, cardiology, free prescription medications, and eyeglasses all under one roof located in Downtown Jacksonville.

Last year, volunteers provided over \$1.1 million in in-kind hours: for every \$1 we receive, we provide \$3 in patient health care. We charge nothing for our services. We operate with only seven full time staff and three part time staff. We currently provide health care to over 1,700 citizens who work at least 20 hours per week and make between \$13,000 and up to 250% of the poverty level, which is \$31,225 for one individual. These are people who without us would have gone to the emergency room for care. We are preventing serious consequences that could occur if chronic conditions are not managed early on. We provide a medical home for our community. The top three zip codes we serve are 32210, 32209 and 32208. A majority of our patients come from 32210.

Volunteers in Medicine was founded in 2003 and since its inception the number of patients has continued to grow. Due to the recent Community Health Needs Assessment, that identified transportation as a major barrier to access to care, we are interested in piloting a small expansion to a part of the community where a majority of our patients come from. We have identified a small clinic located within the Inspire to Rise campus located at 5927 Old Timuquana Road, Jacksonville, FL 32210 in Council District 9. If this pilot is a success, we will identify opportunities to expand beyond this one year funding through grants and individual support.

What are we Proposing

Volunteers in Medicine is asking for \$36,934.00 in 2018-2019 to partially fund the expansion of our services into the 32210 zip code. This includes \$11,000.00 for salaries, \$21,115.60 in operating expenses and \$4,818.40 in computers and software within the Inspire to Rise Campus in 32210 located within District 9. All unspent funds from 2018-2019 will carry over into the 2019-20 budget. See the Budget Schedule for detail regarding line item expenditures.

Volunteers in Medicine is asking for \$60,937.00 in 2019-2020 to partially fund the expansion of our services into the 32210 zip code. This includes \$27,217.20 for salaries and \$33,719.80 for operating expenses. See the Budget Schedule for detail regarding line item expenditures.

Additional Grant Requirements and Restrictions

City Funds for the Program shall be subject to Parts 1 through 5 of Chapter 118, Jacksonville Municipal Code. Recipient shall use the City funds for the Program in accordance with this City Council approved City Grant Proposal Term Sheet ("Term Sheet") and the City Council approved Program budget. The Grants 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 the approved Program budget will require further Council approval.

FY 2020 PSG/ City Grant - Program Budget Detail

Lead Agency: Volunteers In Medicine

Program Name: Jax Westside Clinic

Agency Fiscal Year: October 1, 2019 - September 30, 2020

Categories and Line Items	BUDGET								
	Prior Year Prg Funding FY 2017-2018	Current Year Prg Budget FY 2018-2019	Total Cost of Program FY 2019-2020	Agency Provided Funding	All Other Program Revenues	Funding Partners			
						City of Jacksonville (City Grant) 2018 - 2019	City of Jacksonville (City Grant) 2019 - 2020	Federal/ State & Other Funding	Private Foundation Funding
I. Employee Compensation									
Personnel - 01201 (list Job Title or Positions)									
1. Medical Assistant	\$40,000.00	\$40,000.00	\$40,000.00	\$32,000.00	\$0.00	\$2,000.00	\$6,000.00	\$0.00	\$0.00
2. Medical director	\$93,000.00	\$93,000.00	\$93,000.00	\$42,315.00	\$0.00	\$5,000.00	\$13,600.00	\$32,085.00	\$0.00
3. Volunteer Coordinator	\$53,080.00	\$53,080.00	\$53,080.00	\$14,922.80	\$0.00	\$4,000.00	\$7,617.20	\$26,540.00	\$0.00
Subtotal Employee Compensation	\$186,080.00	\$186,080.00	\$186,080.00	\$89,237.80	\$0.00	\$11,000.00	\$27,217.20	\$58,625.00	\$0.00
Fringe Benefits									
Payroll Taxes - FICA & Med Tax - 02101	\$0.00	\$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	\$0.00
Retirement - 02201	\$0.00	\$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	\$0.00
Life Insurance - 02303	\$0.00	\$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	\$0.00
Unemployment Taxes - 02501	\$0.00	\$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	\$0.00
Subtotal Taxes and Benefits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Employee Compensation	\$186,080.00	\$186,080.00	\$186,080.00	\$89,237.80	\$0.00	\$11,000.00	\$27,217.20	\$58,625.00	\$0.00
II. Operating Expenses									
Occupancy Expenses									
Rent - Occupancy -04408	\$0.00	\$0.00	\$15,000.00	\$0.00	\$0.00	\$1,250.00	\$13,750.00	\$0.00	\$0.00
Telephone - 04181	\$0.00	\$0.00	\$2,000.00	\$0.00	\$0.00	\$166.67	\$1,833.33	\$0.00	\$0.00
Utilities - 04301	\$0.00	\$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	\$0.00
Insurance Property & General Liability - 04502	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other - (E-Clinical Works EMR)	\$0.00	\$0.00	\$7,200.00	\$3,600.00	\$0.00	\$300.00	\$3,300.00	\$0.00	\$0.00
Office Expenses									
Office and Other Supplies - 05101	\$0.00	\$0.00	\$11,060.00	\$0.00	\$0.00	\$5,678.93	\$5,381.07	\$0.00	\$0.00
Postage - 04101	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Printing and Advertising - 04801	\$0.00	\$0.00	\$3,000.00	\$0.00	\$0.00	\$3,000.00	\$0.00	\$0.00	\$0.00
Publications - 05216	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Staff Training - 05401	\$0.00	\$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	\$0.00
Professional Fees & Services (not audit) - 03410	\$0.00	\$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	\$0.00
Other - Equipment under \$1,000 - 06403	\$0.00	\$0.00	\$1,000.00	\$0.00	\$0.00	\$1,000.00	\$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	\$0.00
Travel Expenses									
Local Mileage - 04021	\$0.00	\$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	\$0.00
Equipment Expenses									
Rental & Leases - Equipment - 04402	\$0.00	\$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	\$0.00
Vehicle Insurance -04502	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other - (Medical Equipment)	\$0.00	\$0.00	\$9,720.00	\$0.00	\$0.00	\$9,720.00	\$0.00	\$0.00	\$0.00
Direct Client Expenses - 08301									
Client Rent	\$0.00	\$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	\$0.00
Client Food	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Client Medical/Pharmacy	\$0.00	\$0.00	\$9,455.40	\$0.00	\$0.00	\$0.00	\$9,455.40	\$0.00	\$0.00
Client Educational	\$0.00	\$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	\$0.00
Client Other (Please describe)	\$0.00	\$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	\$0.00
Total Operating Expenses	\$0.00	\$0.00	\$58,435.40	\$3,600.00	\$0.00	\$21,115.60	\$33,719.80	\$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	\$0.00
Computers & Software - 06427	\$0.00	\$0.00	\$4,818.40	\$0.00	\$0.00	\$4,818.40	\$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	\$0.00
Total Capital Outlay	\$0.00	\$0.00	\$4,818.40	\$0.00	\$0.00	\$4,818.40	\$0.00	\$0.00	\$0.00
Direct Expenses Total	\$186,080.00	\$186,080.00	\$249,333.80	\$92,837.80	\$0.00	\$36,934.00	\$60,937.00	\$58,625.00	\$0.00
Percent of Budget	-	-	100.0%	37.2%	0.0%	14.8%	24.4%	23.5%	0.0%

**Budget Narrative for Selected Items of Cost
 FY 2020 PSG/ City Grant Application
 Program Budget Narrative (Max. 2 Pages)
 Proposed Funding Period: FY 2019-2020**

Agency: Volunteers in Medicine

Program Name: VIM Jax Westside 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

Salary & Wages (All FTE's)	Annual	Jax West Site Request	Percent	Discussion
1 Medical Asst. (provides clinical support to physicians and nurses; maintains medical supply inventory and gives direction to volunteer administrative staff)	\$40,000.00	\$8,000.00	20%	We estimate that the Medical Assistant will spend 20% of their time helping manage the 2 day a week clinic.
2 Medical Dir. (Provides direct patient care; examines and coordinates all practice activities to ensure medical compliance; addresses all labs and imaging results)	\$93,000.00	\$18,600.00	20%	Our Medical director will provide oversight of patient care working with our volunteer physicians. She will be available for advice, reviewing of labs and clinic oversight
3 Dir. of Volunteers (Recruits, retains and stewards all volunteer doctors, nurses and lay persons who provide direct services to the patients)	\$53,080.00	\$11,617.20	22%	The clinic will be run with 3-8 volunteers a day and the volunteer coordinator is responsible for making the schedule with volunteers and screening and vetting new volunteers

Payroll Taxes & Benefits

n/a

II. Operating Expenses

Occupancy Expenses

Rent	\$15,000.00	\$15,000.00	100%	Inspire to Rise has given us a monthly rate to cover utilities, rent and general site maintenance.
Telephone and Internet - Required to serve patients	\$2,000.00	\$2,000.00	100%	cost for phones and internet
Eclinical Works	\$7,200.00	\$3,600.00	50%	We will be a paperless location and will be relying heavily on the use of this electronic medical record software and will share the cost with our Downtown Location

Office Expenses

Office and Other Supplies	\$11,060.00	\$11,060.00	100%	Medical supplies, office supplies
Printing and advertising	\$3,000.00	\$3,000.00	100%	Signage to see from the street and then directional signage on the Inspire to Rise Campus
Other equipment under 1,000	\$1,000.00	\$1,000.00	100%	Purchase of a large locking cabinet to store medical equipment and patient information when not in use. Room will be multifunctional and have other use when clinic is not in operation.

Travel Expenses - not related to entertainment expenses

Equipment Expenses

Medical Equipment	\$9,720.00	\$9,720.00	100%	Purchase of necessary clinical equipment: medical exam bed, ekg machine and ear and eye scope
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Direct Client Expenses

Client Medical / Pharmacy	\$9,455.40	\$9,455.40	100%	client medications that are necessary for management of ongoing chronic and acute needs
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III. Operating Capital Outlay:

Computers and software	\$4,818.40	\$4,818.40	100%	purchase of 3 computers for check in, nurse triage and physician documentation and 1 printer
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