

Provider Agency Name and Address:

Health Planning Council of Northeast Florida
 100 North Laura Street Suite 801
 Jacksonville, FL 32202

Preparer's Name: I. Herrera

Phone #: 904-301-3678 Ext. 109

DEPARTMENT OF HEALTH
GENERAL REVENUE
 Monthly Expenditure and Reimbursement Report

From: 1/1/2015 to 1/31/2015
 Contract No. CODJP
 FY 2014 - 2015

A. ADMINISTRATIVE BUDGET			Amount	Revised Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
Total Administrative Budget			1 1 3	20,697.00	1,724.75	12,073.25	8,623.75

B. DIRECT CARE 7105-7350	Number of Clients Served	Number of Units	Original Amount	Revised Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
AIDS Pharmaceutical Assistance			70,000.00			3,503.70	66,496.30
Ambulatory/Outpatient Medical Care	1	1	70,000.00		49.75	869.44	69,130.56
Oral Health Care			35,928.00			4,155.00	31,773.00
Total Direct Care	1	1	175,928.00		49.75	8,528.14	167,399.86

C. PROGRAM SUPPORT - STATE PRIORITIES			Amount	Revised Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance	
Total Program Support - State Priorities --- Planning & Development			1 1 2	10,348.00		2,924.25	9,719.21	628.79
TOTAL SECTIONS A, B AND C				206,973.00		4,698.75	30,320.60	176,652.40

D. ADVANCE(S) INFORMATION			
Total Advances _____		Total Contract Amount	206,973.00
Previous Reductions _____		Expenditures Year -To-Date	30,320.60
Current Reductions _____		UNPAID Advances	
Remaining Advances _____		Balance to Draw	176,652.40
Total Expenditures This Period		4,698.75	Type of Request:
Less Advances Paid This Period			Regular X
AMOUNT OF FUNDS REQUESTED THIS REPORT		4,698.75	Final

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DEPARTMENT OF HEALTH
GENERAL REVENUE
 Monthly Expenditure and Reimbursement Report

From: 2/1/2015 to 2/28/2015
 Contract No. CODJP
 FY 2014 - 2015

A. ADMINISTRATIVE BUDGET			Amount	Revised Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
Total Administrative Budget			1 1 3	20,697.00	1,724.75	13,798.00	6,899.00

B. DIRECT CARE 7105-7350	Number of Clients Served	Number of Units	Original Amount	Revised Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
AIDS Pharmaceutical Assistance			70,000.00			3,503.70	66,496.30
Ambulatory/Outpatient Medical Care	1	1	70,000.00		2.00	871.44	69,128.56
Oral Health Care			35,928.00			4,155.00	31,773.00
Total Direct Care	1	1	175,928.00		2.00	8,530.14	167,397.86

C. PROGRAM SUPPORT - STATE PRIORITIES			Amount	Revised Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
Total Program Support - State Priorities --- Planning & Development			1 1 2	10,348.00		9,719.21	628.79
TOTAL SECTIONS A, B AND C				206,973.00	1,726.75	32,047.35	174,925.65

D. ADVANCE(S) INFORMATION			
Total Advances _____		Total Contract Amount	206,973.00
Previous Reductions _____		Expenditures Year -To-Date	32,047.35
Current Reductions _____		UNPAID Advances	
Remaining Advances _____		Balance to Draw	174,925.65
Total Expenditures This Period		1,726.75	Type of Request:
Less Advances Paid This Period			Regular X
AMOUNT OF FUNDS REQUESTED THIS REPORT		1,726.75	Final

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DEPARTMENT OF HEALTH
GENERAL REVENUE
 Monthly Expenditure and Reimbursement Report

From: 3/1/2015 to 3/31/2015
 Contract No. CODJP
 FY 2014 - 2015

A. ADMINISTRATIVE BUDGET			Amount	Revised Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance	
Total Administrative Budget	1	1	3	20,697.00		1,724.75	15,522.75	5,174.25

B. DIRECT CARE 7105-7350	Number of Clients Served	Number of Units	Original Amount	Revised Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
AIDS Pharmaceutical Assistance	12	24	70,000.00		4,760.07	8,263.77	61,736.23
Ambulatory/Outpatient Medical Care			70,000.00			871.44	69,128.56
Oral Health Care			35,928.00			4,155.00	31,773.00
Total Direct Care	12	24	175,928.00		4,760.07	13,290.21	162,637.79

C. PROGRAM SUPPORT - STATE PRIORITIES			Amount	Revised Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance	
Total Program Support - State Priorities --- Planning & Development	1	1	2	10,348.00		628.79	10,348.00	
TOTAL SECTIONS A, B AND C				<u>206,973.00</u>		<u>7,113.61</u>	<u>39,160.96</u>	<u>167,812.04</u>

D. ADVANCE(S) INFORMATION			
Total Advances	_____	Total Contract Amount	206,973.00
Previous Reductions	_____	Expenditures Year -To-Date	39,160.96
Current Reductions	_____	UNPAID Advances	_____
Remaining Advances	_____	Balance to Draw	167,812.04
Total Expenditures This Period		7,113.61	Type of Request:
Less Advances Paid This Period		_____	Regular X
AMOUNT OF FUNDS REQUESTED THIS REPORT		<u>7,113.61</u>	Final _____

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DEPARTMENT OF HEALTH
GENERAL REVENUE
 Monthly Expenditure and Reimbursement Report

From: 4/1/2015 to 4/30/2015
 Contract No. CODJP
 FY 2014 - 2015

A. ADMINISTRATIVE BUDGET		Amount	Revised Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
Total Administrative Budget	1 1 3	20,697.00		1,724.75	17,247.50	3,449.50

B. DIRECT CARE 7105-7350	Number of Clients Served	Number of Units	Original Amount	Revised Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
AIDS Pharmaceutical Assistance	43	131	70,000.00		16,794.16	25,057.93	44,942.07
Ambulatory/Outpatient Medical Care	12	16	70,000.00		1,669.59	2,541.03	67,458.97
Oral Health Care	14	17	35,928.00		10,706.00	14,861.00	21,067.00
Total Direct Care	69	164	175,928.00		29,169.75	42,459.96	133,468.04

C. PROGRAM SUPPORT - STATE PRIORITIES		Amount	Expenditures This Report	Expenditures Year-To-Date	Contract Balance	
Total Program Support - State Priorities --- Planning & Development	1 1 2	10,348.00		10,348.00		
TOTAL SECTIONS A, B AND C		<u>206,973.00</u>		<u>30,894.50</u>	<u>70,055.46</u>	<u>136,917.54</u>

D. ADVANCE(S) INFORMATION		Total Contract Amount	206,973.00
Total Advances _____		Expenditures Year -To-Date	70,055.46
Previous Reductions _____		UNPAID Advances	
Current Reductions _____		Balance to Draw	136,917.54
Remaining Advances _____			
	Total Expenditures This Period	30,894.50	Type of Request:
	Less Advances Paid This Period		Regular X
	AMOUNT OF FUNDS REQUESTED THIS REPORT	<u>30,894.50</u>	Final

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DEPARTMENT OF HEALTH
GENERAL REVENUE
 Monthly Expenditure and Reimbursement Report

From: 5/1/2015 to 5/31/2015
 Contract No. CODJP
 FY 2014 - 2015

A. ADMINISTRATIVE BUDGET			Amount	Revised Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance	
Total Administrative Budget	1	1	3	20,697.00		1,724.75	18,972.25	1,724.75

B. DIRECT CARE 7105-7350	Number of Clients Served	Number of Units	Original Amount	Revised Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
AIDS Pharmaceutical Assistance	81	468	70,000.00		21,164.39	46,222.32	23,777.68
Ambulatory/Outpatient Medical Care	44	233	70,000.00		11,146.63	13,687.66	56,312.34
Oral Health Care	12	18	35,928.00		10,758.00	25,619.00	10,309.00
Total Direct Care	137	719	175,928.00		43,069.02	85,528.98	90,399.02

C. PROGRAM SUPPORT - STATE PRIORITIES			Amount	Revised Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance	
Total Program Support - State Priorities ---	1	1	2	10,348.00		10,348.00		
Planning & Development								
TOTAL SECTIONS A, B AND C				206,973.00		44,793.77	114,849.23	92,123.77

D. ADVANCE(S) INFORMATION			
Total Advances _____		Total Contract Amount	206,973.00
Previous Reductions _____		Expenditures Year -To-Date	114,849.23
Current Reductions _____		UNPAID Advances	
Remaining Advances _____		Balance to Draw	92,123.77
		Total Expenditures This Period	44,793.77
		Less Advances Paid This Period	
		AMOUNT OF FUNDS REQUESTED THIS REPORT	44,793.77
		Type of Request:	
		Regular	X
		Final	

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DEPARTMENT OF HEALTH
GENERAL REVENUE
 Monthly Expenditure and Reimbursement Report

From: 6/1/2015 to 6/30/2015
 Contract No. CODJP
 FY 2014 - 2015

A. ADMINISTRATIVE BUDGET			Amount	Revised Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
Total Administrative Budget			1 1 3	20,697.00	1,724.75	20,697.00	

B. DIRECT CARE 7105-7350	Number of Clients Served	Number of Units	Original Amount	Revised Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
AIDS Pharmaceutical Assistance	73	359	70,000.00		16,822.04	63,044.36	6,955.64
Ambulatory/Outpatient Medical Care	73	240	70,000.00		12,361.51	26,049.17	43,950.83
Oral Health Care	15	18	35,928.00		10,297.00	35,916.00	12.00
Total Direct Care	161	617	175,928.00		39,480.55	125,009.53	50,918.47

C. PROGRAM SUPPORT - STATE PRIORITIES			Amount	Revised Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
Total Program Support - State Priorities --- Planning & Development			1 1 2	10,348.00		10,348.00	
TOTAL SECTIONS A, B AND C				206,973.00	41,205.30	156,054.53	50,918.47

D. ADVANCE(S) INFORMATION		Total Contract Amount	206,973.00
Total Advances _____		Expenditures Year -To-Date	156,054.53
Previous Reductions _____		UNPAID Advances	
Current Reductions _____		Balance to Draw	50,918.47
Remaining Advances _____			
Total Expenditures This Period		41,205.30	Type of Request:
Less Advances Paid This Period			Regular X
AMOUNT OF FUNDS REQUESTED THIS REPORT		41,205.30	Final

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DEPARTMENT OF HEALTH
GENERAL REVENUE
 Monthly Expenditure and Reimbursement Report

From: 6/1/2015 to 6/30/2015 - FINAL
 Contract No. CODJP
 FY 2014 - 2015

A. ADMINISTRATIVE BUDGET			Amount	Revised Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
Total Administrative Budget			1 1 3	20,697.00		20,697.00	

B. DIRECT CARE 7105-7350	Number of Clients Served	Number of Units	Original Amount	Revised Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
AIDS Pharmaceutical Assistance	47	221	70,000.00		6,904.67	69,949.03	50.97
Ambulatory/Outpatient Medical Care	67	172	70,000.00		11,546.58	37,595.75	32,404.25
Oral Health Care			35,928.00			35,916.00	12.00
Total Direct Care	114	393	175,928.00		18,451.25	143,460.78	32,467.22

C. PROGRAM SUPPORT - STATE PRIORITIES			Amount	Revised Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
Total Program Support - State Priorities --- Planning & Development			1 1 2	10,348.00		10,348.00	
TOTAL SECTIONS A, B AND C					18,451.25	174,505.78	32,467.22

D. ADVANCE(S) INFORMATION			
Total Advances _____		Total Contract Amount	206,973.00
Previous Reductions _____		Expenditures Year -To-Date	174,505.78
Current Reductions _____		UNPAID Advances	
Remaining Advances _____		Balance to Draw	32,467.22
Total Expenditures This Period		18,451.25	Type of Request:
Less Advances Paid This Period			Regular
AMOUNT OF FUNDS REQUESTED THIS REPORT		18,451.25	Final X

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DEPARTMENT OF HEALTH
GENERAL REVENUE
 Monthly Expenditure and Reimbursement Report

From: 7/1/2015 to 7/31/2015
 Contract No. CODLD
 FY 2015 - 2016

A. ADMINISTRATIVE BUDGET			Amount	Revised Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance	
Total Administrative Budget	1	1	3	20,697.00		1,724.75	1,724.75	18,972.25

B. DIRECT CARE 7105-7350	Number of Clients Served	Number of Units	Original Amount	Revised Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
AIDS Pharmaceutical Assistance			70,000.00				70,000.00
Ambulatory/Outpatient Medical Care			70,000.00				70,000.00
Oral Health Care			35,928.00				35,928.00
Total Direct Care			175,928.00				175,928.00

C. PROGRAM SUPPORT - STATE PRIORITIES			Amount	Revised Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance	
Total Program Support - State Priorities --- Planning & Development	1	1	2	10,348.00			10,348.00	
TOTAL SECTIONS A, B AND C				206,973.00		1,724.75	1,724.75	205,248.25

D. ADVANCE(S) INFORMATION			
Total Advances	17,247.50	Total Contract Amount	206,973.00
Previous Reductions		Expenditures Year -To-Date	1,724.75
Current Reductions		UNPAID Advances	17,247.50
Remaining Advances	17,247.50	Balance to Draw	188,000.75
Total Expenditures This Period		1,724.75	Type of Request:
Less Advances Paid This Period			Regular X
AMOUNT OF FUNDS REQUESTED THIS REPORT		1,724.75	Final

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DEPARTMENT OF HEALTH
GENERAL REVENUE
 Monthly Expenditure and Reimbursement Report

From: 8/1/2015 to 8/31/2015
 Contract No. CODLD
 FY 2015 - 2016

A. ADMINISTRATIVE BUDGET		Amount	Revised Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
Total Administrative Budget	1 1 3	20,697.00		1,724.75	3,449.50	17,247.50

B. DIRECT CARE 7105-7350	Number of Clients Served	Number of Units	Original Amount	Revised Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
AIDS Pharmaceutical Assistance			70,000.00				70,000.00
Ambulatory/Outpatient Medical Care			70,000.00				70,000.00
Oral Health Care			35,928.00				35,928.00
Total Direct Care			175,928.00				175,928.00

C. PROGRAM SUPPORT - STATE PRIORITIES		Amount	Revised Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
Total Program Support - State Priorities --- Planning & Development	1 1 2	10,348.00		2,403.85	2,403.85	7,944.15
TOTAL SECTIONS A, B AND C		<u>206,973.00</u>		<u>4,128.60</u>	<u>5,853.35</u>	<u>201,119.65</u>

D. ADVANCE(S) INFORMATION

Total Advances	17,247.50	Total Contract Amount	206,973.00
Previous Reductions		Expenditures Year -To-Date	5,853.35
Current Reductions		UNPAID Advances	17,247.50
Remaining Advances	17,247.50	Balance to Draw	183,872.15

Total Expenditures This Period	4,128.60	Type of Request:	
Less Advances Paid This Period		Regular	X
AMOUNT OF FUNDS REQUESTED THIS REPORT	<u>4,128.60</u>	Final	

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DEPARTMENT OF HEALTH
GENERAL REVENUE
 Monthly Expenditure and Reimbursement Report

From: 9/1/2015 to 9/30/2015
 Contract No. CODLD
 FY 2015 - 2016

A. ADMINISTRATIVE BUDGET		Amount	Revised Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
Total Administrative Budget	1 1 3	20,697.00		1,724.75	5,174.25	15,522.75

B. DIRECT CARE 7105-7350	Number of Clients Served	Number of Units	Original Amount	Revised Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
AIDS Pharmaceutical Assistance	41	172	70,000.00		5,810.83	5,810.83	64,189.17
Ambulatory/Outpatient Medical Care	33	116	70,000.00		3,864.64	3,864.64	66,135.36
Oral Health Care	3	3	35,928.00		583.00	583.00	35,345.00
Total Direct Care	77	291	175,928.00		10,258.47	10,258.47	165,669.53

C. PROGRAM SUPPORT - STATE PRIORITIES		Amount	Revised Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
Total Program Support - State Priorities --- Planning & Development	1 1 2	10,348.00		1,205.83	3,609.68	6,738.32
TOTAL SECTIONS A, B AND C		206,973.00		13,189.05	19,042.40	187,930.60

D. ADVANCE(S) INFORMATION

Total Advances	17,247.50	Total Contract Amount	206,973.00
Previous Reductions		Expenditures Year -To-Date	19,042.40
Current Reductions		UNPAID Advances	17,247.50
Remaining Advances	17,247.50	Balance to Draw	170,683.10

Total Expenditures This Period	13,189.05	Type of Request:	
Less Advances Paid This Period		Regular	X
AMOUNT OF FUNDS REQUESTED THIS REPORT	13,189.05	Final	

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DEPARTMENT OF HEALTH
GENERAL REVENUE
 Monthly Expenditure and Reimbursement Report

From: 10/1/2015 to 10/31/2015
 Contract No. CODLD
 FY 2015 - 2016

A. ADMINISTRATIVE BUDGET		Amount	Revised Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
Total Administrative Budget	1 1 3	20,697.00		1,724.75	6,899.00	13,798.00

B. DIRECT CARE 7105-7350	Number of Clients Served	Number of Units	Original Amount	Revised Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
AIDS Pharmaceutical Assistance			70,000.00			5,810.83	64,189.17
Ambulatory/Outpatient Medical Care			70,000.00			3,864.64	66,135.36
Oral Health Care			35,928.00			583.00	35,345.00
Total Direct Care			175,928.00			10,258.47	165,669.53

C. PROGRAM SUPPORT - STATE PRIORITIES		Amount	Revised Budget	Expenditures This Report	Expenditures Year-To-Date	Contract Balance
Total Program Support - State Priorities --- Planning & Development	1 1 2	10,348.00		1,201.90	4,811.58	5,536.42
TOTAL SECTIONS A, B AND C		206,973.00		2,926.65	21,969.05	185,003.95

D. ADVANCE(S) INFORMATION		Total Contract Amount
Total Advances	17,247.50	206,973.00
Previous Reductions		Expenditures Year -To-Date 21,969.05
Current Reductions		UNPAID Advances 17,247.50
Remaining Advances	17,247.50	Balance to Draw 167,756.45
Total Expenditures This Period		2,926.65
Less Advances Paid This Period		
AMOUNT OF FUNDS REQUESTED THIS REPORT		2,926.65
Type of Request:		Regular X
		Final