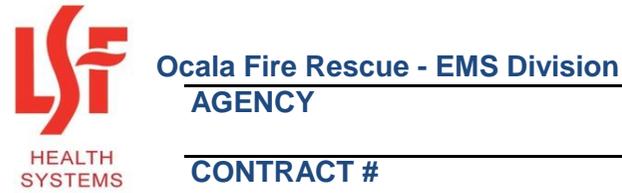


## SAMH PROJECTED OPERATING AND CAPITAL BUDGET



8/31/2023

Date  
2023-2024  
Fiscal Year

CONTRACT #

**PART I: PROJECTED FUNDING SOURCES & REVENUES**

FUNDING SOURCES & REVENUES	DCF/LSFHS	Other Funding Source	Total Revenue						
<b>IA. STATE SAMH FUNDING</b>									
(1) Management, Oversight and Administration	\$ -								\$0
(2) Services Revenue	\$ -								\$0
<b>IB. OTHER GOVT. FUNDING</b>									
(1) Other State Agency Funding		\$ 197,832.00	\$ 3,500.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$201,332
(2) Medicaid		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0
(3) Local Government		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0
(4) Federal Grants and Contracts		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0
(5) In-kind from local govt. only		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0
<b>TOTAL GOVERNMENT FUNDING =</b>	<b>\$0</b>	<b>\$197,832</b>	<b>\$3,500</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$201,332</b>
<b>IC. ALL OTHER REVENUES</b>									
(1) 1st & 2nd Party Payments		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0
(2) 3rd Party Payments (except Medicare)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0
(3) Medicare		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0
(4) Contributions and Donations		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0
(5) Other Grants and Contracts		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0
(6) In-kind		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$0
<b>TOTAL ALL OTHER REVENUES =</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>TOTAL PROJECTED FUNDING =</b>	<b>\$0</b>	<b>\$197,832</b>	<b>\$3,500</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$201,332</b>

EXPENSE CATEGORIES	DCF	Other Funding Source	Total Expenses						
<b>IIA. PERSONNEL EXPENSES</b>									
(1) Salaries	\$ 329,725.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$329,725
(2) Fringe Benefits	\$ 152,240.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$152,240
<b>TOTAL PERSONNEL EXPENSES =</b>	<b>\$481,965</b>	<b>\$0</b>	<b>\$481,965</b>						
<b>IIB. OTHER EXPENSES</b>									
(1) Building Occupancy									\$0
(2) Professional Services									\$0
(3) Travel									\$0
(4) Equipment									\$0
(5) Food Services									\$0
(6) Medical and Pharmacy	\$3,500								\$3,500
(7) Subcontracted Services	\$37,000								\$37,000
(8) Insurance									\$0
(9) Interest Paid									\$0
(10) Operating Supplies & Expenses	\$7,000								\$7,000
(11) Donated Items									\$0
(12) Other Expense									\$0
<b>TOTAL OTHER EXPENSES =</b>	<b>\$47,500</b>	<b>\$0</b>	<b>\$47,500</b>						
<b>TOTAL PERSONNEL &amp; OTHER EXPENSES =</b>	<b>\$529,465</b>	<b>\$0</b>	<b>\$529,465</b>						
<b>IIC. DISTRIBUTED INDIRECT COSTS</b>									
(a) Other Support Costs (Optional)	\$2,500	\$	\$	\$	\$	\$	\$	\$	\$2,500
(b) Administration	\$18,720	\$	\$	\$	\$	\$	\$	\$	\$18,720
<b>TOTAL DISTRIBUTED INDIRECT COSTS =</b>	<b>\$21,220</b>	<b>\$0</b>	<b>\$21,220</b>						
<b>TOTAL ALLOWABLE OPERATING EXPENSES =</b>	<b>\$550,685</b>	<b>\$0</b>	<b>\$550,685</b>						
<b>IID. UNALLOWABLE COSTS</b>	\$	\$	\$	\$	\$	\$	\$	\$	\$0
<b>IIE. CAPITAL EXPENDITURES</b>	\$	\$	\$	\$	\$	\$	\$	\$	\$0
<b>TOTAL PROJECTED OPERATING EXPENSES =</b>	<b>\$550,685</b>	<b>\$0</b>	<b>\$550,685</b>						

**IIG. BUDGET NARRATIVE** (attach separate set of workpapers)

**PART III: CERTIFICATION**  
 I certify the above to be an accurate projection and in agreement with this agency's records and with the terms of this agency's contract.

Jesse Blaire	EMS Captain	
_____ Signature	_____ Title	_____ Date

**SAMH PROJECTED OPERATING AND CAPITAL BUDGET PERSONNEL DETAIL**

Ocala Fire Rescue

8/28/2023

AGENCY

DATE

POSITION TITLE / NUMBER		Total Agency		% of Time	DCF ME Contract	
		# of FTE	Annual Salary Cost		# of FTE	Salary
1	Cohort of 22 Firefighters working OT	1.0	\$329,725	Varies	100.00	\$329,725
2					0.00	\$0
3					0.00	\$0
4					0.00	\$0
5					0.00	\$0
6					0.00	\$0
7					0.00	\$0
8					0.00	\$0
9					0.00	\$0
10					0.00	\$0
11					0.00	\$0
12					0.00	\$0
13					0.00	\$0
14					0.00	\$0
15					0.00	\$0
16					0.00	\$0
17					0.00	\$0
18					0.00	\$0
19					0.00	\$0
20					0.00	\$0
21					0.00	\$0
22					0.00	\$0
23					0.00	\$0
24					0.00	\$0
25					0.00	\$0
26					0.00	\$0
27					0.00	\$0
28					0.00	\$0
29					0.00	\$0
30					0.00	\$0
Totals		1.0	\$329,725		100.00	\$329,725



# SAMH PROJECTED OPERATING Budget Na

## Ocala Fire Rescue

### AGENCY

#### IIA. PERSONNEL EXPENSES

(1) Salaries	See Personnel Detail
(2) Fringe Benefits	152,240

#### IIB. OTHER EXPENSES

(1) Building Occupancy	0
(2) Professional Services	0.00
(3) Travel	0.00
(4) Equipment	0.00
(5) Food Services	0
(6) Medical and Pharmacy	3,500.00
(7) Subcontracted Services	37,000.00
(8) Insurance	0
(9) Interest Paid	0

<b>(10) Operating Supplies &amp; Expenses</b>	7,000.00
<b>(11) Donated Items</b>	0
<b>(12) Other Expense</b>	0.00

**IIC. DISTRIBUTED INDIRECT COSTS**

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<b>(a) Other Support Costs (Optional)</b>	2,500
<b>(b) Administration</b>	18,720.00




Fuel and maint for running CORE c


Print material (laminated door har

Est. admin personnel cost for data

r's Comp, Our services are provided by paramedics who are on overtime while working for the program.

dications (already funded through LSF)

referring community paramedic (CORE) patients

alls

ngars, cards, flyers)

extrapolation, consolidation and reporting

They have all the required training.