

OPS BUDGET NARRATIVE

Provider Name:	Lauderhill Fire Rescue	CONTRACT AMOUNT:	\$ 263,272.00
Contract Budget Period: (Should reflect the annual contract term. For a multi-year agreement, a budget narrative and summary should be completed to each annual period of the agreement.)			
Start Date:	3/1/2025	End Date:	8/31/2025
A. DIRECT PROGRAM COST			
A.1: SALARIES:			
This section is for salaries for staff directly involved in the performance of the deliverables of the contract.			Amount Charged to Contract
Staff #1	MIH Coordinator - Will oversee co-responder program and training		
Staff Name			
Title	Assistant Fire Chief		
Annual Salary	\$179,000	36 % ANNUAL /18% BI-ANNUAL	
Contract Allocation	Percent Allocated to Contract:	18%	\$ 32,220.00
Staff #2	Finance Coordinator		
Staff Name			
Title			
Annual Salary	\$ 185,000.00	36 % ANNUAL /18% BI-ANNUAL	
Contract Allocation	Percent Allocated to Contract:	18%	\$ 33,300.00
Staff #3	Peer Navigator/Social/Medical Responder		
Staff Name	TBA		
Title			
Bi-Annual Salary	\$ 16,250.00		
Contract Allocation	Percent Allocated to Contract:	100%	\$ 16,250.00
Overtime	4 staff x 10 hours per week x 26 weeks = 1080 hours		
Overtime Rate	1.5 per hour over 40 hours		
Allocation OT	CP's Overtime for Community Events		
Bi-Annual amount	\$ 16,000.00		
Contract Allocation	Percent Allocated to Contract:	100%	\$ 16,000.00
ITEMIZED FRINGE CLASSIFICATION:			
Item of Cost	Description		
FICA	Personnel Cost x %rate established		\$ -
Health Insurance	Cigna Health		
Retirement			
Fringe	Total Cost Staff x Salaries x (20%) = \$98,020 x 20 %		\$ 19,604.00
Other			
Insert rows as needed			
	Total Fringe Benefits Allocation:		\$ 19,604.00

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A.3: DIRECT EXPENSES		
Note: Expand this section to see full explanation. This section is for direct expenses involved in the performance of the deliverables of this contract. This includes rent, utilities, phone service, internet services, supplies, liability insurance, etc.		Amount Charged to Contract
ITEMIZED DIRECT EXPENSE:		
Item of Cost	Description	Amount Charged to Contract
Vehicle Maintenance	Fuel Monthly costs (service range of Broward County)Post Over Dose Response to and from / (\$800 fuel monthly/\$4800 contract period 6 months per Vehicle x 3 vehicles operational) (Oil, Repairs, General Service,) \$400 per month per fleet of 3) 6 month period \$2400	16,800
Med Resupply	EMI 822 MULTI TRAUMA RESPONSE KIT (\$520.39) X 3 UNITS X 6 MONTHS = \$9,367.02 EMI 588 PROTECTOR RESPONSE PPE/PAC REFILL KIT (\$57.39) X 20 KITS PER MONTH X 6 MONTHS = \$6,886.8 TRAUMA/PPE EMS FIRE RESCUE POST OVERDOSE KITS - (\$150.00) X 100 = \$15,000	31,254
Operation Equip	ZOLL AED PLUS (\$2,021.09) X 3 = \$6,063.27 / 3M PELTOR MT73H7B4610NA LITECOM PLUS HEADSET MODEL 1 (\$726.99) X 6 = \$4,361.94 / RAYOVAC HIGH CAPACITY MOTOROLA XTS2500 BATTERY (\$46.95) X 10 = \$469.5 / LENOVO Tablets EMS rated, field comp. system mobil (\$1800) x 6 = \$10,800	21,695
Harm Reduction	Pub Ed Materials	12,600
Training	Conferences	20,000
List item		
Insert rows as needed		
	Total Direct Expense Allocation:	\$ 102,348.71
B. ADMINISTRATIVE/INDIRECT EXPENSE		
This section is for administrative cost and/or indirect cost. The Program must determine the cap through the		
B.1: SALARIES:		
This section is for salaries for administrative staff involved with a role tied to this contract.		Amount Charged to Contract
Staff #1	Auditor/ Quality Control / Post Overdose Data	
Staff Name	TBA	
Title		
Annual Salary	\$ 70,000.00	

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Contract Allocation	Percent Allocated to Contract:	10%		\$	7,000.00
Staff #2	Grant Compliance				
Staff Name	TBA				
Title					
Salary	\$	70,000.00			
Contract Allocation	Percent Allocated to Contract:	10%		\$	7,000.00
For additional staff: Copy the 5 rows for Staff#2 and insert above this row.					
				Total Administrative Salary Allocation:	\$ 14,000.00

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B.2: FRINGE BENEFITS		
Note: Expand this section to see full explanation. This section is for fringe benefits of staff directly involved in the performance of the deliverables if this contract. Fringe may include any or all of the following: Medical Plan, VISTA Health Plan, Dental Plan, Vision Insurance Plan, Prescription Drug Plan, LTD Insurance - Management, Unemployment Compensation, Social Security Tax, etc.		Amount Charged to Contract
ITEMIZED FRINGE CLASSIFICATION:		
Item of Cost	Description	
FICA	Personnel Cost x %rate established	
Health Insurance	Information on insurance provider plan, and how amount was	
Retirement		
Fringe	20%	\$ 2,800.00
Other		
Insert rows as needed		
Total Administrative Fringe Benefits Allocation:		\$ 2,800.00
B.3: ADMINISTRATIVE/INDIRECT EXPENSES		
Note: Expand this section to see full explanation. This section is for direct expenses involved in the performance of the deliverables if this contract. This includes rent, utilities, phone service, internet services, supplies, liability insurance, etc.		Amount Charged to Contract
ITEMIZED ADMINISTRATIVE EXPENSE:		
Item of Cost	Description	
Phone	Tmobil EMS (T Priority) x 6 lines / Devices	\$3,000
Indirect		
Total Administrative/Indirect Expense Allocation:		\$ 3,000.00
C. TOTAL CONTRACT ALLOCATION SUMMARY:		
TOTAL DIRECT COST:		\$ 243,472.00
TOTAL ADMINISTRATIVE COST:		\$ 19,800.00
TOTAL CONTRACT COST:		\$ 263,272.00

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