

**Johnson County Health First Indiana Grant Agreement**  
**Johnson Memorial Hospital Behavioral Health Facility**

**This Grant Agreement**(“Agreement”) made the 27<sup>th</sup> day of May 2025 (“Award Date”) by and between Johnson Memorial Hospital (“JMH”), with offices located at 1155 W. Jefferson Street, Franklin, IN 46131 (“Grantee”), and the Johnson County Indiana Health Department, acting through its Board of Commissioners, and its successors and assigns, 86 West Court Street, Franklin, IN 46131 (collectively “Grantor”).

**Witnesseth**, that the Grantee and the Grantor for the consideration named agree as follows:

**Article 1      Amount Awarded**

The Grantor has awarded Grantee One Million Dollars and 00/00 Cents (\$1,000,000.00) to operate the Behavioral Health Facility as a core public health service for the citizens of Johnson County, Indiana.

**Article 2      Grant Terms**

1. Grantee attests that funds granted will be used solely as required by the Health First Indiana Program, Ind. Code § 16-18-2-79.5, Ind. Code § 16-20-1-12, and specified in Grantee’s Grant Proposal and Budget attached hereto and incorporated herein as **“Exhibit A;”** and
2. All expenditures and financial transactions must be supported by documentation that supports why the transaction is allowable for grant purposes by including an invoice summary cover sheet which has a list of all expenditures. The cover sheet must contain:
  - a. the date of transaction,
  - b. the type of transaction,
  - c. the payee,
  - d. total amount of expense,
  - e. the form/type of supporting documentation,
  - f. a brief explanation of the purpose of the expense; and
3. Accounting records must be traced back to source documentation. In general, documentation will be:
  - a. A copy of a cancelled check/electronic copy or other document supporting that the transaction was executed; e.g., bank statement, electronic reference, etc. All copies of cancelled checks submitted should include both the front and back of the check. If the back side is not available, a copy of the respective bank statement or online statements can be substituted.

- b. Submission of a credit card statement is not sufficient documentation of an incurred and paid cost unless you are able to provide supporting documentation such as a contract, purchase receipt or invoice and a subsequent statement verifying the account balance was paid in full no later than 90 days after the period of performance end date. If the credit card account carries a balance, only the pro-rated portion of the expenditure in relation to the outstanding balance will be allowed.
  - c. Debit card transactions can be supported with the receipt or invoice and the bank statement highlighting the transaction; and
- 4. Entire grant award must be expended within twelve (12) months of the Award Date. If Grantee has extreme circumstances and is unable to spend the entire awarded amount within twelve (12) months, Grantee may ask for an extension from the Johnson County Board of Commissioners. If Grantee does not have a granted extension and had not expended the entire grant award amount within twelve (12) months, the remaining awarded funds shall revert back to the Health First Indiana general grant fund account for Johnson County.
- 5. To maintain financial records adequate to verify expenditures and activity related to this grant for three (3) years.

### **Article 3      General provisions**

Grantee understands that this Grant is a one-time grant and acknowledges that it has received no assurances that this Grant may be extended beyond its expiration date.

All work in association with Grantee's and this Agreement shall be completed in a workmanlike manner and in complete compliance with all applicable state and federal laws.

To the extent required by law, all work in association with and this Grantee and this Agreement shall be performed by individuals duly licensed and authorized by law to perform said work.

Pursuant to Ind. Code § 22-9-1-10, Grantee and any employee shall not discriminate against any employee or applicant for employment to be employed in the performance of work under this Agreement, with respect to hire, tenure, terms, conditions, or privileges or employment or any matter directly or indirectly related to employment, because of race, color, religion, sex, disability, national origin, or ancestry. Breach of this provision/covenant may be regarded as a material breach of the Agreement.

Grantee warrants it is adequately insured for injury to its employees and others incurring loss or injury as a result of the acts of Grantee or its employees or subcontractors and shall provide a certificate of insurance and all endorsements to Grantor. Any deductible or self-insured retention amount or other similar obligation under the insurance policies shall be the sole obligation of Grantee. Failure to provide insurance as required in this Agreement is a material breach of contract entitling the Grantor to terminate this Agreement immediately.

To the fullest extent permitted by law, Grantee shall indemnify, hold harmless, and defend the Grantor from and against all liability, claims, actions, damages, losses, and expenses, including without limitation reasonable attorney's fees and costs, arising out of any alleged or negligent or willful acts or omissions of Grantee, its officers, employees, and agents.

This Agreement shall be construed and interpreted in accordance with the laws of the State of Indiana, as well as all applicable federal, state, or local laws or regulations, which are herein incorporated by reference. The Parties agree that any action related to the Agreement shall be brought in Johnson County, Indiana.

If any term of this Grant is declared by a court having jurisdiction to be illegal or unenforceable, the validity of the remaining terms will not be affected and, if possible, the rights and obligations of the parties are to be construed and enforced as if the Grant does not contain the illegal or unenforceable term.

#### **Article 4      Termination**

1. **Termination by Mutual Agreement or Notice.** This Grant may be terminated at any time by mutual consent of both parties executed in writing, or upon 30 days' written notice by either party, with or without cause.
2. **Termination for Lack of Funding or Authority.** Termination of this Grant under this subsection is without prejudice to any obligations or liabilities of either party already accrued prior to termination. Grantor may terminate the whole or any part of this Grant, effective upon delivery of written notice to Grantee or on any later date stated in the notice, under any of the following conditions:
  - a. If funding from federal, state, or other sources is not obtained and continued at levels sufficient to allow for purchase of the services or supplies in the indicated quantities or for the indicated term. The Grant may be modified by mutual consent of the parties in writing to accommodate a reduction in funds.
  - b. If federal or state laws or rules are modified or interpreted in a way that the services are no longer allowable or appropriate for purchase under this Grant or are no longer eligible for the funding proposed for payments authorized by this Grant.
  - c. If any license, permit, or certificate required by law or rule, or by the terms of this Grant, is for any reason denied, revoked, suspended, or not renewed.
3. **Termination for Cause.** The rights and remedies of Grantor provided in this section are not exclusive and are in addition to any other rights and remedies provided by law or under this Grant. Grantor may terminate this Grant effective upon delivery of written notice to Grantee, or any later date stated in the notice:

- a. If Grantee fails to provide services required by this Grant as described in Exhibit A within the time specified or within any extension agreed to by Grantor; or
- b. If Grantee fails to perform any of the other provisions of this Grant, or so fails to pursue the work in a way that endangers performance of this Grant in accordance with its terms.
- c. If Grantee performance of the services required by this Grant as described in Exhibit A become impossible because of circumstances beyond the control of Grantee, and through no fault of Grantee, the Grant will be terminated and Grantor may set off, against any liability or obligations owed to Grantee under this Grant or otherwise, any amounts paid for individual items of work which are incomplete at the time of the breach.

## **Article 5                      Notice**

All notices required to be given under this Agreement will be made in writing and will be sent by certified or registered mail addressed to the parties, as follow:

County:                      Board of Commissioners of Johnson County  
Johnson County West Annex  
86 West Court St  
Franklin, IN 46131

And copy to:                County Attorney  
Johnson County West Annex  
86 West Court St  
Franklin, IN 46131

Grantee:                     Johnson Memorial Hospital  
1155 W. Jefferson Street  
Franklin, IN 46131

## **Article 6                      Entire Agreement; Amendment**

This Agreement contains and constitutes the entire agreement of the parties regarding the subject matter hereof, and there are no other agreements, written or oral, between the parties affecting the subject matter hereof. No amendment of this Agreement shall be effective unless the same is made in writing and signed by the parties hereto. To the extent there are inconsistencies between this Agreement and any exhibits or attachments, this Agreement controls.

## **Article 7                      Authority to Contract**

Grantee may subcontract with qualified providers of services, provided that any subcontract acknowledges the binding nature of this Grant, and incorporates this Grant, together with its attachments as appropriate. Grantee is solely responsible for the performance of any subcontractor. Grantee may not contract for or on behalf of or incur obligations on behalf of Grantor. Grantee may not assign or otherwise transfer or delegate any right or duty without Grantor's express written consent.

## **Article 8                      Independent Entity**

Grantee is an independent entity under this Grant. Grantee, its employees, agents, or representatives are not employees of Grantor for any purpose. No part of this Grant may be construed to represent the creation of an employer/employee relationship between Grantor and Grantee. Grantee retains sole and absolute discretion in the manner and means of carrying out Grantee's activities and responsibilities under this Grant, except to the extent specified in this Grant.

## **Article 9                      Audit Responsibility/Retention of Records**

Grantee agrees to keep financial records necessary to fully disclose the complete financial status of the Grant. Grantee must submit documentation supporting requests for reimbursement for review by Grantor or its agents, upon request. All records, regardless of physical form, and the accounting practices and procedures of Grantee relevant to this Grant are subject to examination by the Indiana State Auditor, the Auditor's designee, or federal auditors and Grantee must be able to provide them at any reasonable time. Grantee agrees to retain records for at least three years following completion of this Grant or, if subject to audit, from the date the audit is completed and closed, whichever occurs later.

## **Article 10                    Acceptance of Terms & Conditions**

This grant is conditional upon Grantee's acceptance of the terms and conditions set forth herein. By signing below, Grantee agrees to accept and comply with the stated terms and conditions of this grant.

## **Article 11                    Authorized Signature**

By typing in your Name, and Title in the spaces below, you confirm that you are authorized to make legal contracts for the Grantee and that you agree to enter into this agreement.

**IN WITNESS WHEREOF**, Grantee and Grantor have executed this contract on the date first above stated:

**JOHNSON MEMORIAL HOSPITAL**

\_\_\_\_\_  
Signature

Printed: \_\_\_\_\_

Title: \_\_\_\_\_

**JOHNSON COUNTY BOARD OF  
COMMISSIONERS**

\_\_\_\_\_  
Brian P. Baird, Chair

\_\_\_\_\_  
Kevin M. Walls, Member

\_\_\_\_\_  
Ronald H. West, Member

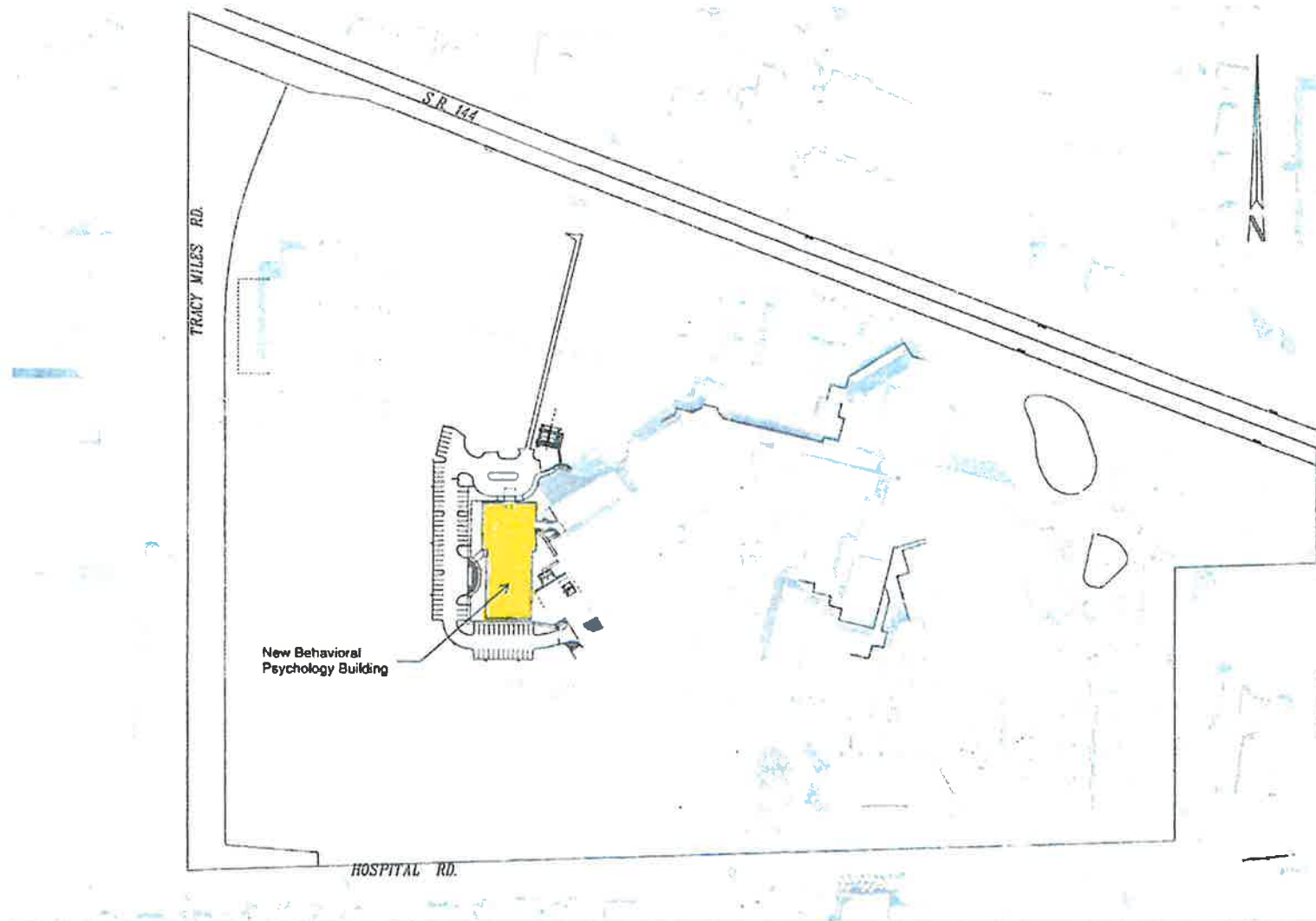
*Attest:*

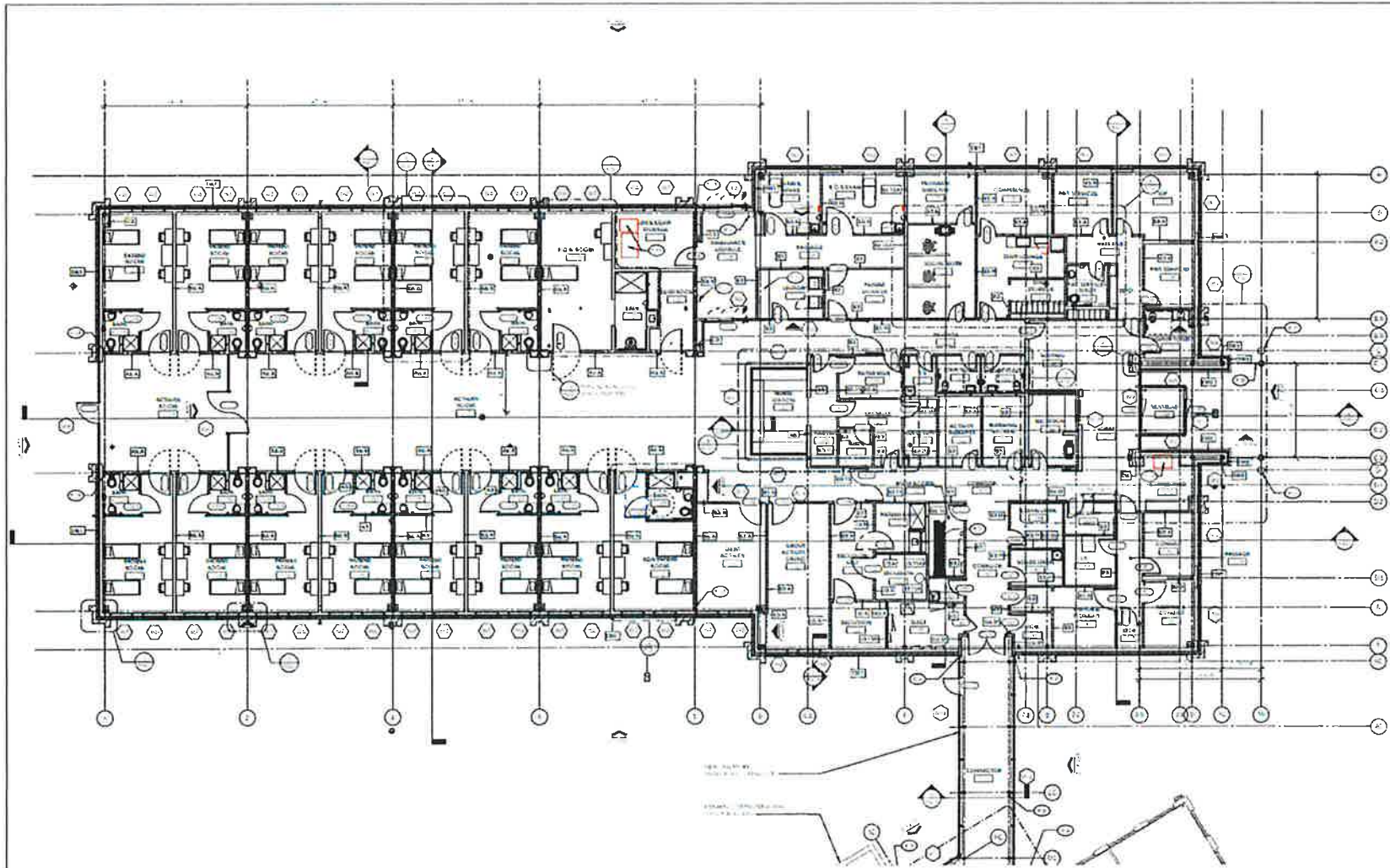
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Elizabeth Alvey, County Auditor

SMITH  
IM

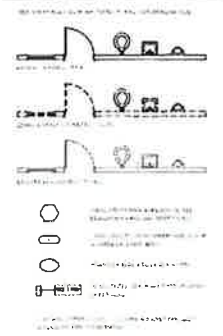
Level I ADC: 14.4    Level II ADC: 16.8

|                                | Days/Week | Hourly Rate | Benefits | Hours per Day |     |     | Hours per Week |     |     | FTEs   |        |        | Annual Salary |        |        | Annual Salary & Benefits |        |        |            |  |
|--------------------------------|-----------|-------------|----------|---------------|-----|-----|----------------|-----|-----|--------|--------|--------|---------------|--------|--------|--------------------------|--------|--------|------------|--|
|                                |           |             |          | I             | II  | III | I              | II  | III | I      | II     | III    | I             | II     | III    | I                        | II     | III    |            |  |
| Nurse Manager                  | 5         |             | 0.2835   |               |     |     | 0              | 0   | 0   | 0      | 0      | 0      | 0             | 0      | 0      | 0                        | 0      | 0      | Nurse Ma   |  |
| Program Secretary              | 5         |             | 0.2835   |               |     |     | 0              | 0   | 0   | 0      | 0      | 0      | 0             | 0      | 0      | 0                        | 0      | 0      | Program    |  |
| Nurse Practitioner             | 7         | 67.307692   | 0.2835   | 8             | 8   | 8   | 56             | 56  | 56  | 1.4    | 1.4    | 1.4    | 196000        | 196000 | 196000 | 251556                   | 251556 | 251556 | Nurse Pri  |  |
| Receptionist                   | 7         | 18          | 0.2835   | 8             | 8   | 8   | 56             | 56  | 56  | 1.4    | 1.4    | 1.4    | 52416         | 52416  | 52416  | 67273                    | 67273  | 67273  | Receptio   |  |
| Subtotal                       |           |             |          | 16            | 16  | 16  | 112            | 112 | 112 | 2.8    | 2.8    | 2.8    | 248416        | 248416 | 248416 | 318830                   | 318830 | 318830 |            |  |
|                                |           |             |          |               |     |     |                |     |     |        |        |        |               |        |        |                          |        |        |            |  |
| Shift 1                        |           |             |          |               |     |     |                |     |     |        |        |        |               |        |        |                          |        |        |            |  |
| Program Director               | 5         |             | 0.2835   |               |     |     | 0              | 0   | 0   | 0      | 0      | 0      | 0             | 0      | 0      | 0                        | 0      | 0      | Program    |  |
| Community Education Manager    | 5         |             | 0.2835   |               |     |     | 0              | 0   | 0   | 0      | 0      | 0      | 0             | 0      | 0      | 0                        | 0      | 0      | Commun     |  |
| Registered Nurse               | 7         | 38.701923   | 0.2835 X | 24            | 36  | 36  | 168            | 252 | 252 | 4.6667 | 7      | 7      | 338100        | 507150 | 507150 | 433935                   | 650902 | 650902 | Registers  |  |
| Psych Tech/Cert. Nursing Asst. | 7         | 19.230769   | 0.2835 X | 36            | 36  | 42  | 252            | 252 | 294 | 7      | 7      | 8.1667 | 252000        | 252000 | 294000 | 323430                   | 323430 | 377335 | Psych Te   |  |
| Cert. Nursing Assistant        | 7         |             | 0.2835 X |               |     |     | 0              | 0   | 0   | 0      | 0      | 0      | 0             | 0      | 0      | 0                        | 0      | 0      | Cert. Nur: |  |
| Unit Secretary                 | 7         | 15          | 0.2835   | 12            | 12  | 12  | 84             | 84  | 84  | 2.1    | 2.1    | 2.1    | 65520         | 65520  | 65520  | 84092                    | 84092  | 84092  | Unit Secr  |  |
| Social Worker                  | 5         | 33.653846   | 0.2835   | 12            | 16  | 16  | 60             | 80  | 80  | 1.5    | 2      | 2      | 105000        | 140000 | 140000 | 134762                   | 179683 | 179683 | Social W.  |  |
| AT/RT                          | 5         | 24          | 0.2835   | 8             | 10  | 14  | 40             | 50  | 70  | 1      | 1.25   | 1.75   | 49920         | 62400  | 87360  | 64070                    | 80087  | 112122 | AT/RT      |  |
| Security                       | 1         | 31.5        | 0.2835 X | 8             | 8   | 8   | 40             | 40  | 40  | 1      | 1      | 1      | 65520         | 65520  | 65520  | 84090                    | 84090  | 84090  | 0          |  |
| Social Worker (Weekend)        | 1         | 33.653846   | 0.2835   | 8             | 8   | 8   | 8              | 8   | 8   | 0.2    | 0.2    | 0.2    | 14000         | 14000  | 14000  | 17968                    | 17968  | 17968  | Social W.  |  |
| AT/RT (Weekend)                | 1         | 24          | 0.2835   | 8             | 8   | 8   | 8              | 8   | 8   | 0.2    | 0.2    | 0.2    | 9984          | 9984   | 9984   | 12814                    | 12814  | 12814  | AT/RT (w   |  |
| 7                              |           |             | 0.2835   |               |     |     | 0              | 0   | 0   | 0      | 0      | 0      | 0             | 0      | 0      | 0                        | 0      | 0      | 0          |  |
| 7                              |           |             | 0.2835   |               |     |     | 0              | 0   | 0   | 0      | 0      | 0      | 0             | 0      | 0      | 0                        | 0      | 0      | 0          |  |
| 7                              |           |             | 0.2835   |               |     |     | 0              | 0   | 0   | 0      | 0      | 0      | 0             | 0      | 0      | 0                        | 0      | 0      | 0          |  |
| 7                              |           |             | 0.2835   |               |     |     | 0              | 0   | 0   | 0      | 0      | 0      | 0             | 0      | 0      | 0                        | 0      | 0      | 0          |  |
| 7                              |           |             | 0.2835   |               |     |     | 0              | 0   | 0   | 0      | 0      | 0      | 0             | 0      | 0      | 0                        | 0      | 0      | 0          |  |
| 7                              |           |             | 0.2835   |               |     |     | 0              | 0   | 0   | 0      | 0      | 0      | 0             | 0      | 0      | 0                        | 0      | 0      | 0          |  |
| 7                              |           |             | 0.2835   |               |     |     | 0              | 0   | 0   | 0      | 0      | 0      | 0             | 0      | 0      | 0                        | 0      | 0      | 0          |  |
| 7                              |           |             | 0.2835   |               |     |     | 0              | 0   | 0   | 0      | 0      | 0      | 0             | 0      | 0      | 0                        | 0      | 0      | 0          |  |
| 7                              |           |             | 0.2835   |               |     |     | 0              | 0   | 0   | 0      | 0      | 0      | 0             | 0      | 0      | 0                        | 0      | 0      | 0          |  |
| 7                              |           |             | 0.2835   |               |     |     | 0              | 0   | 0   | 0      | 0      | 0      | 0             | 0      | 0      | 0                        | 0      | 0      | 0          |  |
| Subtotal                       |           |             |          | 108           | 126 | 136 | 620            | 734 | 796 | 16.667 | 19.75  | 21.417 | 834524        | 1E+06  | 1E+06  | 1E+06                    | 1E+06  | 1E+06  | 1E+06      |  |
|                                |           |             |          |               |     |     |                |     |     |        |        |        |               |        |        |                          |        |        |            |  |
| Shift 2                        |           |             |          |               |     |     |                |     |     |        |        |        |               |        |        |                          |        |        |            |  |
| Registered Nurse               | 7         | 40.701923   | 0.2835 X | 24            | 32  | 36  | 168            | 224 | 252 | 4.6667 | 6.2222 | 7      | 355572        | 474096 | 533358 | 456359                   | 608479 | 684539 | Registers  |  |
| LPN/LVN                        | 7         |             | 0.2835 X |               |     |     | 0              | 0   | 0   | 0      | 0      | 0      | 0             | 0      | 0      | 0                        | 0      | 0      | LPN/LVN    |  |
| Cert. Nursing Assistant        | 7         |             | 0.2835 X |               |     |     | 0              | 0   | 0   | 0      | 0      | 0      | 0             | 0      | 0      | 0                        | 0      | 0      | Cert. Nur: |  |
| Security                       |           |             |          |               |     |     |                |     |     |        |        |        |               |        |        |                          |        |        |            |  |
| Social Worker                  | 7         |             | 0.2835   |               |     |     | 0              | 0   | 0   | 0      | 0      | 0      | 0             | 0      | 0      | 0                        | 0      | 0      | Social W.  |  |
|                                |           |             | 0.2835   |               |     |     | 0              | 0   | 0   | 0      | 0      | 0      | 0             | 0      | 0      | 0                        | 0      | 0      | 0          |  |
| Psych Tech/Cert. Nursing Asst. | 7         | 21.230769   | 0.2835 X | 36            | 36  | 42  | 252            | 252 | 294 | 7      | 7      | 8.1667 | 278208        | 278208 | 324576 | 357066                   | 357066 | 416577 | Psych Te   |  |
| 7                              |           |             | 0.2835   |               |     |     | 0              | 0   | 0   | 0      | 0      | 0      | 0             | 0      | 0      | 0                        | 0      | 0      | 0          |  |
| 7                              |           |             | 0.2835   |               |     |     | 0              | 0   | 0   | 0      | 0      | 0      | 0             | 0      | 0      | 0                        | 0      | 0      | 0          |  |
| 7                              |           |             | 0.2835   |               |     |     | 0              | 0   | 0   | 0      | 0      | 0      | 0             | 0      | 0      | 0                        | 0      | 0      | 0          |  |
| 7                              |           |             | 0.2835   |               |     |     | 0              | 0   | 0   | 0      | 0      | 0      | 0             | 0      | 0      | 0                        | 0      | 0      | 0          |  |
| Subtotal                       |           |             |          | 60            | 68  | 78  | 420            | 476 | 546 | 11.667 | 13.222 | 15.167 | 633780        | 752304 | 857934 | 813426                   | 965545 | 1E+06  |            |  |
|                                |           |             |          |               |     |     |                |     |     |        |        |        |               |        |        |                          |        |        |            |  |
| Shift 3                        |           |             |          |               |     |     |                |     |     |        |        |        |               |        |        |                          |        |        |            |  |
| Registered Nurse               | 7         |             | 0.2835 X |               |     |     | 0              | 0   | 0   | 0      | 0      | 0      | 0             | 0      | 0      | 0                        | 0      | 0      | Registers  |  |
| LPN/LVN                        | 7         |             | 0.2835 X |               |     |     | 0              | 0   | 0   | 0      | 0      | 0      | 0             | 0      | 0      | 0                        | 0      | 0      | LPN/LVN    |  |
| Nursing Assistant              | 7         |             | 0.2835 X |               |     |     | 0              | 0   | 0   | 0      | 0      | 0      | 0             | 0      | 0      | 0                        | 0      | 0      | Nursing A  |  |
| Psych Tech                     | 7         |             | 0.2835 X |               |     |     | 0              | 0   | 0   | 0      | 0      | 0      | 0             | 0      | 0      | 0                        | 0      | 0      | Psych Te   |  |
|                                | 7         |             | 0.2835   |               |     |     | 0              | 0   | 0   | 0      | 0      | 0      | 0             | 0      | 0      | 0                        | 0      | 0      | 0          |  |





# ARCHITECTURAL KEYS LEGEND



# ARCHITECTURAL PLAN KEYNOTES

1. All dimensions are in feet and inches.
2. All dimensions are in feet and inches.
3. All dimensions are in feet and inches.
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30. All dimensions are in feet and inches.

**Cripe**  
 CONSULTING FIRM  
 MEMORIAL HEALTH  
 PSYCHOLOGY BUILDING  
 1100 N. GLENN ST.  
 SUITE 100  
 MEMPHIS, TN 38103  
 (901) 525-1000  
 WWW.CRIPESOLUTIONS.COM

PROJECT NO. 1100-1000  
 DRAWING NO. 1100-1000-01  
 DATE: 11/11/11  
 SCALE: AS SHOWN  
 PROJECT: MEMORIAL HEALTH  
 PSYCHOLOGY BUILDING  
 1100 N. GLENN ST.  
 SUITE 100  
 MEMPHIS, TN 38103  
 (901) 525-1000  
 WWW.CRIPESOLUTIONS.COM

# JOHNSON MEMORIAL HOSPITAL CONTRIBUTION MARGIN ANALYSIS

|                        |            |
|------------------------|------------|
| Average Daily Census   | 16.8       |
| Average Length of Stay | 7.1        |
| Patient Days           | 6,132      |
| Discharges             | 865        |
| Gross Charges          | 16,618,902 |
| Less: Adjustments      | 11,949,967 |
| Medicare Sequestration | 18,082     |
| Incremental DSH        | 0          |
| Net Revenue            | 4,650,853  |

## Incremental Expenses

### Direct Expenses

|                               |           |
|-------------------------------|-----------|
| Salaries                      | 2,311,397 |
| Benefits                      | 655,165   |
| Management Fee                | 365,280   |
| Pass-Throughs (Horizon Staff) | 571,392   |
| Physician On-Call Coverage    | 0         |
| Medical Director Stipend      | 50,400    |
| Other Variable                | 45,229    |
| Other Fixed                   | 39,196    |
| Supplies                      | 0         |
| Other                         | 0         |
| Other                         | 0         |
| Other                         | 0         |
| Other                         | 0         |
| Other                         | 0         |
| Other                         | 0         |

Subtotal Direct Expenses 4,038,059

### Indirect Expenses

|                     |         |
|---------------------|---------|
| Dietary             | 122,988 |
| Laundry             | 84,121  |
| Medical Ancillaries | 297,315 |
| Maintenance         | 24,812  |
| Plant Operations    | 21,580  |
| Housekeeping        | 42,266  |
| IT/Elec HR          | 11,500  |

Subtotal Indirect Expenses 604,582

Incremental Expenses 4,642,642

Contribution Margin 8,211

| <b>Job Title</b>                                 | <b>JMH</b> | <b>Horizon</b> | <b>Contract</b> | <b>2025 Costs</b> | <b>Prorated (6 months)</b> |
|--|------------|----------------|-----------------|-------------------|----------------------------|
| Psychiatrist                                     | x          |                | x               | \$ 375,000.00     | \$ 187,500.00              |
| Nurse Practitioner/Physician Assistant (3.0 FTE) | x          |                |                 | \$ 375,000.00     | \$ 187,500.00              |
| <b>Support Shift 1</b>                           |            |                |                 |                   |                            |
| Receptionist                                     | x          |                |                 |                   | \$ -                       |
| Program Secretary                                |            | x              |                 |                   | \$ -                       |
| <b>Leadership Shift 1</b>                        |            |                |                 |                   | \$ -                       |
| Program Director                                 |            | x              |                 |                   | \$ -                       |
| <i>Community Education Manager</i>               |            | x              |                 |                   | \$ -                       |
| <i>Clinical Assessment Coordinator</i>           |            | x              |                 |                   | \$ -                       |
| <b>Clinical Shift 1</b>                          |            |                |                 |                   | \$ -                       |
| Registered Nurse                                 | x          |                | x               |                   | \$ -                       |
| Psych Tech/Cert. Nursing Asst.                   | x          |                |                 |                   | \$ -                       |
| Unit Secretary                                   | x          |                |                 |                   | \$ -                       |
| Social Worker (MSW, LCSW, LMHC)                  | x          |                |                 |                   | \$ -                       |
| AT/RT (Certification)                            |            |                |                 |                   | \$ -                       |
| Social Worker (Weekend)                          |            |                |                 |                   | \$ -                       |
| AT/RT (Weekend)                                  |            |                |                 |                   | \$ -                       |
| Intake Coordinator (Weekend)                     |            | x              |                 |                   | \$ -                       |
| Security   | x          |                |                 |                   | \$ -                       |
| <b>Clinical Shift 2</b>                          |            |                |                 |                   | \$ -                       |
| Registered Nurse                                 | x          |                | x               |                   | \$ -                       |
| LPN/LVN  | x          |                |                 |                   | \$ -                       |
| Cert. Nursing Assistant                          | x          |                |                 |                   | \$ -                       |
| Social Worker                                    | x          |                |                 |                   | \$ -                       |
| Intake Coordinator                               |            | x              |                 |                   | \$ -                       |
| Psych Tech/Cert. Nursing Asst.                   |            |                |                 |                   |                            |
| Security   | x          |                |                 |                   |                            |
|  |            |                |                 |                   |                            |
|  |            |                |                 | \$ 2,311,397.00   | \$ 1,155,698.50            |

-50,400

Total: \$ 1,480,298.50