INTRA-CITY AGREEMENT

BETWEEN

THE NEW YORK CITY DEPARTMENT OF SOCIAL SERVICES / HUMAN RESOURCES ADMINISTRATION

AND

THE NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE

THIS INTRA-CITY AGREEMENT ("Agreement") dated as of this I day of October 10 between the Department of Social Services/Human Resources Administration of the City of New York ("HRA" or "the Department"), with offices located at 180 Water Street, New York, New York 10038, and the Department of Health and Mental Hygiene of the City of New York ("DOHMH"), with offices located at 42-09 28th Street, Long Island City, NY 11101 (together "the Parties, either being a "Party").

WITNESSTH:

WHEREAS, HRA's Customized Assistance Services/Office of Health and Mental Health Services ("CAS/OHMHS") developed two grant-funded programs, one, NIMH/A-PLUS: Services to Women in Shelters Program ("NIMH/A-PLUS"), to provide psychiatric evaluation and case management services to homeless mentally ill women in municipal shelters, and the other, NY-NY Psychiatric Emergency Program ("CIS/SRO Crisis Services"), to provide New York/New York supportive housing providers access to an emergency mental health evaluation service to place homeless mentally ill individuals into housing; and

WHEREAS, DOHMH wishes to transfer funds to HRA by way of this Intra-City Agreement to enable HRA to provide the services of the above-said programs.

NOW, THEREFORE, the Parties mutually agree:

ARTICLE 1. TERM OF AGREEMENT

The term of this Agreement is three (3) years from July 1, 2012, through June 30, 2015, unless sooner terminated pursuant to this Agreement, subject to budget appropriations and the availability of funds.

ARTICLE 2. RESPONSIBILITIES OF THE PARTIES

2.1. Responsibilities of HRA

CAS/OHMHS through HRA's Visiting Psychiatric Service unit ("VPS") will, as further described in the scope of services ("Scope of Services") set forth as Appendix A, which is attached to and incorporated into this Agreement, provide psychiatric assessment services ("Services") to clients residing in homeless women's and men's shelters funded by the City's Department of Homeless Services and emergency psychiatric assessment services to clients residing in supportive housing developed by the City ("NYC" or "City") and New York State ("NYS" or "State") under the New York/New York Agreements.

2.2 <u>Responsibilities of DOHMH</u>

- A. DOHMH will cooperate with HRA to enable HRA to perform its responsibilities under this Agreement.
- B. DOHMH will pay HRA for the Services that HRA performs pursuant to Article 3, Terms of Payment and Fiscal Procedures, immediately below.

ARTICLE 3. TERMS OF PAYMENT AND FISCAL PROCEDURES

- 3.1 DOHMH agrees to pay and HRA agrees to accept as full payment for the Services that HRA performs under the Agreement an amount not to exceed \$1,913,637 consisting of \$637,879 for each year of the Agreement, of which annual amount \$430,180 shall be for NIMH/A-PLUS and \$207,699 shall be for CIS/SRO Crisis Services, pursuant to the budget ("Budget") set forth in Appendix B, which is attached hereto and incorporated herein.
- 3.2 HRA will invoice DOHMH quarterly. DOHMH will pay HRA within thirty (30) days of receipt of HRA's invoice. Payments shall be made through intra-city payment vouchers to HRA in the NYC Financial Management System (FMS).

ARTICLE 4. MONITORING, AUDITING, AND EVALUATION

DOHMH shall be responsible for the monitoring, auditing, and evaluation of the Services provided under this Agreement. HRA shall submit to DOHMH program and fiscal reports in the manner and format reasonably prescribed by DOHMH.

ARTICLE 5. MODIFICATION AND AMENDMENT

This Agreement may be modified or amended only by a writing signed by authorized representatives of both Parties. It may not be altered, modified, rescinded or extended orally.

ARTICLE 6. REDUCTION OF PUBLIC FUNDS

If, after the execution of this Agreement, the public funds anticipated to be available to DOHMH for any or all of the City fiscal years included in the term of this Agreement are reduced, DOHMH reserves the right to reduce the public funds authorized under this Agreement by informing HRA of the amount of the reduction and revising Appendix A as appropriate or by terminating this Agreement or any part hereof.

ARTICLE 7. TERMINATION

- A. This Agreement may be terminated:
 - 1. by either Party upon (30) day's written notice to the other Party;

- 2. immediately by mutual consent of the Parties, or by either Party if the public funds anticipated to be available to DOHMH are not available; or
- 3. by DOHMH for cause upon the material default of HRA in the performance of the terms and conditions of this Agreement, in which case this Agreement shall terminate upon the giving of written notice by DOHMH to HRA.
- B. In the event of termination of this Agreement with or without cause, DOHMH will pay to HRA all costs and uncancellable obligations that HRA incurs under this Agreement up to and including the effective date of termination.

ARTICLE 8. NOTICE

Any notice required by this Agreement shall be made to the following or to such other representatives that the Parties designate in writing:

TO DOHMH:

Trish Marsik, Assistant Commissioner 42-09 28th Street Long Island City, NY 11101

TO HRA:

Frank R. Lipton, M.D., Executive Deputy Commissioner/Medical Director 2 Washington Street
New York, NY 10004

ARTICLE 9. LOCAL LAW 40

Pursuant to Local Law 40 of 2011, the Parties understand that this Agreement may be posted on NYC.gov within 30 days of execution.

ARTICLE 10. EXECUTION

This Agreement may be executed in counterparts, all of which when taken together shall be deemed a fully executed instrument.

ARTICLE 11. ENTIRE AGREEMENT

This written Agreement contains all terms and conditions that the Parties agreed to concerning this matter. No other Agreement, oral or written, regarding the subject matter of this Agreement will be deemed to exist or to bind any of the Parties or to vary any of the terms contained herein.

Intra-City/HRA/DOHMH 09/26/2012

THE CITY OF NEW YORK

IN WITNESS WHEREOF, the Parties hereto have executed this Agreement on the dates appearing below their respective signatures.

Department of Health and Mental Hygiene
BY:
TITLE: Executive Deputy Commissioner/Chief Operating Officer
DATE:
THE CITY OF NEW YORK
Department of Social Services / Human Resources Administration
BY:
TITLE: //cti
DATE: 1/1/2.

<u>ACKNOWLEDGEMENTS</u>

STATE OF NEW YORK)
) SS: COUNTY OF)
On this day of, 20_1, before me personally came, 20_1, to me known to be the ADMINISTRATOR/COMMISSIONER of the DEPARTMENT OF SOCIAL SERVICES / HUMAN RESOURCES ADMINISTRATION of the CITY OF NEW YORK, the person described in and who executed the foregoing instrument, and s/he acknowledged to me that s/he executed the same for the purpose therein mentioned.
NOTARY PUBLIC SHARON C. JAMES Commissioner of Deeds City of New York No. 2-1026 Commission Expires April 1, 20.7
Commission Expires April 1, 20 4 7 **********************************
STATE OF NEW YORK)
) SS:
COUNTY OF)
On thisday of, 20, before me personally came
to me known to be the
the person described in and who executed the foregoing instrument, and s/he acknowledged to me
that s/he executed the same for the purpose therein mentioned.
NOTARY PUBLIC SEAL



ANNEX A SCOPE OF SERVICE

Provider Name:	NYC	NYC Human Resources Administration										
Contract Number:												
Contract Term:	7/1/2	Day Opens Closes Monday 09:00 AM 05:00 PM Tuesday 09:00 AM 05:00 PM Wednesday 09:00 AM 05:00 PM Thursday 09:00 AM 05:00 PM Friday 09:00 AM 05:00 PM										
Scope Effective Dates:	7/1/2	012 - 6/30/2015										
Program Unit Site Name	: A-Plu	s Homeless Mentally	III Women									
Program Unit Site Primary Key:												
Program Code:												
Bureau:	Burea	u of Mental Health										
Type of Unit:	Huma	n Service										
Address Where Clients Will Be Served	2 Wasi NY, N	nington St., 17th Fl. Y 10004										
Days & Hours of Operations:		Day Monday Tuesday Wednesday Thursday	09:00 AM 09:00 AM 09:00 AM 09:00 AM	05:00 PM 05:00 PM 05:00 PM 05:00 PM								
Community Districts Served:	Bronx	□ 1										
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		Г	13	□ 14	🗷 All	
	Staten Island	П	1	□ 2	П 3	☑ All

Program Description:

In 1989 a grant application developed by the Human Resources Administration (HRA), Customized Assistance Services, Office of Health and Mental Health Services (CAS/OHMHS) was successfully funded by the National Institute of Mental Health under the Steward B. McKinney Community Mental Health Services Demonstration Project for Homeless Individuals who are Chronically Mentally Ill. These funds enabled the Visiting Psychiatric Service (VPS) to provide psychiatric evaluation and case management services to homeless women in municipal shelters. Continuation funding for this program has been provided by the N.Y.C. Department of Health and Mental Hygiene (DOHMH) (formerly Department of Mental Health, Mental Retardation and Alcoholism Services (DMH)) utilizing Community Support Services (CSS) funds.

The program, known as A Project to Link Up Services (A-PLUS), had as its objective the linking of homeless mentally ill women to a comprehensive package of services that will lead to their placement in transitional or permanent housing. There were two components to the program: 1) psychiatric assessment services provided by CAS/OHMHS and 2) case management services provided by Project Renewal. Homeless women referred to CAS/OHMHS are evaluated by a VPS clinician in the shelter where they reside. Those women who suffer from a serious and persistent mental illness were assigned to a case manager from Project Renewal's case management unit. The case management services are no longer provided by Project Renewal. The psychiatric assessment component, however, continues to be provided by CAS/OHMHS. In addition, in order to accommodate the changing needs of the Department of Homeless Services (DHS), CAS/OHMHS also provides psychiatric evaluation services to other designated men's and women's shelters beyond those originally part of the A+ program.

	This includes e to be an acute of immediate hosp clinician. VPS Law Section 9.	In addition to providing diagnostic information to the referring agency, VPS clinicians offers a series of recommendations for service planning and provide ongoing consultation to the shelter staff who refer clients for assessments. This includes emergency evaluations for clients who are thought by shelter state to be an acute danger to themselves or others. Clients who are in need of immediate hospitalization are transported to the nearest hospital by the clinician. VPS physicians have been designated under N.Y.S. Mental Hygiene Law Section 9.37 to order the involuntary transport of individuals determined to be dangerous to themselves or others due to psychiatric impairment.										
Number of Unduplicated Clients Served in the	FY2013	FY2014	FY2015									
Fiscal Year:			1 12013									
Lovels of C												
Levels of Service:	FY2013	FY2014	FY2015									
Contacts	Na	na	na									
Target Population:	illness or other or regardless of the	en and wor emotional disor eir race, color, catus, age, natio	nen shelters wh ders. All eligibereed, disability nal origin, or a	no may have se ble clients receive, gender, sexua bility to pay	ive services al orientation, HIV							
Program Capacity:												
110gram Capacity:	FY2013	FY2014	FY2015									
	115%	115%	115%									



ANNEX A SCOPE OF SERVICE

Provider Name:	NYCF	NYC Human Resources Administration									
Contract Number:						***************************************					
Contract Term:	7/1/20	12 - 6/3	30/2015						-		MANUFACTURES.
Scope Effective Dates:	7/1/20	12 - 6/3	30/2015		-						
Program Unit Site Name	: CIS/SF	RO Crisi	s Services			·			***************************************		
Program Unit Site Primary Key:		***************************************			West Control of the C				**************************************		
Program Code:					Haritania de la constanta						***************************************
Bureau:	Bureau	of Me	ntal Health		***************************************						
Type of Unit:	Humar	Servic	e		PROPERTY AND ADVANCED BY	***************************************					-
Address Where Clients Will Be Served	2 Washi NY, NY		, 17th Fl.			***************************************		**************************************			
Days & Hours of Operations:	∑	Oper Day	n 24/7	Op	ens		Clo	ses			
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		Tuesd	ay	09:00 AM			05:00 PM				
		Wedn	esday	09:0	00 AN	1	05:00 PM				
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Community Districts Served:	Bronx		「 1 「 5 「 9	generalise	6		7	Page 1	8		Actual mater (symmetric description and character date pay control control and apply (control).
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Sta	aten Island		1		2		3	7	All

Program Description:

New York State and New York City has entered into three agreements to provide supportive housing. The New York/New York I & II Supportive Housing Agreements provide supportive housing for individuals with a serious mental illness and a history of homelessness. The latest New York/New York III agreement calls for development of 9,000 housing units over the ten year term of the agreement from 2005 through 2016. It provides housing for nine targeted populations who have a serious mental illness, disabling medical condition, substance abuse disorder or have been in foster care and who are homeless or at risk of homelessness. (The nine populations are outlined in attachment, "Full Descriptions of NY/NY III Populations").

The agreement designated Customized Assistance Services, Office of Health and Mental Health Services as the entity responsible for establishing a system through which eligible individuals (as specified in the attachment) would be placed into those housing options being developed. Access to the housing is through a central application process operated by OHMHS, which reviews client eligibility and housing readiness. In addition, the Office is responsible for tracking the placement outcomes of NY/NY eligible clients into housing developed under the terms of the Agreement.

Under the terms of the Agreement, OHMHS determines client eligibility for housing applications submitted from hospitals, shelters, transitional programs, outreach teams and community based agencies on behalf of homeless mentally ill individuals. OHMHS is also responsible for: a) monitoring housing/bed development by not-forprofit sponsors, b) tracking monthly placement data for each site, c) tracking longevity of placements d) monitoring housing census levels e) reviewing vacancy trends, f) developing and monitoring corrective action plans for problematic programs, and g) issuing analytic reports on both client and housing model outcomes.

	FY2013	FY2014	FY2015		
Levels of Service: Contacts	FY2013	FY2014	FY2015		
Target Population:	Na Housing provide	na	na		
	Service to assi hospitalizations. New York/New All eligible clief gender, sexual of	ist in increasin Individuals who York Agreement outs receive service rientation, HIV s am does not ex-	g residential st reside in residen are eligible for se ces regardless of tatus, marital state	ough OHMHS' ability, and avoices developed un ervices through the	thave access to an Visiting Psychiatric Diding unnecessary der the terms of the his initiative. or, creed, disability, origin, or ability to from both a mental
Program Capacity:	FY2013	FY2014	FY2015		
	na	na	115%		

Contract Budget Summary

Agency Name:

NYC Human Resources Administration

Contract Number:

Insert DMH contract number here. (i.e. 816 1012 142 A0)

Contract Term:

7/1/2012-6/30/2015

Mailing Address: Provider Phone Number: 180 Water Street, 17th Floor New York, NY 10038

24-Hour Contact Number:

Insert provider phone number here. (i.e. 917-555-1234)

Executive Director:

212-630-1853 Dr. Frank Lipton

Program Unit	Program	Contract Funding							
	Code	FY13	PY14 2912	MINEYASHON	RESTRICTION OF THE				
NIMH/A-PLUS	0000	430,180	430,180	430,180	1,290,540				
CIS/SRO Crisis Services	0000	207,699	207,699	207,699	623,097				
U	0000	_	-		020,037				
0	0000			_					
Total Contract Amount:		637,879	637,879	637,879	1,913,637				

Po	7	70	YOUNG ADULTS	HIV/AIDS P		SUBSTANCE ABUSE		SERIOUS	
Pop G	Pop D	Pop I	Pop C	Рор Н	Pop F	Pop E	Pop B	Pop A	
Chronically homeless families, or families at serious risk of becoming chronically homeless, in which the head of household suffers from a substance abuse disorder, a disabling medical condition or HIV/AIDS.	Chronically homeless families, or families at serious risk of becoming chronically homeless, in which the head of the household suffers from a serious mental illness or a MICA disorder.	Young adults (aged 25 years or younger) leaving or having recently left foster care or who had been in foster care for more than a year after their 16th birthday and who are at risk of street homelessness or sheltered homelessness.	Young adults, ages 18-24, who have a serious mental illness being treated in NYS licensed residential treatment facilities, State psychiatric facilities or leaving or having recently left foster care and who could live independently in the community if provided with supportive housing and who would be at risk of street or sheltered homelessness if discharged without supportive housing.	Chronically homeless single adults who are persons living with HIV/AIDS (who are clients of HASA or who are clients with symptomatic HIV who are receiving cash assistance from the City) and who suffer from a co-occurring serious mental illness, a substance abuse disorder, or a MICA disorder.	Homeless single adults who have completed a course of treatment or are successfully participating in treatment for a substance abuse disorder and are at risk of street homelessness or sheltered homelessness and who need transitional supportive housing (that may include half-way houses) to sustain sobriety and achieve independent living.	Chronically homeless single adults who have a substance abuse disorder that is a primary barrier to independent living and who also have a disabling clinical condition (i.e., a medical or mental health condition that further impairs their ability to live independently). Effective April 13, 2009, there were two changes in eligibility criteria: Individuals who have been homeless 6 of the past 12 months are considered eligible; the second change was that clients are no longer required to have a disabling clinical condition.	Single adults who are presently living in NYS-operated psychiatric centers or State-operated transitional residences and who could live independently in the community if provided with supportive housing and who would be at risk of street or sheltered homelessness if discharged without supportive housing.	Chronically homeless single adults who suffer from a serious mental illness or who are diagnosed as mentally ill and chemically addicted (MICA).	POPULATION DESCRIPTION

Contract Budget Summary

Agency Name:

NYC Human Resources Administration

Contract Number:

Insert DMH contract number here. (i.e. 816 1012 142 A0)

Contract Term:

7/1/2012-6/30/2015

Mailing Address:

180 Water Street, 17th Floor New York, NY 10038

Provider Phone Number:

Insert provider phone number here. (i.e. 917-555-1234)

24-Hour Contact Number:

212-630-1853

Executive Director:

Dr. Frank Lipton

Program Unit	Program Code	Contract Funding							
The Mark Control	COUG	FY13	FY14	FY15	Total				
NIMH/A-PLUS	0000	430,180	430,180	430,180	1,290,540				
CIS/SRO Crisis Services	0000	207,699	207,699						
0	0000	207,000	207,099	207,699	623,097				
2			•	•					
	0000	-			145				
Total Contract Amount:		637,879	637,879	637,879	1,913,637				



Agency Name:

Contract Number: Program Unit Site:

Program Unit Site Code:

Program Code:

NYC Human Resources Administration
Insert DMH contract number here. (i.e. 816 1012 142 A0)
NIMH/A-PLUS

Rem Description	State		FYIS		FY14		FY15	Total
	Number	FTE	Amount	FIE	Amount	FIE	Amount	Funding
Personal Services	200 C 300 C						- Allenderit	S. E. S.
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PSYCHIATRIST		2.91	12,670	1	12,670		12,670	
PSYCHIATRIST	位类的结	2.91	12,822		12,822	1	12,822	
PSYCHIATRIST			12,670		12,670		12,670	
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	1000000	2.91	12,822	2.91	12,822	2.91	12,822	
NURSE PRACTITIONER	70000	2.91	8,167	2.91	8,167	2.91	8,167	
PSYCHIATRIST	Constitution in a	2.91	12,822	2.91	12,822	2.91	12,822	
PSYCHIATRIST	100	2.91	12,822	2.91	12,822		•	震 。 。
PSYCHIATRIST	一 色显示了2	2.91	12,822		12,822	2.91	12,822	2 2
PSYCHIATRIST	5/95/56/VIII	2.91	12,822				12,822	
PSYCHIATRIST	3.22 E.S.	2.91	12,822		12,822	2.91	12,822	- ·
PSYCHIATRIST		2.91	12,670	2.91	12,822	2.91	12,822	30
Social Worker	95.70	2.91			12,670	2.91	12,670	
Clerical	1 St. M. 3	2.91	73,248		73,248	2.91	73,248	
Total Personal Services	0.000		33,959	2.91	33,959	2.91	33,959	
	Control of the last of the las	49.47	294,422	49.47	294,422	49.47	294,422	
Fringe Benefits (Indicate %)								
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Other Than Personal Services	101 charles 10 (10)						,	
Supplies & Materials	一 可要等						- 0	
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gency Contribution	CHEROLES.							
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tal Net Deficit Funding	46	.47	430 100 100	-	100			
	148	-41	430,180 49	.47	430,180 49.	47	430,180	1,290,541



Agency Name: Contract Number:

NYC Human Resources Administration

Insert DMH contract number here. (i.e. 816 1012 142 A0)

Program Unit Site:

CIS/SRO Crisis Services

Program Unit Site Code: Program Code:

Nom Description	Position Number	FYIS		PY14		PY16		Total	
		FIE	Amount	FTE	Amount	FIE	Amount	Funding	
Personal Services	1200					-	Attouting	22603801.70	
PSYCHIATRIST		1		200	11/200000			3,50	
PSYCHIATRIST		1.07	4,669		4,669	1.07	4,669		
PSYCHIATRIST	50 4 500	1.07	4,725	1.07	4,725	1.07	4,725		
	15/4/37	1.07	4,669	1.07	4,669	1.07	4,669		
PSYCHIATRIST	A21441C	1.07	4,725	1.07	4,725	1.07	4,725		
PSYCHIATRIST		1.07	4,725	1.07	4,725	1.07	4,725		
PSYCHIATRIST	17.	1.07	4,725	1.07	4,725	1.07	4,725		
PSYCHIATRIST		1.07	4,725	1.07	4,725	1.07	4,725		
PSYCHIATRIST	Scotic III	1.07	4,725	1.07	4,725	1.07	4,725		
NURSE PRACTITIONER	B.F. 122 (2)	1.07	3,009	1.07	3,009	1.07			
PSYCHIATRIST	And Lake	1.07	4,725	1.07	4,725	F 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	3,009		
PSYCHIATRIST	0.71	1.07	4,725	1.07	2007.061767.4	1.07	4,725		
PSYCHIATRIST	15 gm66a-55	1.07	4,725	1.07	4,725	1.07	4,725		
PSYCHIATRIST		1.07	3673.533.531	100000000000000000000000000000000000000	4,725	1.07	4,725		
PSYCHIATRIST	2010年代	1.07	4,725	1.07	4,725	1.07	4,725		
PSYCHIATRIST	1 1 1 1 1 1	1.07	4,725	1.07	4,725	1.07	4,725		
Social Worker	100000	200000000000000000000000000000000000000	4,669	1.07	4,669	1.07	4,669	1	
Total Personal Services		1.07	73,166	1.07	73,166	1.07	73,166		
. Gran I Grantidi Gel AICES		17.12	142,153	17.12	142,153	17.12	142,153		
Fringe Benefits (indicate %)	行业等技术		****				10.000		
· ····ge beliefits (indicate %)	48,11%		65,547		65,547		65,547		
Other Than Personal Services	10.30		1						
Cumilia a Man i i	27年1月1日 1月1日							13.000	
Supplies & Materials	OF WHITE								
Travel							-	-	
Occupancy	2								
Consultants					01				
Sub-Contractors					- 1				
Other	100								
Other	335 SEPTEMBER 1				*		*.		
Other	111				*				
Other	7 42 6 6				•		*	3.6	
Other	7-12-14-13				*			100	
Total OTPS	1 ×					-		· .	
Equipment Purchases over \$2,500					11		16.	5 T 3	
Description									
Description			*						
Description			¥1						
Total OTPS	A register		-						
Total OTPS	FALLS N						-	- "	
Agency Administration	9%				1+3		41		
Pross Expenses	1	7.12	207,699 1	7.12	207,699 1	7.12	207,699	623,097	
Infunded/Accrual	. 75		(9)					42,00	
levenue	10.115				71				
COPS	3. 把多种的一种								
			540		-				
DSH	CONTRACTOR S		- 3						
Medicaid	(C. 2015)和166								
Other	100 SE N		21		24		-		
Other					9.		*		
Other	120797				- 5		*		
Total Revenue	3110 9477			-		_	-		
1			7.9			•			
SP									
1	40.00		*		- 60				
gency Contribution						=			
tal Net Deficit Funding									
Deliver LAKRING	[17	.12	207,699 17.	12	207,699 17.	12	207,699	623,097	



Agency Name: Contract Number:

NYC Human Resources Administration

Insert DMH contract number here. (i.e. 816 1012 142 A0)

Program Unit Site:
Program Unit Site Code:
Program Code:

Item Description	State Position Number	FY13		FY14		FY16		Total Contract
		FTE	Amount	FTE	Amount	FTE	Amount	Funding
Personal Services	201 20							
Staff Type	100	0.00		l l			1	
Staff Type				0.00		0.00	-	
Staff Type	35 324	0.00		0.00		0.00	27	
Staff Type	A CONTRACTOR	0.00	(*)	0.00		0.00		
		0.00		0.00		0.00		
Staff Type		0.00		0.00	2	0.00		
Staff Type	56.00	0.00		0.00		0.00		
Staff Type	(E)	0.00		0.00		0.00		
Staff Type	68 44 43	0.00	-	0.00	2	0.00	1.5	
Staff Type	100	0.00	-	0.00		0.00		
Staff Type	196×10	0.00		0.00			-	
Staff Type	45.0	0.00	3	0.00		0.00		
Staff Type	Total Sound	0.00				0.00		
Staff Type		0.00		0.00		0.00		
Total Personal Services	1000			0.00		0.00		
	CANADA SHAPE	0.00		0.00		0.00		
Fringe Benefits (indicate %)	57976 055			-				
· ····go Denonts (maicate %)	0.00							
Other Than Personal Services	1.02/1.3							
Cumella AAA	200							
Supplies & Materials	1. 49 Sept. 4.							a sa Mila
Travel	12204-204-3						- 01	
Occupancy	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						-	2,00
Consultants	Water to the							- 15
Sub-Contractors	Service and the service of the				- 0		*	. 42
Other			190		- 31		5.00	
Other	1000				31			
Other	10 AS				-		-	
Other	中央越海沿							
Other	10 Mar 16		(i)				•	
Total OTPS	100		-		:		-	100
Outlament Durchases and As was							-	- ×
quipment Purchases over \$2,500	2.4						-	
Description	1 20 S TOTAL	-			(24)			.58
Description	1.00						2	
Description	10 July 10		<i>□</i>		125			
Total OTPS	2 17 18 3 70 18		-		-			
	0 HSQ-00		-				- 1	
gency Administration	0%							1 10
	1. 1. 1.0.						*	- 25
iross Expenses	CONTRACTOR OF	.00	- 0	.00	- 0	.00		
nfunded/Accrual	产的特征的		140					. 1000
	Company State						4.01	
evenue								
COPS	经第二人共产业	•		•			100	_
DSH	200				-			
Medicaid	F 9 (1985)		- 1					
Other	15. 300. 300.							
Other			31		-		* 1	
Other	美工程 。工厂				*		118	
Total Revenue	- SHETSUS	-		_		_	-	
					7.7			
SP	A STATE OF THE PARTY OF						-	
	200		- 0				* 1	
gency Contribution	- 10 M							
del Net Deffets From 11	A STATE OF THE PARTY OF THE PAR						-	
tal Net Deficit Funding	0.0	00	- 0.0	00	- 0.0	00		



NYC Human Resources Administration

Agency Name: Contract Number: Program Unit Site:

Insert DMH contract number here. (i.e. 816 1012 142 A0)

Program Unit Site Code: Program Code:

hom Description	State Position Humber	FY13		FY14		FYIS		Total Contract
		FIE	Amount	FTE	Amount	FIE	Amount	Funding
Personal Services	2253						- Industria	
Staff Type	600 A CO			1 1				
Staff Type	1230	0.00		0.00		0.00	i k	
Staff Type	100000000000000000000000000000000000000	0.00	*	0.00		0.00		48
Staff Type	14, 14, 14	0.00	-	0.00		0.00		
Starr Type		0.00	183	0.00	-	0.00		
Staff Type	10.00	0.00		0.00		0.00		
Staff Type		0.00		0.00		0.00		
Staff Type	7.60	0.00		0.00		0.00		
Staff Type	Deleter.	0.00		0.00		0.00		L - 188
Staff Type	100	0.00		0.00		0.00		
Staff Type		0.00		0.00	- 2	0.00		
Staff Type	15 14 7 64	0.00	20	0.00	-		-	
Staff Type	1000	0.00		0.00		0.00		
Staff Type		0.00	31	1000		0.00	-	
Total Personal Services	2017	0.00	-	0.00		0.00		
33.000	C PARTY IN	0.00		0.00		0.00		
Fringe Benefits (indicate %)	T3 (410) (61)							
and an	10000		9.		.*.		-	
Other Than Personal Services	100		1					
Supplies & Materials	\$100,000,000							
Travel	6、基本学		*					
	The base of		*					
Occupancy	EA COL							
Consultants	17 S Vol. 19				2.0		100	
Sub-Contractors	0.000						1000	
Other	12.36		5.00					
Other	2.5		290				~	
Other	MESS CO.				0.0			
Other	Fig. 1				- 0			
Other	C 75-1403				-		-	
Total OTPS	LOS BUSINESS		-	-		-		
	77.50		-				· ·	
quipment Purchases over \$2,500								
Description								
Description							×.	
Description	Sec. 200 (187)						7.	
Total OTPS		-	-	_				
Total OTFS								
manase Administration	1000							
gency Administration			-					
roes Expenses	Z STANSON							
COS EXPERSOS	- 0	.00	- 0	.00	- 0	.00		
nfunded/Accrusi								
	1.35 (7.18.14.)		-		*1		IR.	
evenue	三五,神 野的国际				9			
COPS	Color Section				N.			
	1-16075		-		×.		323	
DSH	FED-MENT STA		-		-			
Medicaid	STREET, STOP		-		-			
Other	中国共享发展							
Other								
Other	7						* .	
otal Revenue	1000 000				-	-	-	
			Ĭ		(44)		•	
P								
1	Dige to the				14.		-	
ency Contribution	Contract Con-			_	-			
	S. Latter and		- 3		-			
al Net Deficit Funding	NO. OF THE WHY Y		1					