

**STATE OF CONNECTICUT**  
**DEPARTMENT OF SOCIAL SERVICES**  
**55 FARMINGTON AVENUE HARTFORD, CONNECTICUT 06105**

**ANNUAL REPORT**  
**FEDERALLY QUALIFIED HEALTH CENTER (FQHC)**

Date Submitted: \_\_\_\_\_ Date Received: \_\_\_\_\_

1. FQHC Name	Community Health and Wellness Center of Greater Torrington, Inc.		
Street Address	489 Migeon Avenue		
City, State, ZIP	Torrington, CT 06790		
Telephone Number	860-387-0477		
Contact Person	Mark Wagstaff		
Title	Chief Financial Officer		

2. FQHC Medicaid Provider Number:	3. Reporting Period:
Medical _____ 9247872	From _____ 10/1/2016 To _____ 9/30/2017
Dental _____ 8024018	
Mental Health _____ 8033022	
Other (Specify) _____	
_____	

4. Type of Control (Check One Only)

NONPROFIT ORGANIZATION

GOVERNMENT

STATE  DISTRICT  OTHER

COUNTY  CITY

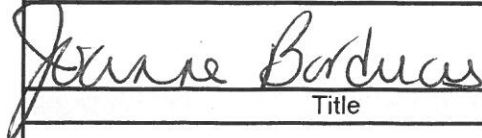
5. FQHC Owned By:

Community Health and Wellness Center of Greater Torrington, Inc.

**CERTIFICATION BY OFFICER OR ADMINISTRATOR OF CLINIC**

I Hereby Certify That I Have Examined the Accompanying Worksheets Prepared By  
 \_\_\_\_\_  
 Community Health and Wellness Center of Greater Torrington, Inc. 9247872  
 (FQHC Name)

For the Reporting Period Beginning 10/1/2016 and Ending 9/30/2017 and That to the Best of My Knowledge and Belief It Is a True, Correct and Complete Statement Prepared From the Books and Records of the FQHC In Accordance With Applicable Instructions, Except as Noted:

6. Signature (Officer or Administrator of FQHC)	Printed Name
	Joanne Borduas
Title	Date
CEO	3/26/2018







STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES  
ANNUAL REPORT  
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 10/1/2016 To 9/30/2017  
 FQHC Name: Community Health and Wellness Center of Greater Torrington, Inc.

Form A-3 (Direct Mental Health Care Cost)

**RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES**

COST CENTER		I	II	III	IV	V	VI	VII
		Salaried Personnel	Other Costs	Total	Reclassifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)
C								
1. Staff Cost								
a. Psychologist		81,194	11,988	93,182	0	93,182	0	93,182
b. Social Worker		0	280,566	280,566	0	280,566	0	280,566
c. Other - Specify	LSW Contracted thru CHH							
d. Subtotal Direct Mental Health Care Cost		81,194	292,554	373,748	0	373,748	0	373,748
2. Other Direct Mental Health Care Cost								
a. Medical Supplies								
b. Transportation			501	501	0	501	0	501
c. Depreciation - Mental Health Equipment								
d. Professional Liability Insurance								
e. Other - Specify	bad debt allowance						0	0
f. Subtotal Other Direct Mental Health Care Cost		0	501	501	0	501	0	501
3. TOTAL DIRECT MENTAL HEALTH CARE COST (1d & 2f)		81,194	293,055	374,249	0	374,249	0	374,249
D. TOTAL DIRECT COST BEFORE NON-ALLOWABLE SERVICES		2,066,043	887,242	2,953,285	(2,772)	2,950,513		2,950,513



STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES  
ANNUAL REPORT  
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 10/1/2016 To 9/30/2017  
 FQHC Name: Community Health and Wellness Center of Greater Torrington, Inc.

Form A-5 (Overhead Cost)

RECLASSIFICATIONS AND ADJUSTMENTS OF TRIAL BALANCE OF EXPENSES								
COST CENTER	Salaried Personnel	Other Costs	Total	Reclassifications	Reclassified Trial Balance (Col 3 & 4)	Adjustments Increase (Decrease)	Net Expenses (Col 5 & 6)	
	I	II	III	IV	V	VI	VII	
<b>G. OVERHEAD - FACILITY COST</b>								
a. Rent		166,343	166,343		166,343		166,343	
b. Insurance		37,583	37,583		37,583		37,583	
c. Interest on Mortgage or Loans		4,970	4,970		4,970		4,970	
d. Utilities		69,782	69,782		69,782		69,782	
e. Depreciation - Building		0	0		0		0	
f. Depreciation - Equipment		0	0		0		0	
g. Housekeeping & Maintenance		111,049	111,049		111,049		111,049	
h. Other (Specify)								
storage rental								
Dep-Furniture & Fixtures		14,119	14,119		14,119		14,119	
		7,945	7,945		7,945		7,945	
		0	0		0		0	
		0	0		0		0	
i. Subtotal Overhead - Facility Cost	0	411,791	411,791	0	411,791	0	411,791	
<b>H. OVERHEAD - ADMINISTRATIVE COST</b>								
a. Office Salaries	1,705,539		1,705,539					
b. Depreciation - Office Equipment		252,203	252,203					
c. Office Supplies		9,276	9,276		9,276		9,276	
d. Legal		44,903	44,903		44,903		44,903	
e. Accounting		136,697	136,697		136,697		136,697	
f. Insurance		29,616	29,616		29,616		29,616	
g. Telephone		30,907	30,907		30,907		30,907	
h. Advertising-Help Wanted		60,545	60,545		60,545		60,545	
i. Interest - Capital Loans		0	0		0		0	
j. Other (Specify)								
Electronic health recons system and computer support		180,193	180,193		180,193		180,193	
transportation		4,570	4,570		4,570		4,570	
staff training		10,539	10,539		10,539		10,539	
Other inc. offsets		0	0		0		0	
See attached		171,095	171,095		171,095		171,095	
k. Subtotal Overhead - Administrative Cost	1,705,539	930,544	2,636,083	2,772	2,638,855	(20,106)	2,618,749	
l. TOTAL OVERHEAD COST (G+H+k)	1,705,539	1,342,335	3,047,875	2,772	3,050,647	(20,106)	3,030,541	
<b>J. GRAND TOTAL COSTS<sup>2</sup> (F+I)</b>							<b>6,274,950</b>	<b>(20,106)</b>
							<b>6,254,844</b>	

<sup>2</sup> Reconciliation schedule is required if Line J. Column III does not agree to the Audited Financial Statements

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES  
ANNUAL REPORT  
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 10/1/2016 To 9/30/2017

FQHC Name: Community Health and Wellness Center of Greater Torrington, Inc.

Form B-1 (Compensation, Encounters, Hours, FTEs - Health Care)

HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER					
HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other)	Specialty I	Compensation II	Encounters III	Total Employee Hours and FTEs	
				Employee Total Hours IV	FTEs (2080 hrs = 1 FTE) V
<i>Provide itemized de-identified list (e.g., Physician 1)</i>	<i>General Practitioner</i>	<i>125,000</i>	<i>1,500</i>	<i>1,040</i>	<i>0.50</i>
<b>A.</b>					
1. See Form B-4				0	0.00
2.				0	0.00
3.				0	0.00
4.				0	0.00
5.				0	0.00
6.				0	0.00
7.				0	0.00
8.				0	0.00
9.					0.00
10.					0.00
<b>Total Physician Encounters, Staff Hours and FTEs</b>				0	0
<b>B.</b>					
	<b>PHYSICIAN ASSISTANT</b>				
1. See Form B-4				0	0.00
2.					0.00
3.					0.00
4.					0.00
5.					0.00
<b>Total Physician Assistant Encounters, Hours and FTEs</b>				0	0



STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES  
ANNUAL REPORT  
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 10/1/2016 To 9/30/2017  
 FQHC Name: Community Health and Wellness Center of Greater Torrington, Inc.

Form B-1 Continued (Compensation, Encounters, Hours, FTEs - Health Care)

HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER						
HEALTH CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs (Excluding Dental, Mental Health, and Other)	Specialty I	Compensation II	Encounters III	Total Employee Hours and FTEs		
				Employee Total Hours IV	FTEs (2080 hrs = 1 FTE) V	
<i>Provide itemized de-identified list (e.g., Physician 1)</i>	<i>General Practitioner</i>	<i>125,000</i>	<i>1,500</i>	<i>1,040</i>	<i>0.50</i>	
C. NURSE (APRN, MIDWIFE, RN)						
1. See Form B-4						
2.				0	0.00	
3.				0	0.00	
4.				0	0.00	
5.				0	0.00	
Total Nurse Practitioner		0	0	0	0.00	
D. PHYSICIAN SERVICES UNDER CONTRACT						
1.				0	0.00	
2.			0	0	0.00	
3.					0.00	
4.					0.00	
5.					0.00	
Total Physician Services Under Contract		0	0	0	0.00	
E. OTHER HEALTH CARE PRACTITIONER						
1. See Form B-4				0	0.00	
2.				0	0.00	
3.				0	0.00	
Total Other Health Care Practitioner		0	0	0	0.00	

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES  
ANNUAL REPORT  
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 10/1/2016 To 9/30/2017  
 FQHC Name: Community Health and Wellness Center of Greater Torrington, Inc.

Form B-2 (Compensation, Encounters, Hours, FTEs - Dental Care)

DENTAL SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER				
DENTAL CARE COMPENSATION, ENCOUNTERS, HOURS, & FTEs	Compensation II	Encounters III	Total Employee Hours and FTEs	
			Employee Total Hours IV	FTEs (2080 hrs = 1 FTE) V
<i>Provide itemized de-identified list (e.g., Dentist 1)</i>				
<b>A. DENTIST</b>				
1. See Form B-4	0	0	0	0.00
2.	0	0	0	0.00
3.	0	0	0	0.00
4.	0	0	0	0.00
5.				
Total Dentist Encounters, Staff Hours and FTEs			0	0.00
<b>B. DENTAL HYGIENIST</b>				
1. See Form B-4	0	0	0	0.00
2.	0	0	0	0.00
3.				
4.				
5.				
Total Dental Hygienist Encounters, Hours and FTEs			0	0.00
<b>C. OTHER DENTAL PRACTITIONER</b>				
1. See Form B-4	0	0	0	0.00
2.				
3.				
4.				
5.				
Total Other Dental Practitioner Encounters, Hours and FTEs			0	0.00

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES  
ANNUAL REPORT  
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 10/1/2016 To 9/30/2017  
 FQHC Name: Community Health and Wellness Center of Greater Torrington, Inc.

Form B-3 (Compensation, Encounters, Hours, FTEs - Mental Health Care)

MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER			
MENTAL HEALTH SERVICES COMPENSATION, ENCOUNTERS, HOURS, & FTEs		Total Employee Hours and FTEs	
<i>Provide itemized de-identified list (e.g., Psychologist 1)</i>		Encounters	Employee Total Hours (2080 hrs = 1 FTE)
A.	PSYCHOLOGIST	1,500	1,040
1.	See Form B-4		
2.		0	0
3.			0.00
4.			0.00
5.			0.00
Total Psychologist Encounters, Staff Hours and FTEs		0	0
0		0.00	
B. SOCIAL WORKER			
1.	See Form B-4		
2.			0
3.			0
4.			0.00
5.			0.00
Total Social Worker Encounters, Hours and FTEs		0	0
0		0.00	
C. OTHER MENTAL HEALTH PRACTITIONER			
1.	See Form B-4		
2.		0	0
3.			0.00
4.			0.00
5.			0.00
Total Other Mental Health Practitioner Encounters, Hours and FTEs		0	0
0		0.00	

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES  
ANNUAL REPORT  
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period:

From 10/1/2016

To 9/30/2017

FQHC Name: Community Health and Wellness Center of Greater Torrington, Inc.

Form B-4 (Summary Compensation, Encounters, Hours, FTEs)

**SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER TYPE**

SUMMARY COMPENSATION, ENCOUNTERS, HOURS, AND FTEs BY PRACTITIONER TYPE	Number of Practitioners	Total Compensation	Compensation Range		Turnover		Encounters	Employee Hours and FTEs	
			High	Low	Hires	Departures		Employee Total Hours	FTEs (2,080 hrs = 1 FTE)
<b>A. HEALTH CARE PRACTITIONERS</b>	<b>4</b>	<b>500,000</b>	<b>150,000</b>	<b>100,000</b>	<b>2</b>	<b>1</b>	<b>10,000</b>	<b>8,320</b>	<b>4.00</b>
1. PHYSICIAN	6	573,993	200,000	7,296	3	2	6,038	6,851	3.29
2. PHYSICIAN ASSISTANT	1	49,419	110,000	110,000	0	1	310	1,600	0.77
3. NURSE (APRN, MIDWIFE, RN)	10	600,617	120,000	24,154	6	5	5,782	11,150	5.36
4. PHYSICIAN SERVICES UNDER CONTRACT	0				0	0	0	0	0.00
5. OTHER HEALTH PROFESSIONALS	1	38,496	38,496	38,496	0	0	565	1,176	0.57
6. OTHER ALLIED HEALTH PROFESSIONALS	18	259,331	86,320	28,080	7	3	0	23,769	11.43
7. OTHER HEALTH CARE PRACTITIONERS	1	15,572	15,572	15,572	0	0	118	160	0.08
<b>Total Health Care</b>	<b>37</b>	<b>1,537,428</b>			<b>16</b>	<b>11</b>	<b>12,813</b>	<b>44,706</b>	<b>21.50</b>
<b>B. DENTAL PRACTITIONERS</b>									
1. DENTIST	3	318,646	137,696	130,080	2	0	3,997	5,040	2.42
2. DENTAL HYGIENIST	2	125,612	72,800	68,203	0	0	1,929	4,160	2.00
3. OTHER DENTAL PRACTITIONERS	4	133,243	36,400	27,040	0	0	0	7,319	3.52
<b>Total Dental</b>	<b>9</b>	<b>577,501</b>			<b>2</b>	<b>0</b>	<b>5,926</b>	<b>16,519</b>	<b>7.94</b>
<b>C. MENTAL HEALTH PRACTITIONERS</b>									
1. PSYCHIATRIST	1	6,261	6,261	6,261	0	0	0	200	0.10
2. PSYCHOLOGIST									0.00
3. LICENSED CLINICAL SOCIAL WORKER	6	355,499	93,226	7,171	2	1	3,486	8,200	3.94
4. PSYCHIATRIC APRN									0.00
5. OTHER MENTAL HEALTH PRACTITIONERS		0							0.00
<b>Total Mental Health</b>	<b>7</b>	<b>361,760</b>			<b>2</b>	<b>1</b>	<b>3,486</b>	<b>8,400</b>	<b>4.04</b>

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES  
ANNUAL REPORT  
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period:	From	10/1/2016	To	9/30/2017
FQHC Name:	Community Health and Wellness Center of Greater Torrington, Inc.			

Form C (Cost Adjustment & Allocation)

COST ADJUSTMENT AND ALLOCATION

A.	Direct Cost Title XIX Services (P5 - Form A-3, Line D, Col. VII)	2,950,513
B.	Direct Cost Other Services (P6 - Form A-4, Line E.1.i, Col. VII)	273,791
C.	Total Direct Costs (A+B)	3,224,304
D.	Portion of Title XIX Services (A/C)	91.51%
E.	Total Overhead Cost (P7 - Form A-5, Line I, Col. VII)	3,030,541
F.	Overhead Cost Applicable to Title XIX Services (DxE)	2,773,248
G.	Total Title XIX Services Cost (A+F)	5,723,761
H.	Thirty Percent (30%) of Total Title XIX Svc Cost (Gx.30)	1,717,128
I.	Cost Adjustment (Lower of H-F or Zero)	(1,056,120)
J.	Allowable Title XIX Overhead Cost (F+I)	1,717,128
K.	Direct Costs	
	1. Health Care Services (P3 - Form A-1, Line A3, Col. VII)	1,839,550
	2. Dental Services (P4 - Form A-2, Line B3, Col. VII)	736,714
	3. Mental Health Services (P5 - Form A-3, Line C3, Col. VII)	374,249
	4. Total Direct Costs (K1 thru K3)	2,950,513
L.	Direct Costs as a % of Total	
	1. Health Care Services (K1/K4)	62.35%
	2. Dental Services (K2/K4)	24.97%
	3. Mental Health Services (K3/K4)	12.68%
M.	Allocated Allowable Overhead Cost	
	1. Health Care Services (JxL1)	1,070,629
	2. Dental Services (JxL2)	428,767
	3. Mental Health Services (JxL3)	217,732
	4. Total Allowable Title XIX Overhead Cost (M1 thru M3)	1,717,128

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES  
ANNUAL REPORT  
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period:	From <u>10/1/2016</u>	To <u>9/30/2017</u>
FQHC Name:	Community Health and Wellness Center of Greater Torrington, Inc.	

Form D (Allowable Cost per Encounter)

ALLOWABLE COST PER ENCOUNTER

I. Health Care Cost ( <u>Excluding Dental and Mental Health</u> )		
A.	Direct Health Care Cost (P3 - Form A-1, Line A3, Col. VII)	1,839,550
B.	Allowable Overhead Cost (P13 - Form C, Line M1)	1,070,629
C.	Total Allowable Health Care Cost (A+B)	2,910,179
D.	Encounters (P12 - Form B-4, Health Care Total)	12,813
E.	Allowable Health Care Cost Per Encounter (C/D)	227.13
II. Dental		
A.	Direct Dental Care Cost (P4 - Form A-2, Line B3, Col. VII)	736,714
B.	Allowable Overhead Cost (P13 - Form C, Line M2)	428,767
C.	Total Allowable Dental Cost (A+B)	1,165,481
D.	Encounters (P12 - Form B-4, Dental Total)	5,926
E.	Allowable Dental Cost Per Encounter (C/D)	196.67
III. Mental Health		
A.	Direct Mental Health Care Cost (P5 - Form A-3, Line C3, Col. VII)	374,249
B.	Allowable Overhead Cost (P13 - Form C, Line M3)	217,732
C.	Total Allowable Mental Health Cost (A+B)	591,981
D.	Encounters (P12 - Form B-4, Mental Health Total)	3,486
E.	Allowable Mental Health Cost Per Encounter (C/D)	169.82

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES  
ANNUAL REPORT  
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period: From 10/1/2016 To 9/30/2017  
 FQHC Name: Community Health and Wellness Center of Greater Torrington, Inc.

REVENUES		I	II	III	IV	V
		Services Excluding Dental, Mental Health &	Dental	Mental Health	Other	Total (Col. I thru IV)
<b>A.</b>	<b>Operating Revenue</b>					
1.	Medicaid	932,978	591,294	490,045		2,014,317
2.	Private	166,038	20,504	20,883		207,425
3.	Medicare	422,305	46,196	550		469,051
4.	Patient Cash/Self Pay	77,230	30,876	5,024		113,130
5.	Other - Specify					0
6.	Total (1 thru 5)	1,598,551	688,870	516,502	0	2,803,923
<b>B.</b>	<b>Other Revenue</b>					
1.	Contributions					0
2.	Grants	2,252,545				2,252,545
3.	Interest					0
4.	Donations				368	368
5.	Other - Specify				73,040	73,040
6.	Other - Specify				2,736	2,736
7.	Other - Specify				588,726	588,726
8.	Interest Income				766	766
9.	PCMH				8,809	8,809
10.	Pharmacy				13,880	13,880
11.	CSMS-IPA				688,325	688,325
12.	Other					0
13.	Fundraising					0
14.	Total (1 thru 10)	2,252,545	0	0	688,325	2,940,870
<b>C.</b>	<b>Other Revenue (Include revenue generated by non-approved FQHC sites)</b>					
1.	Other - Specify					0
2.	Other - Specify					0
3.	Other - Specify					0
4.	Other - Specify					0
5.	Other - Specify					0
6.	Other - Specify					0
7.	Total (1 thru 7)	0	0	0	0	0
<b>D.</b>	<b>Total Revenue (A6+B11+C7)</b>	3,851,096	688,870	516,502	688,325	5,744,793

STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES  
ANNUAL REPORT  
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period:	From	10/1/2016	To	9/30/2017
FQHC Name:	Community Health and Wellness Center of Greater Torrington, Inc.			

Form F (Grants and Contributions)

GRANTS AND CONTRIBUTIONS *(EXCLUDING THE PUBLIC HEALTH SERVICES GRANTS)*

A.	Contributions	ACTUAL
	1. Services ( <i>Excluding Dental, Mental Health and Other</i> )	
	2. Dental	
	3. Mental Health	
	4. Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	0
B.	Grants <i>(Excluding PHS)</i>	
	1. Services ( <i>Excluding Dental, Mental Health and Other</i> )	
	2. Dental	
	3. Mental Health	
	4. Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	Other - Specify _____	
	5. Total (1 thru 4)	0



STATE OF CONNECTICUT  
DEPARTMENT OF SOCIAL SERVICES  
ANNUAL REPORT  
FEDERALLY QUALIFIED HEALTH CENTER (FQHC)

Reporting Period:	From	10/1/2016	To	9/30/2017
FQHC Name:	Community Health and Wellness Center of Greater Torrington, Inc.			

Form G (Cost Disallowance and Offset)

COST DISALLOWANCE AND OFFSET			
A.	Cost Disallowance		
	1. Entertainment		
	2. Fines and penalties		
	3. Bad debt	(37,307)	
	4. Cost of actions to collect receivables		
	5. Advertising, except for recruitment of personnel	(15,684)	
	6. Contingent reserves		
	7. Legal, Accounting and professional services incurred in connection with rehearing, arbitration, or judicial proceedings pertaining to the reimbursement approved by the Commissioner		
	8. Fundraising	(12,349)	
	9. Amortization of goodwill		
	10. Directors fees		
	11. Contributions		
	12. Membership dues for public relations		
	13. Cost not related to patient care		
	14. Interest	(4,970)	
	15. Pass through expenses		
	16. Total (1 thru 15)		(70,311)
B.	Cost Offset ( <i>Expense Recovery</i> )		
	1. Refunds - Medicaid Outreach		
	2. Rent Income	20,106	
	3. In-Kind Medical Supplies		
	4. In-Kind Dental Supplies		
	5. In-Kind Computer Supplies		
	6. In-Kind Advertising		
	7. Total (1 thru 6)		20,106
C.	Total Cost Disallowance and Offset (A16+B7)		(50,205)