Executive Summary

Company Summary
The Open Medical Record System (OpenMRS) collaborative began informally in 2004 to support the information needs of health systems strengthening initiatives in Western Kenya, Western Rwanda, Central Peru, and KwaZulu Natal, South Africa. From its origins as a shared electronic medical record system supporting patient care in these settings, OpenMRS has grown into a broad, grassroots open source project with at least 400 contributing participants and implementations hosted in at least forty-two countries worldwide. OpenMRS is already being used as the basis for national-level implementations of patient record systems in outpatient settings, and serves as a technical foundation for literally hundreds of direct patient care, research, and educational projects. An important by-product of this work is an active, robust learning collaborative around the development, implementation and support of health information technology for resource-poor settings. As a consequence, sustainable locally-driven business ecosystems have emerged in multiple African, Latin American and Pan-Asian countries.

The mission of OpenMRS Ltd. is to improve health care delivery in resource-constrained environments by coordinating a global community that creates a robust, scalable, user-driven, open source medical record system platform. As the ecosystem around OpenMRS continues to grow, and more become fundamentally reliant upon the platform, it is imperative that the technology continues to evolve in lock step with the growth of the environments and the continual evolution of health care. Sustaining such work is done best in our opinion, by a development model that encourages the ultimate beneficiaries of the work to broadly share the costs and proceeds inherent in its creation, and additionally harnesses well-demonstrated latent individual and corporate volunteer interest. As such, OpenMRS Ltd. will focus its organizational efforts on broadening community engagement and capacity development activities to standardize and amplify contributions to become even more reusable.

Products and Services Summary
OpenMRS, Ltd. will continue to support health care provision, research, and educational initiatives carried out by the new and existing community constituents, with special emphases on resource poor environments throughout the world. It will do this by enhancing the current communications, collaboration, and learning infrastructures developed informally by the open source community. Specifically, OpenMRS Ltd. will:

- maintain the open source license and trademark, ensuring free and open access to the community’s work on OpenMRS
- further develop and enhance the OpenMRS online portal
- provide formal OpenMRS-related training and consultative services to promote local ownership and capacity development within resource poor countries, and stimulate local business ecosystems
These services will be provided by a blend of full and part-time employees, contract personnel, and volunteers: any proceeds of these services will fold back into further support of the community as it grows.

**Market and Financial Summary**

OpenMRS supports a broad set of stakeholders interested in healthcare and information technology, all of whom might potentially utilize the software platform and community for different purposes. They divide into three primary groups:

1. Clinical care providers and organizations who support health strengthening in resource poor environments
2. Health care researchers and developers
3. Educators

Our market analysis looked at these potential consumers and predicted demand of EMR implementations within these constituencies. Performed by the Boston Consulting Group in late 2009, this analysis showed a future adoption rate that will follow the S-curve pattern of adoption for EMRs in the resource-poor world, having recently passed the inflection point into the period of rapid market growth.

Over 70 key informant interviews directed the organization toward an emphasis on community and business ecosystem development. Unfortunately, communication, collaboration, and training costs are real and grow linearly as the community grows in size. As such, we propose the formation of OpenMRS Ltd.to sustain these critical aspects of an open source community by collating proceeds from philanthropy and income generating training/consultative activities which support and don't compete with emerging indigenous business ecosystems.

A draft financial plan is enclosed which further describes the above diversified portfolio of revenues. A projected operating budget for year one of this organization is approximately $300,000USD.
Company

History

The world continues to be ravaged by pandemics of epic proportions, as over 40 million people are infected with diseases such as HIV/AIDS, multi-drug resistant tuberculosis, and malaria. Most (up to 95%) of these afflictions are present in developing countries. Prevention and treatment interventions of this scale require efficient information management, which is critical as clinical care in these environments must increasingly be entrusted to less skilled providers. Whether for lack of time, developers, or money, most health care programs in developing countries manage their information with simple spreadsheets or small, poorly designed databases, if anything at all.

Faced with a need to re-engineer large-scale health information infrastructures in these types of environments, Drs. Paul Biondich, Burke Mamlin, Hamish Fraser, and Chris Seebregts, formed a collaborative effort amongst themselves in 2004. Representing the Regenstrief Institute, Partners-in-Health, and the Medical Research Council, these four individuals galvanized the early efforts that ultimately led to OpenMRS. In synchrony, Regenstrief developed the AMRS for an HIV/AIDS project in western Kenya, PIH supported tuberculosis-focused projects in central Peru and western Rwanda, and the Medical Research Council developed a patient record system for the Richmond Chest Hospital in South Africa. All three of these primary efforts were completed on top of a shared source code base, and were brought online and successfully implemented throughout 2006.

A welcome side effect of both the deliberately open and online style of this collaboration, and the large unmet demand for these technologies, was a growing group of other organizations and philanthropies that became more involved. Soon implementations in Tanzania, Uganda, Haiti and other countries followed. Sensing the rapid developmental growth, and the many issues inherent in source code ownership and attribution that come with growing contributor numbers, the founding organizations transferred their rights to this work to a sole member limited liability company (LLC) in March of 2007. The purpose of this LLC was to accept and protect the title and ownership of the OpenMRS software and name: to provide a legal entity that could both accept all attribution for the volunteer / seconded work on the platform and formally present this work freely to the world via a liberal open source license (known as the OpenMRS Public License – see http://license.openmrs.org for more information). This LLC is solely managed by a Management Committee made up of the four founding individuals of the collaborative and does not conduct business of it’s own (it neither manages or receives financial assets).

Today, OpenMRS is a very broad-based organizational collaborative which consists of over 400 contributing individuals that either represent themselves, implementing organizations, corporations, or value added resellers (VARs). It is implemented in 42 countries; some of these have made the platform a basis for national scale implementations of patient record systems. It also serves as a technical foundation for literally hundreds of direct patient care, research, and educational projects.
Company Overview

As this community continues to grow, its effectiveness is moderated greatly by two factors: 1) it’s ability to effectively communicate and coordinate large-scale distributed software design and development activities and 2) it’s ability to build knowledge and experience in the successful customization, implementation, and support of the software amongst the broader public (otherwise known as capacity development). Currently, these activities are done sub optimally on a volunteer or idiosyncratic basis, and the costs inherent in both currently accrue to the early founding organizations. This has proven to be an inherently unsustainable model, that places the hundreds of implementation projects at long-term risk and limits the ultimate societal benefit of this collective work.

Therefore, the OpenMRS community has proposed development of a not-for-profit entity that has three primary objectives:

1. Continued stewardship of the open source community, including maintenance of the OpenMRS Public License and serving as the locus of attribution for all future contributions to the project
2. Further development and support of a robust online infrastructure that encourages efficient communication and coordination of the work of OpenMRS contributors
3. Support of targeted capacity development activities around the customization, implementation, and long-term support for OpenMRS that promotes indigenous sustainable business ecosystems in resource poor environments throughout the world.

The organization is designed to harness the growing interest in the deployment of patient record systems by empowering resource-poor environments to support themselves. This happens when they share in the ownership of an open and collaborative software development platform that they can directly influence and participate in. It is brought to scale when the environment evolves it’s own business ecosystem, consisting of multiple organizations that have working knowledge of OpenMRS. These groups can provide customization, implementation and long term support services locally. As such, the OpenMRS organization explicitly will not lead implementations or provide direct support to implementation sites.

Development of this organization will render the current LLC as superfluous and unnecessary.

Mission and Values

The mission of OpenMRS, Ltd. is an embodiment of the community’s current behavior:

"…to improve health care delivery in resource-constrained environments by coordinating a global community that creates a robust, scalable, user-driven, open source medical record system platform."
OpenMRS, Ltd. values patient care at the basis of everything it does. OpenMRS is:

**User-Centered**

- Design decisions are driven by real, not perceived needs.
- The software works in the most challenging health care delivery environments.
- The software is radically adaptable to the unique needs of our users around the world.

**Open**

- Open, honest, and transparent in both processes and in software development.
- The software serves as a platform that empowers both users and implementers to innovate.
- The initiative publicly documents and actively shares all knowledge, skills, experiences, and failures.

**Community-Driven**

- The best ideas come from people with different backgrounds and talents, so it’s important to build a community where these people can come together to innovate.
- There’s value in harnessing the wisdom of the software development community by creating a safe place to raise concerns, discuss failures, improve easing ideas, and solve problems.

**Management Team**

The initial management team consists of Paul Biondich MD, President; and Dawn Smith MPH, Operations Director.

Paul Biondich MD, President. The President is hired by the board of directors. Responsibilities include but are not limited to:

- Advise the board and carry out tasks assigned by the board
- Oversee daily operations, project planning, and special events, working closely with each program coordinator
- Personnel management (recruitment, hiring, evaluation and termination of staff)
- Together with the Operations Director, develop and manage the annual budget for board approval, including necessary revisions
- Grant and philanthropic development

Dawn Smith MPH, Operations Director. The Operations Director is hired by the President. Responsibilities include but are not limited to:

- Advise the board and carry out tasks assigned by the board
Assist in personnel management
Development of administrative standards and procedures related to personnel and staff development
Supervision of staff
Serve as liaison between staff and board members
Coordinate with the Executive Director and the board to oversee activities including grant applications, management of grants, special projects, fiscal management
Together with the Executive Director, develop and manage the annual budget for board approval including necessary revisions
Oversee the preparation of the annual report of activities as well as fiscal reports
Manage network finances and reporting
Coordinate work on annual audits
Define priorities for all supervised staff

Oversight for OpenMRS, Ltd. occurs via the OpenMRS Board of Directors. The majority of these seats are nominated by the company’s supported organizations (Partners-in-Health, the World Health Organization, and Indiana University’s Center for Global Health). Proposed initial nominees are as follows:

- Christopher Bailey, Coordinator of Health Informatics for the World Health Organization, Switzerland
- William Tierney MD, CEO of the Regenstrief Institute and world-renowned Medical Informatics leader, USA
- Mitchell Baker, Chairwoman of the Mozilla Foundation and former CEO of the Mozilla Corporation, USA
- Aamir Khan MD PhD, Epidemiologist and Executive Director of InterActive Research and Development, Pakistan
- Joaquin Blaya PhD, Co-Founder and CIO of eHealth Systems, a Chile-based Health IT implementation and services company for Latin America
Products and Services

OpenMRS, Ltd. will provide the following services to the community:

1) Further development of the OpenMRS online presence: in order for a community to come together to collaboratively develop software and learn from each other, a robust technical infrastructure must be in place. The existing collaborative developed OpenMRS' current online presence, but it must continue to grow dramatically to support increasing numbers of participants and evolving motivators of volunteer behavior. This portal will have, at the minimum, the following components:

- Welcome portal to describe OpenMRS, and get new community members started
- Wiki to support documentation of design, development plans, documentation, meeting minutes, etc.
- OpenMRS demonstration application
- Source code repository, complete with space for core code and community developed plugin "module" code
- Continuous integration suite, to include API, user interface, and performance testing applications for core OpenMRS
- Distributed online peer source code review tools
- Multiple development virtual machines for community members to show works-in-progress and to facilitate development activities
- Blogs for community members to communicate about their active work and interests in OpenMRS
- Badge/award infrastructure that incents good volunteer behaviors

All of these above components will be supported through a single sign-on mechanism and will have redundant backup capacity to ensure stability and ease of use.

2) Targeted training related to the development and implementation of OpenMRS: given the organization's mission to support indigenous health IT capacity development, OpenMRS Ltd. will directly provide training activities, by request, for interested parties. Some representative examples of courses:

- Customization of OpenMRS for an implementation
- Improving performance of the OpenMRS software
- Developing code efficiently within the OpenMRS platform
- Developing in-country businesses based on OpenMRS

3) Strategic consultative services: at times, countries and implementations of all sizes need short term strategic assistance in establishing an OpenMRS implementation. Consistent with the organizational mission, OpenMRS, Ltd. can provide no cost or fee-based advice and guidance based on the nature of the request. Some representative examples:
• Helping create an implementation model for broad OpenMRS implementation for a country’s Ministry of Health
• Assisting an organization to develop an efficient approach towards reusable component-based software development in OpenMRS
• Development of interoperability specifications between OpenMRS and other information technology applications

Competitors

There are multiple health related open source projects, but few (if any) directly target the specific population segment OpenMRS, Ltd. is. However, some of these related projects might further diversify their work activities in the future, so what follows is a list of potential competitors, sorted by attributes:

Focused on resource neutral or rich environments:

• OpenEMR
• Tolven
• PatientOS
• ClearHealth

Developing complementary health open source components for resource poor environments:

• OpenELIS
• DHIS 1/2
• CRIS

Currently not traditional collaborative open source communities:

• SmartCare
• IQCare / IQChart
Target Market

Market Overview

OpenMRS, Ltd.’s mission is to support a broad set of stakeholders interested in healthcare and information technology, all of whom might potentially utilize the software platform and community for different purposes. They divide into three primary groups:

1. **Clinical care providers and organizations who support health strengthening in resource poor environments**: these can range from individual ad-hoc clinics, to health systems strengthening initiatives, to ministries of health.

2. **Health care researchers and developers**: OpenMRS has often served as an information platform for primary clinical, health services, and clinical informatics research activities. From large scale clinical trials, to clinical data sharing collaboratives, to a foundation of developmental research for a new health care application, OpenMRS can support small and large scale research activities.

3. **Educators**: OpenMRS is increasingly being used as a basis for health informatics courses as well as software development practicums at universities, post graduate programs, and vocational training facilities worldwide.

Market Needs

Through the lens of market analysis, one can see that so as long as there are functioning health care systems, the need for electronic medical record systems are a growing inevitability, assuring the sustainability of such software and organizations that create it. The Boston Consulting Group (BCG) provided a growth rate analysis for the investment into OpenMRS and the need of its software. The variables included the number of expected EMR system installations within developing countries by the thousands (y) over the years 2008 to 2018 (x). The installations of EMRs were then stratified into three types: aggressive, base, and conservative. BCG utilized the Compound Annual Growth Rate (CAGR) to calculate the growth rate of the investment of theses installations over two time periods: five years (2013) and ten years (2018). The results concluded that there is a need for 5.3(K) to 6.8(K) EMR installations in developing countries by 2013 and 16.9(K) to 26.4(K) installations of EMRs in developing countries by the year 2018. These results reinforce the need for this software within clinics and hospitals located in resource-constrained environments. BCG predicts essentially an S-curve of adoption of these types of technologies.

Elements that differentiate OpenMRS from other organizations that could potentially participate in supporting this market segment include: 1) demographic focus, 2) community involvement, 3) cost.

**Broad Demographic Focus** – Our software works in the most challenging health care delivery environments. Most EMRs are specifically created for use in developed nations or it is limited for use in the country where the creating organization exists.
Our open source software is available worldwide and is currently used by forty two countries.

Community Involvement – We are unique in the fact that our users also contribute to the development of our software and also drive the direction and success of OpenMRS as an organization. The community regularly contributes to the design roadmap and provides transparent feedback on what could be improved with the system in addition to what is already working well.

Cost – Our software is free. In addition to being open source, this allows users, especially those in resource-constrained environments to utilize, freely share, and improve upon the software. This is uniquely empowering to these clinical settings.
Strategy and Implementation

Marketing Plan

Overview and Positioning

OpenMRS' marketing strategy is based upon the following assumptions:

• the formal organization exists solely to support the continued growth of the open source community and ecosystem around OpenMRS
• existing members of the community derive direct value from continual new membership, as new and/or growing involvement in OpenMRS most often advances the freely available software platform and community
• philanthropies and aid providing entities are excited about projects like OpenMRS because they encourage lower health IT total cost of ownership and local capacity development as compared to typical commercial or ad hoc models of system implementation

All marketing activities therefore, are purely focused upon three constituencies: aid organizations that traditionally support health systems strengthening activities, current and future implementors of health IT (for clinical, research, and/or educational reasons), and volunteer individuals and organizations otherwise unrelated to the populations served. Engaging each of these populations requires separate methods, examples are listed below:

Bilaterals, multilaterals, and private donor organizations:

• Conduct donor road-show
• inviting representatives of these organizations to participate in and sponsor community meetings
• Create location on OpenMRS web portal that provides specific information to future philanthropies
• Share this business plan and additional collateral information with existing network of relationships to aid organizations
• Encourage grass-roots advocacy for the need for OpenMRS, Ltd. by leadership of successful implementations

Current and future implementors of Health IT:

• Further development of the OpenMRS website to provide deeper transparency into the specific workings of the community and to demonstrate the value of the approach. The best indirect advertisement for OpenMRS is the vibrant activity of it’s community.
• Encouraging current community members to serve as OpenMRS ambassadors, creating grass roots interest from their network of existing relationships
• Holding yearly OpenMRS implementers meetings
• Organizing free training and educational activities around OpenMRS
• Continued free and unrestricted access to the open source software and the corresponding community around it

Volunteers not directly involved in the support of health provision in resource-poor environments:

• Further development of the virtual marketplace around OpenMRS, which matches interested volunteers directly to implementations which need direct help
• Further participation in open source advocacy activities, such as the Google Summer of Code (tm), and the Humanitarian Free and Open Source Software Initiative (HFOSS)
• Granting interviews to targeted media and literature outlets, such as the BBC World Service, NPR, Social Entrepreneurship, and The Lancet.
• Documenting case studies on how existing corporate and individual volunteers have derived value from their participation in OpenMRS

Pricing

OpenMRS, Ltd. will generally operate as a lean organization that focuses on encouraging the initiatives and organizations that derive value from the software and the community to shoulder the primary costs of software development and community management. Even though OpenMRS, Ltd. will provide these coordinative and educational services thanks to charitable donations and grants, the organization also intends to additionally generate income from the training and consultative activities described above in “Services Provided” where it makes sense. This expertise is present in current community members and leadership (that will not be formally be employed by OpenMRS, Ltd.) with a vested interest in seeing the initiative grow.

As a general observation, we’ve identified early individuals with training and consultative expertise who will either volunteer their time to OpenMRS, Ltd. or provide their time in a cost recovery model. An early 2010 estimate of a blended cost rate per hour for these individuals is approximately $73USD/hour, including all relevant indirect costs. In comparison, we have successfully negotiated pricing in multiple potential training and consultative activities between $125 and $250USD/hour.

However, we believe that the costs of these services need to be dependent upon the financial wherewithal of the requestor: resource poor environments will be provided low cost versions as compared to organizations that can afford typical fees. This will have direct impact on income margins, but if historical trends are observed, there is significant pent-up demand for such paid services in the community and OpenMRS, Ltd. will continue to evaluate such opportunities as an income diversification strategy.

Timelines

This section provides very rough timelines based upon the information available in March, 2011:
• Mid 2011: establish new OpenMRS online presence
• September 2011: submit not-for-profit application and related paperwork to US Government
• Fall 2011: perform donor road show
• Late 2011: establish financial infrastructure for OpenMRS, Ltd.
• Late 2011: establish cost recovery agreements for employees from Partners-in-Health, Indiana University, Regenstrief Institute, Jembi, and Thoughtworks, Inc.
• Early 2012: establish donor relationships with an existing philanthropic funding source
• Early 2012: begin to provide educational and consulting services through OpenMRS, Ltd.

To execute the milestones listed above, OpenMRS, Ltd. will establish a formal relationship with a fiscal sponsorship organization. While there are various models of fiscal sponsorship, including technical assistance and pre-arranged grant relationships, most forms provide non-profit organizations focusing upon the public good with the financial, human resourcing, and administrative infrastructures for a fee (typically between 8-15% of total revenues). Additionally Paul Biondich, Dawn Smith, and various OpenMRS volunteers will participate when relevant, especially as it relates to future marketing milestones.
Financial Plan

Revenue Forecast

Revenue Forecast Table

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### Gross Margin %

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### Revenue by Month

![Revenue Chart](image)

**About the Revenue Forecast**

This revenue forecast estimate is based upon direct queries by current OpenMRS leadership. Philanthropic contributions imply continued funding from the CDC as has occurred for the past 5 years, and presumes new philanthropic funding. In June 2011, organizational leadership was approached by PEPFAR to begin the process of treating OpenMRS as an example of a public private partnership, which allows the US Government to match public volunteer contributions with direct cash to further leverage this good will. This forecast therefore presumes a doubling of philanthropic support by 2013.

For training services, the OpenMRS community typically receives between 8-10 queries per year to provide training on successful implementation of the platform. This estimate presumes an average engagement of 1.5 weeks of training (60 hours), and a growth rate of 20-25% annually. For consultative services, OpenMRS receives approximately four queries per year, with each average engagement lasting approximately 200 total man hours. These figures also represent a 20-25% annual growth rate.

Given units of measurement in hours, cost information is based upon informal blended cost rates for personnel calculated in March, 2011 and pricing estimates are driven by informal discussions with potential future service purchasers such as the SMaRT Platform research group and the Phillipines Ministry of Health.
Personnel Plan

Personnel Table

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<td>Michael Downey</td>
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About the Personnel Plan

This personnel plan consists initially of three individuals who will support the project in various capacities. **Note:** these individuals are representative samples of organizational employees based upon the collaborative’s current loose structure and are included for forecasting purposes only.

Paul Biondich, MD: As the early President of OpenMRS, Ltd., Paul will provide overall operational leadership for the project. As a current faculty member at Indiana University School of Medicine, Paul will support OpenMRS via a cost-recovery mechanism with the University. This model assumes his availability at 10% of his weekly allocation, and includes all fringe and University indirect rates.

Dawn Smith, MPH: As the Operations Director, Dawn will manage the overall organization. She will be hired directly by OpenMRS, Ltd.

Michael Downey: As the Director of the Technical Infrastructure, Michael will be responsible for further development and oversight of http://openmrs.org and all of it’s current ancillary services. He will be hired directly by OpenMRS, Ltd.

In years 2013 and beyond, we believe additional personnel will be needed for future growth areas, including software development oversight and dedicated training activities. However, they will not be included in this forecast, as strategic priorities will determine the resources necessary at that time.
Budget

Budget Table

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<td>Fiscal Sponsorship</td>
<td>$30,000</td>
<td>$45,000</td>
<td>$50,000</td>
</tr>
<tr>
<td>Total Expenses</td>
<td>$288,400</td>
<td>$303,400</td>
<td>$308,400</td>
</tr>
<tr>
<td>Taxes</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Total Other Spending</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

Expenses by Year

![Bar Chart]

About the Budget

OpenMRS, Ltd. will operate essentially as a virtual organization. Therefore, there will be little physical infrastructure necessary, outside of our web-based online presence. Costs therefore are predominantly estimated to relate to personnel and the fiscal sponsorship organization fees, which are estimated at 10% of annual revenue.
Marketing and promotion costs are primarily related to travel and grant development costs, along with participation in international meetings.

### Projected Profit and Loss Statement

#### Projected Profit and Loss Table

<table>
<thead>
<tr>
<th></th>
<th>FY2012</th>
<th>FY2013</th>
<th>FY2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income</td>
<td>$397,000</td>
<td>$616,000</td>
<td>$695,000</td>
</tr>
<tr>
<td>Direct Cost</td>
<td>$102,200</td>
<td>$131,400</td>
<td>$164,250</td>
</tr>
<tr>
<td>Gross Margin</td>
<td>$294,800</td>
<td>$484,600</td>
<td>$530,750</td>
</tr>
<tr>
<td>Gross Margin %</td>
<td>74%</td>
<td>79%</td>
<td>76%</td>
</tr>
</tbody>
</table>

#### Expenses

<table>
<thead>
<tr>
<th>Category</th>
<th>FY2012</th>
<th>FY2013</th>
<th>FY2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary</td>
<td>$154,000</td>
<td>$154,000</td>
<td>$154,000</td>
</tr>
<tr>
<td>Employee Related Expenses</td>
<td>$36,000</td>
<td>$36,000</td>
<td>$36,000</td>
</tr>
<tr>
<td>Marketing &amp; Promotion</td>
<td>$18,000</td>
<td>$18,000</td>
<td>$18,000</td>
</tr>
<tr>
<td>Portal Hosting</td>
<td>$48,000</td>
<td>$48,000</td>
<td>$48,000</td>
</tr>
<tr>
<td>Supplies</td>
<td>$2,400</td>
<td>$2,400</td>
<td>$2,400</td>
</tr>
<tr>
<td>Insurance</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Fiscal Sponsorship</td>
<td>$30,000</td>
<td>$45,000</td>
<td>$50,000</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>$288,400</td>
<td>$303,400</td>
<td>$308,400</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Category</th>
<th>FY2012</th>
<th>FY2013</th>
<th>FY2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Income</td>
<td>$6,400</td>
<td>$181,200</td>
<td>$222,350</td>
</tr>
<tr>
<td>Taxes</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Net Profit</strong></td>
<td>$6,400</td>
<td>$181,200</td>
<td>$222,350</td>
</tr>
<tr>
<td><strong>Net Profit/Sales</strong></td>
<td>2%</td>
<td>29%</td>
<td>32%</td>
</tr>
<tr>
<td><strong>Total Other Spending</strong></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>
Gross Margin by Year

Net Profit (or Loss) by Year