**Attachment E**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **BUDGET PROPOSAL FORM** |  |  |  |  |
|   | *LOS of Program* |   |  |
| **PROGRAM TYPE** |  |  |  | **Group Home** |
|   |   |   |   |   |
| **BUDGET SUMMARY** |   |   |   |  |
| A. Personnel |  |  |  |  |
| B. Consultants & Professional Fees |  |  |  |  |
| C. Materials & Supplies |  |  |  |  |
| D. Facility Costs |  |  |  |  |
| E. Specific Assistance to Clients |  |  |  |  |
| F. Other |   |   |   |   |
| ***SUBTOTAL*** |  |  |  |  ***-***  |
|  |  |  |  |  |
| G. General & Admin. Allocation |  |  |  |  -  |
| H. Total Operating Costs |  |  |  |  |
| I. Equipment (Schedule 6) |   |   |   |   |
| ***J. TOTAL COST*** |  |  |  |  ***-***  |
|  |  |  |  |  |
| K. (Less) Revenue (Schedule 2) |  |  |  |  |
| L. Net Cost |  |  |  |  -  |
| M. Profit |   |   |   |   |
| ***N. REIMBURSABLE CEILING*** |  |  |  |  ***-***  |
| *O. Units of Service* |  |  |  |  |
| *P. Unit Cost* |  |  |  | #DIV/0! |
|   |   |   |   |   |
| **BUDGET DETAIL - PERSONNEL** |   |   |   |  |
| **A. Personnel (Annex A/PD)** | **Position #** | **Rate/Hour** | **Hours/Week** |  |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
| ***TOTAL STAFFING COSTS*** |  |  |  | ***0*** |
| ***TOTAL STAFFING HOURS (not including sub hours)*** |  | ***0*** |
| Nursing/Behaviorist/Clinical |  |  |  |  |
| Nursing/Behaviorist/Clinical |  |  |  |  |
| Nursing/Behaviorist/Clinical |  |  |  |  |
| Nursing/Behaviorist/Clinical |  |  |  |  |
| Nursing/Behaviorist/Clinical |  |  |  |  |
| Nursing/Behaviorist/Clinical |  |  |  |  -  |
| ***TOTAL SALARY & WAGES*** |  |  |  |  ***-***  |
|  |  |  |  |  |
| Federal - FICA, SS, Medicare, Unemployment Ins. | 7.00% |  |  -  |
| State - SDI/SUI, Unemployment Ins. |  | 3.00% |  |  -  |
| Worker's Compensation |  | 5.00% |  |  -  |
| Health Ins. |  | 12.00% |  |  -  |
| Pension/Life Ins. |   | 2.00% |   |  -  |
| ***TOTAL FRINGE BENEFITS*** |  | ***29.00%*** |  |  ***-***  |
|  |  |  |  |  |
| ***TOTAL PERSONNEL SERVICES*** |  |  |  |  ***-***  |
|   |   |   |   |   |
| **BUDGET DETAIL - NON-PERSONNEL** |   |   |   |  |
| **B. Consultants & Professional Fees** |  |  |  |  |
| Accounting/Audit/Payroll |  |  |  |  |
| Nursing and/or Behaviorist |  |  |  |  |
| IT/MIS Support |   |   |   |   |
| ***TOTAL CONSULTANTS & PROFESSIONAL FEES*** |  |  |  ***-***  |
|  |  |  |  |  |
| **C. Materials & Supplies** |  |  |  |  |
| Program Supplies |  |  |  |  |
| Office Supplies |  |  |  |  |
| Food - Client |  |  |  |  |
| Food - Staff |   |   |   |   |
| ***TOTAL MATERIALS & SUPPLIES*** |  |  |  |  ***-***  |
|  |  |  |  |  |
| **D. Facility Costs** |  |  |  |  |
| Rent/Mortgage Interest |  |  |  |  |
| Depreciation/Use Allowance |  |  |  |  |
| Maintenance/Repair |  |  |  |  |
| Utilities |  |  |  |  |
| Communication |  |  |  |  |
| Insurance |  |  |  |  |
| Taxes/In Lieu of Taxes |   |   |   |   |
| ***TOTAL FACILITY COSTS*** |  |  |  |  ***-***  |
|  |  |  |  |  |
| **E. Specific Assistance to Clients** |  |  |  |  |
| Clothing/Personal Items |  |  |  |  |
| Leisure |   |   |   |   |
| ***TOTAL SPECIFIC ASSISTANCE TO CLIENTS*** |  |  |  ***-***  |
|  |  |  |  |  |
| **F. Other** |  |  |  |  |
| Travel/Transportation |  |  |  |  |
| Meetings/Conferences/Training |  |  |  |  |
| Staff Physical/Background Checks |  |  |  |  |
| Professional Insurances |   |   |   |   |
| ***TOTAL OTHER*** |  |  |  |  ***-***  |
|   |   |   |   |   |
| **ONE-TIME START UP** |  | *Vehicle Cost* | *Furniture* |  |
| A. Personnel |  |  |  |  |
| B. Consultants & Professional Fees |  |  |  |  |
| C. Materials & Supplies (Furniture) |  |  |  |  |
| D. Facility Costs |  |  |  |  |
| E. Specific Assistance to Clients |  |  |  |  |
| F. Other (15% Start-Up) |   |   |   |  -  |
| ***SUBTOTAL*** |  |  |  |  ***-***  |
|  |  |  |  |  |
| G. General & Admin. Allocation |  |  |  |  |
| H. Total Operating Costs |  |  |  |  -  |
| I. Equipment (Vehicle) |  |  *3 bids*  |   |   |
| ***J. TOTAL COST*** |  |  |  |  ***-***  |
|  |  |  |  |  |
| K. (Less) Revenue (Schedule 2) |  |  |  |  |
| L. Net Cost |  |  |  |  -  |
| M. Profit |   |   |   |   |
| ***N. REIMBURSABLE CEILING*** |  |  |  |  ***-***  |
|   |   |   |   |   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **STAFF SCHEDULES** |  |  |  |  |
|  |  |  |  |  |  |
| ***LOS 4*** |  |  |  |  |  |
| **GH**  |  |  |  |  |
| Day | Shift (8 hrs) | # of staff | hours/day | days/week | hours/week |
| M-F | Day |  |  |  | 0 |
| M-F | Evening |  |  |  | 0 |
| M-F | Overnight |  |  |  | 0 |
| S&S | Day |  |  |  | 0 |
| S&S | Evening |  |  |  | 0 |
| S&S | Overnight |   |   |   | 0 |
| **Total Hours/Week** |  |  |  | **0** |
|  |  |  |  |  |  |