

APPENDIX E: FORM TO ESTABLISH RATE FOR SERVICE

VENDOR NAME: _____

Budget Recap of Expenses

I. Personnel:

- A. Salaries (Attach Personnel Addendum) _____
- B. Fringe Benefits: _____

II. Subcontracted Services:

- A. Consultants: _____
- B. Audit Service: _____
- C. Other (Identify) _____

III. Travel:

- A. Mileage (Show rate of Reimbursement) _____
- B. Per Diem (Show Rate of Reimbursement) _____

IV. Space:

- A. Telephone _____
- B. Rent (include copy of lease) _____
- C. Use Allowance (No
More than 2% of
Acquisition Cost/Year) _____
- D. Rental Rate System _____
- E. Utilities _____
- F. Maintenance of Building/Grounds _____
- G. Minor Repairs to Building _____

V. Supplies:

- A. Office _____
- B. Household _____
- C. Recreational _____
- D. Educational _____
- E. Medical _____
- F. Personal Care _____

VI. Equipment:

- A. Rental (include rental agreement) _____
- B. Repair _____
- C. Depreciation _____

(Attach Depreciation Addendum)

VII. Other:

- A. Insurance _____
- B. Vehicle Operation _____
- C. Taxes _____
- C. Food in Excess of USDA _____
- D. Other Allowable Costs, _____
Specify General _____
Categories: _____

VIII. Total Program Cost:

IX. Program Income: Please report all income from all sources available to your program. (Detail Sources)

X. Client Data:

- A. Potential Units of Service (Multiply License Capacity by Days in Year.) _____
- B. DHR Eligible Units of Service _____
- C. Ineligible Units of Service _____

XI. Rate of Information:

- A. Proposed for FY08: _____ Slots at \$ _____ Fixed Slots Cost Rate for
\$ _____ Total Allocation