

APPENDIX E: FIXED RATE BUDGET

Agency: _____ **Address:** _____

Project Title: Jefferson County Wraparound Program
Budget Period: December 01, 2007 to September 30, 2009

The parties hereto agree that the contract reimbursement shall not exceed the cost/rate set out below.

SERVICES	DAILY RATE PER UNIT		ELIGIBLE UNITS FOR THE CONTRACT PERIOD	TOTAL COST PER SERVICES
JEFFERSON COUNTY				
<u>Wraparound Program</u>	_____	X	<u>365 Days</u>	_____
_____	_____	X	_____	_____
_____	_____	X	_____	_____
_____	_____	X	_____	_____
_____	_____	X	_____	_____
_____	_____	X	_____	_____
_____	_____	X	_____	_____

The County Department will make payment for the actual number of eligible units of service provided during a calendar month.

Reimbursement is at a fixed rate.

Total expenditures under this contract shall not exceed the Grand Total set out above.

Budget Recap of Expenses

I. Personnel:

- A. Salaries _____
- 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 _____

VII. Other:

- A. Insurance _____
- B. Vehicle Operation _____
- C. Taxes _____
- D. Food in Excess of USDA _____

E. 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: _____ Families served at \$ _____ Fixed Slots Cost Rate for
\$ _____ Total Allocation