

**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