| AMENDMENT OF SOLICITATION / MODIFICATION OF CONTRACT | 1. HCA Solicitation Number | Page of Pages | |
|---|---|---|---|
| | DCRL-2013-H-0039 | 1 | 1 |

| 2. Amendment/Modification Number | 3. Effective Date | 4. Requisition/Purchase Request No. | 5. Solicitation Caption |
|---|---|---|---|
| DCRL-2013-H-0039-A001 | See Block 16C | | Case Management and Family Based Foster Care Services |

| 6. Issued by: Code | 7. Administered by (If other than line 6) |
|---|---|
| Child and Family Services Agency<br>Contracts and Procurement Administration<br>200 I Street, S.E., Suite 2030<br>Washington, DC 20003 | Child and Family Services Agency<br>Foster Care Resources Administration<br>200 I Street, S.E., Suite 3201<br>Washington, DC 20003 |

| 8. Name and Address of Contractor (No. street, city, county, state and zip code) | | 9A. Amendment of HCA No.<br>DCRL-2013-H-0039 |
|---|---|---|
| | | 9B. Dated (See Item 11)<br>November 14, 2012 |
| | | 10A. Modification of Contract/Order No. |
| Code DUNS: TIN FEIN: | | 10B. Dated (See Item 13) |

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☒ The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers ☐ is extended ☒ is not extended. Offeror's/Providers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods: (a) By completing Items 8 and 15, and returning 2 copies of the amendment: (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or fax which includes a reference to the solicitation and amendment number. FAILURE OF YOUR ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such may be made by letter or fax, provided each letter or telegram makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified.

12. Accounting and Appropriation Data (If Required) *To be cited on individual orders issued on behalf of participating agencies*

13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACTS/ORDERS, IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14

| | |
|---|---|
| | A. This change order is issued pursuant to (Specify Authority): The changes set forth in Item 14 are made in the contract/order no. in item 10A. |
| | B. The above numbered contract/order is modified to reflect the administrative changes (such as changes in paying office, appropriation data etc.) set forth in item 14, pursuant to the authority of |
| | C. This supplemental agreement is entered into pursuant to authority of: |
| | D. Other (Specify type of modification and authority) |

**E. IMPORTANT:** Contractor: ☒ is not is required to sign this document and return 2 copies at the time of proposal submission.
☐ is required to sign this document and return 2 copies at the time of proposal submission.

14. Description of Amendment/Modification (Organized by UCF Section headings, including solicitation/contract subject matter where feasible

1. The attached Budget Package Sheet and Schedules is hereby incorporated and made part of this Human Care Agreement Solicitation as Attachment J.2.8.

2. Contact Ms. Linda Thomas, Contract Specialist for a electronic copy of Attachment J.2.8

Except as provided herein, all terms and conditions of the document is referenced in Item 9A or 10A remain unchanged and in full force and effect.

| 15A. Name and Title of Signer (Type or print) | | 16A. Name of Contracting Officer<br>Tara Sigamoni | |
|---|---|---|---|
| 15B. Name of Contractor<br>(Signature of person authorized to sign) | 15C. Date Signed | 16B. District of Columbia<br>Tara Sigamoni<br>(Signature of Contracting Officer) | 16C. Date Signed<br>11-15-12 |

# ATTACHMENT J.2.8

## Budget Package Sheet and Schedules

DISTRICT OF COLUMBIA GOVERNMENT
CHILD AND FAMILY SERVICES AGENCY

# FAMILY BASED FOSTER CARE

## BUDGET PACKAGE COVER SHEET

PROVIDER: _____

MAILING ADDRESS: _____

CONTACT NAME: _____ PHONE NO: _____

SERVICE TYPE: _____

RFP/CONTRACT NO: _____

ORIGINAL: [X] REVISION: [ ] REVISION NO: _____

CONTRACT AMENDMENT/REVISION NO: _____

CONTRACT PERIOD-FROM: 2/1/2013 TO: 1/31/2014

APPROVED BY AUTHORIZED PROVIDER OFFICIAL: _____
NAME

AUTHORIZING OFFICIAL'S TITLE: _____
TITLE

AUTHORIZING OFFICIAL'S SIGNATURE/DATE: _____
SIGNATURE DATE

DATE DELIVERED/MAILED TO CFSA: _____
DATE

TO BE COMPLETED BY CFSA CONTRACTS AND PROCUREMENT ADMINISTRATION

RECEIVED IN CFSA CONTRACTS AND PROCUREMENT ADMINISTRATION: _____
DATE

RECEIVED BY: _____
NAME

RECEIVER'S TITLE: _____
TITLE

[ ] BUDGET PACKAGE COMPLETE (ALL SCHEDULES COMPLETED, INCLUDING ALL REQUIRED ATTACHMENTS)

[ ] ADEQUATE NUMBER OF COPIES SUBMITTED (PER RFP INSTRUCTIONS)
NUMBER SUBMITTED [ ]

[ ] COPIES DISTRIBUTED ACCORDING TO INSTRUCTIONS (ATTACH DISTRIBUTION LIST)

DISTRICT OF COLUMBIA GOVERNMENT
CHILD AND FAMILY SERVICES AGENCY
FAMILY BASED FOSTER CARE
CASE MANAGEMENT PER-DIEM CALCULATION WORKSHEET

**PROVIDER:** 0

**SERVICE:** 0

**ORIGINAL:** X **REVISION NO:** 0

**RFP/CONTRACT NO:** 0

**CONTRACT PERIOD:** **FROM:** 2/1/2013 **TO:** 1/31/2014

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**CASE MANAGEMENT PER-DIEM CALCULATION**

| | |
|---|---|
| **[A] TOTAL BUDGETED CASE MANAGEMENT COSTS:** | $ $ - |
| **[B] PROPOSED NUMBER OF CHILDREN/YOUTH IN CASELOAD:** | 0 |
| **[C] TOTAL NUMBER OF SERVICE UNITS TO BE DELIVERED:** | 0 |
| **[D] PROJECTED CASE MANAGEMENT DAILY PER DIEM:** | $ #DIV/0! |

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CHILD AND FAMILY SERVICES AGENCY
FAMILY BASED FOSTER CARE
SCHEDULE 1
SALARY AND WAGE COSTS

PROVIDER NAME: 0 SERVICE TYPE: 0

RFP/CONTRACT NUMBER: 0 ORIGINAL: X REVISION NO: 0

CONTRACT PERIOD-FROM: 2/1/2013 TO: 1/31/2014

| A | B | C | | D | E | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (11) | (12) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| EMPLOYEE NAME | POSITION TITLE | SALARY | WAGE | Annual Salary/Hourly Wage | %Time/Salary or #Hours/Wage | Traditional FBFC Program | Therapeutic FBFC Program | Specialized FBFC Program | Another DC Agency Gov't Program | Another State's Program | Federal Funding | Provider's Contribution | Total Program Cost | Admin Allowance Reim | Case Mgmt Per-Diem | Total Contract Cost |
| Administrative Personnel | | | | | | | | | | | | | | | | |
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CHILD AND FAMILY SERVICES AGENCY
FAMILY BASED FOSTER CARE
SCHEDULE 1
SALARY AND WAGE COSTS

PROVIDER NAME: 0    SERVICE TYPE: 0

RFP/CONTRACT NUMBER: 0    ORIGINAL: X    REVISION NO: 0

CONTRACT PERIOD-FROM: 2/1/2013    TO: 1/31/2014

| A | B | C | | D | E | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (11) | (12) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| EMPLOYEE NAME | POSITION TITLE | SALAR | WAGE | Annual Salary/Hourly Wage | %Time/Salary or #Hours/Wage | Traditional FBFC Program | Therapeutic FBFC Program | Specialized FBFC Program | Another DC Agency Gov't Program | Another State's Program | Federal Funding | Provider's Contribution | Total Program Cost | Admin Allowance Reim | Case Mgmt Per-Diem | Total Contract Cost |
| Case Management Personnel | | | | | | | | | | | | | | | | $ - |
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| | TOTALS | | | $ - | | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |

CHILD AND FAMILY SERVICES AGENCY
FAMILY BASED FOSTER CARE
SCHEDULE 2
FRINGE BENEFIT COSTS

PROVIDER NAME: 0 SERVICE TYPE: 0

RFP/CONTRACT NUMBER: 0 ORIGINAL: X REVISION NO: 0

CONTRACT PERIOD-FROM: 2/1/2013 TO: 1/31/2014

| A | B | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (12) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| FRINGE BENEFIT TYPES | FRINGE BENEFIT COSTS | Traditional FBFC Program | Therapeutic FBFC Program | Specialized FBFC Program | Another DC Agency Gov't Program | Another State's Program | Federal Funding | Provider's Contribution | Total Program Cost | Admin Allowance Reimb | Case Mgmt Per-Diem | Total Contract Cost |
| FICA | | | | | | | | | $ - | | | $ - |
| HEALTH INSURANCE | | | | | | | | | $ - | | | $ - |
| LIFE INSURANCE | | | | | | | | | $ - | | | $ - |
| ACCIDENT/DISABILITY INSURANCE | | | | | | | | | $ - | | | $ - |
| LONG TERM DISABILITY | | | | | | | | | $ - | | | $ - |
| WORKERS COMPENSATION DC | | | | | | | | | $ - | | | $ - |
| WORKERS COMPENSATION MD | | | | | | | | | $ - | | | $ - |
| WORKERS COMPENSATION VA | | | | | | | | | $ - | | | $ - |
| PENSION/RETIREMENT | | | | | | | | | $ - | | | $ - |
| UNEMPLOYMENT COMPENSATION DC | | | | | | | | | $ - | | | $ - |
| UNEMPLOYEMNT COMPENSATION MD | | | | | | | | | $ - | | | $ - |
| UNEMPLOYEMNT COMPENSATION VA | | | | | | | | | $ - | | | $ - |
| 401K BENEFITS | | | | | | | | | $ - | | | $ - |
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| TOTALS | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |

PERCENTAGE OF FRINGE BENEFITS TO TOTAL SALARIES/WAGES:

FAMILY BASED FOSTER CARE

SCHEDULE 3

CONSULTANTS/EXPERTS COSTS

PROVIDER NAME: 0 SERVICE TYPE: 0

RFP/CONTRACT NUMBER: 0 ORIGINAL: X REVISION NO: 0

CONTRACT PERIOD-FROM: 2/1/2013 TO: 1/31/2014

| A | B | C | D | E | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (11) | (12) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| COMPANY/EXPERT CONSULTANT NAME | PROFESSION/SERVICE | Rate/Hour | Number of Hours | Total Program Cost | Traditional FBFC Program | Therapeutic FBFC Program | Specialized FBFC Program | Another DC Agency Gov't Program | Another State's Program | Federal Funding | Provider's Contribution | Total Cost | Cost Reimb | Total Contract Cost |
| | | | | | | | | | | | | $ - | | $ - |
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| | | TOTALS | | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |

CHILD AND FAMILY SERVICES AGENCY

FAMILY BASED FOSTER CARE

SCHEDULE 4

OCCUPANCY COSTS

PROVIDER NAME: 0 SERVICE TYPE: 0

RFP/CONTRACT NUMBER: 0 ORIGINAL: X REVISION NO: 0

NTRACT PERIOD-FROM: 2/1/2013 TO: 1/31/2014

| A | B | C | D | E | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (12) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| EXPENSE ITEMS | FACILITY #1 COSTS | FACILITY #2 COSTS | FACILITY #3 COSTS | TOTAL OCCUPANCY COSTS | Traditional FBFC Program | Therapeutic FBFC Program | Specialized FBFC Program | Another DC Agency Gov't Program | Another State's Program | Federal Funding | Provider's Contribution | Total Program Cost | Admin Allowance Reim | Total Contract Cost |
| Rent-Office Space | | | | $ - | | | | | | | | $ - | | $ - |
| Depreciation-Office Space | | | | $ - | | | | | | | | $ - | | $ - |
| Gas/Electric/Oil/Water | | | | $ - | | | | | | | | $ - | | $ - |
| Trash | | | | $ - | | | | | | | | $ - | | $ - |
| Building Maintenance | | | | $ - | | | | | | | | $ - | | $ - |
| Property Insurance | | | | $ - | | | | | | | | $ - | | $ - |
| Pest Control | | | | $ - | | | | | | | | $ - | | $ - |
| Building Repairs | | | | $ - | | | | | | | | $ - | | $ - |
| Security | | | | $ - | | | | | | | | $ - | | $ - |
| Other (specify): | | | | | | | | | | | | | | |
| | | | | $ - | | | | | | | | $ - | | $ - |
| | | | | $ - | | | | | | | | $ - | | $ - |
| | | | | $ - | | | | | | | | $ - | | $ - |
| SUBTOTALS | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |

NAME/ADDRESS OF *FACILITIES TO BE USED IN DELIVERING THE PROPOSED SERVICES:

FACILITY #1:

FACILITY #2:

FACILITY #3:

*Facilities must correspond to those designated in Schedules 4 through 11.

CHILD AND FAMILY SERVICES AGENCY
FAMILY BASED FOSTER CARE
SCHEDULE 4
OCCUPANCY COSTS

PROVIDER NAME: 0 SERVICE TYPE: 0

RFP/CONTRACT NUMBER: 0 ORIGINAL: X REVISION NO: 0

ONTRACT PERIOD-FROM: 2/1/2013 TO: 1/31/2014

| A | B | C | D | E | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (12) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| EXPENSE ITEMS | FACILITY #4 COSTS | FACILITY #5 COSTS | FACILITY #6 COSTS | TOTAL OCCUPANCY COSTS | Traditional FBFC Program | Therapeutic FBFC Program | Specialized FBFC Program | Another DC Agency Gov't Program | Another State's Program | Federal Funding | Provider's Contribution | Total Program Cost | Admin Allowance Reim | Total Contract Cost |
| Rent-Office Space | | | | $ - | | | | | | | | $ - | | $ - |
| Depreciation-Office Space | | | | $ - | | | | | | | | $ - | | $ - |
| Gas/Electric/Oil/Water | | | | $ - | | | | | | | | $ - | | $ - |
| Trash | | | | $ - | | | | | | | | $ - | | $ - |
| Building Maintenance | | | | $ - | | | | | | | | $ - | | $ - |
| Property Insurance | | | | $ - | | | | | | | | $ - | | $ - |
| Pest Control | | | | $ - | | | | | | | | $ - | | $ - |
| Building Repairs | | | | $ - | | | | | | | | $ - | | $ - |
| Security | | | | $ - | | | | | | | | $ - | | $ - |
| Other (specify): | | | | | | | | | | | | | | |
| | | | | $ - | | | | | | | | $ - | | $ - |
| | | | | $ - | | | | | | | | $ - | | $ - |
| | | | | $ - | | | | | | | | $ - | | $ - |
| SUBTOTALS | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |

NAME/ADDRESS OF *FACILITIES TO BE USED IN DELIVERING THE PROPOSED SERVICES:

FACILITY #4:

FACILITY #5:

FACILITY #6:

*Facilities must correspond to those designated in Schedules 4 through 11.

CHILD AND FAMILY SERVICES AGENCY
FAMILY BASED FOSTER CARE
SCHEDULE 5
TRAVEL AND TRANSPORTATION COSTS

PROVIDER NAME: 0 SERVICE TYPE: 0

RFP/CONTRACT NUMBER: ORIGINAL: X REVISION NO: 0

CONTRACT PERIOD-FROM: 2/1/2013 TO: 1/31/2014

| A | B | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (11) | (12) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| EXPENSE ITEMS | TOTAL TRAVEL COSTS | Traditional FBFC Program | Therapeutic FBFC Program | Specialized FBFC Program | Another DC Agency Gov't Program | Another State's Program | Federal Funding | Provider's Contribution | Total Program Cost | Admin Allowance Reim | Cost Reimb | Total Contract Cost |
| CORPORATE VEHICLES: | | | | | | | | | | | | |
| VEHICLE LEASE/RENT | | | | | | | | | $ - | | | $ - |
| VEHICLE DEPRECIATION | | | | | | | | | $ - | | | $ - |
| GASOLINE/OIL/SUPPLIES | | | | | | | | | $ - | | | $ - |
| VEHICLE MAINTENANCE/REPAIRS | | | | | | | | | $ - | | | $ - |
| AUTO INSURANCE | | | | | | | | | $ - | | | $ - |
| AUTO REGISTRATION | | | | | | | | | $ - | | | $ - |
| PARKING | | | | | | | | | $ - | | | $ - |
| STAFF: | | | | | | | | | | | | |
| MILEAGE REIMBURSEMENT | | | | | | | | | $ - | | | $ - |
| PARKING | | | | | | | | | $ - | | | $ - |
| METRO FARES/CARDS | | | | | | | | | $ - | | | $ - |
| BUS FARES/TOKENS | | | | | | | | | $ - | | | $ - |
| AIR FARES | | | | | | | | | $ - | | | $ - |
| AMTRAK/TRAIN FARES | | | | | | | | | $ - | | | $ - |
| CAR/TAXI/SHUTTLE SERVICE | | | | | | | | | $ - | | | $ - |
| CHILD/YOUTH: | | | | | | | | | | | | |
| METRO FARES/CARDS | | | | | | | | | $ - | | | $ - |
| BUS FARES/TOKENS | | | | | | | | | $ - | | | $ - |
| AIR FARES | | | | | | | | | $ - | | | $ - |
| AMTRAK/TRAIN FARES | | | | | | | | | $ - | | | $ - |
| CAR/TAXI/SHUTTLE SERVICE | | | | | | | | | $ - | | | $ - |
| TOTALS | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |

CHILD AND FAMILY SERVICES AGENCY
FAMILY BASED FOSTER CARE
SCHEDULE 6
SUPPLIES AND MINOR EQUIPMENT COSTS

PROVIDER NAME: 0 SERVICE TYPE: 0

RFP/CONTRACT NUMBER: 0 ORIGINAL: X REVISION NO: 0

CONTRACT PERIOD-FROM: 2/1/2013 TO: 1/31/2014

| A | B | C | D | E | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (12) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| EXPENSE ITEMS | FACILITY #1 COSTS | FACILITY #2 COSTS | FACILITY #3 COSTS | TOTAL SUPPLIES/ MINOR EQUIPMENT | Traditional FBFC Program | Therapeutic FBFC Program | Specialized FBFC Program | Another DC Agency Gov't Program | Another State's Program | Federal Funding | Provider's Contribution | Total Program Cost | Admin Allowance Reim | Total Contract Cost |
| OFFICE SUPPLIES | | | | $ - | | | | | | | | $ - | | $ - |
| OFFICE FURNITURE | | | | $ - | | | | | | | | $ - | | $ - |
| OFFICE EQUIPMENT | | | | $ - | | | | | | | | $ - | | $ - |
| COMPUTERS/LAPTOPS | | | | $ - | | | | | | | | $ - | | $ - |
| | | | | $ - | | | | | | | | $ - | | $ - |
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| | | | | $ - | | | | | | | | $ - | | $ - |
| TOTALS | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |

CHILD AND FAMILY SERVICES AGENCY

FAMILY BASED FOSTER CARE

SCHEDULE 7

CAPITAL EQUIPMENT AND OUTLAYS COSTS

PROVIDER NAME: 0 SERVICE TYPE: 0

RFP/CONTRACT NUMBER: 0 ORIGINAL: X REVISION NO: 0

CONTRACT PERIOD-FROM: 2/1/2013 TO: 1/31/2014

| A | B | C | D | E | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (12) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| EXPENSE ITEMS | FACILITY #1 COSTS | FACILITY #2 COSTS | FACILITY #3 COSTS | TOTAL CAPITAL OUTLAYS | Traditional FBFC Program | Therapeutic FBFC Program | Specialized FBFC Program | Another DC Agency Gov't Program | Another State's Program | Federal Funding | Provider's Contribution | Total Program Cost | Admin Allowance Reim | Total Contract Cost |
| VEHICLE PURCHASE | | | | $ - | | | | | | | | $ - | | $ - |
| MAJOR REPAIRS | | | | $ - | | | | | | | | $ - | | $ - |
| MAJOR EQUIPMENT | | | | $ - | | | | | | | | $ - | | $ - |
| | | | | $ - | | | | | | | | $ - | | $ - |
| | | | | $ - | | | | | | | | $ - | | $ - |
| | | | | $ - | | | | | | | | $ - | | $ - |
| | | | | $ - | | | | | | | | $ - | | $ - |
| TOTALS | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |

CHILD AND FAMILY SERVICES AGENCY
FAMILY BASED FOSTER CARE
SCHEDULE 8
CLIENT COSTS

PROVIDER NAME: 0 SERVICE TYPE: 0

RFP/CONTRACT NUMBER: 0 ORIGINAL: X REVISION NO: 0

CONTRACT PERIOD-FROM: 2/1/2013 TO: 1/31/2014

| A | B | C | D | E | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (10) | (11) | (12) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| CLIENT COST-LINE ITEMS | FACILITY #1 COSTS | FACILITY #2 COSTS | FACILITY #3 COSTS | TOTAL CLIENTS COSTS | Traditional FBFC Program | Therapeutic FBFC Program | Specialized FBFC Program | Another DC Agency Gov't Program | Another State's Program | Federal Funding | Provider's Contribution | Total Program Cost | Case Mgmt Per-Diem | Cost Reimb | Total Contract Cost |
| Foster Care Room/Board Pay'ts | | | | $ - | | | | | | | | $ - | | | $ - |
| Food - Emergency | | | | $ - | | | | | | | | $ - | | | $ - |
| Clothing - Emergency | | | | $ - | | | | | | | | $ - | | | $ - |
| Day Care/Aftercare | | | | $ - | | | | | | | | $ - | | | $ - |
| Respite Care | | | | $ - | | | | | | | | $ - | | | $ - |
| Personal Incidentials-Emergency | | | | $ - | | | | | | | | $ - | | | $ - |
| School Supplies - Emergency | | | | $ - | | | | | | | | $ - | | | $ - |
| School Tuition | | | | $ - | | | | | | | | $ - | | | $ - |
| Household Furnishings | | | | $ - | | | | | | | | $ - | | | $ - |
| Training Programs (GED/Job/Career) | | | | $ - | | | | | | | | $ - | | | $ - |
| Socio-Cultural Activities (specify): | | | | | | | | | | | | $ - | | | |
| | | | | $ - | | | | | | | | $ - | | | $ - |
| | | | | | | | | | | | | | | | $ - |
| Transportation/Travel (specify): | | | | | | | | | | | | $ - | | | |
| Air Fares | | | | $ - | | | | | | | | $ - | | | $ - |
| AMTRAK/Train Fares | | | | $ - | | | | | | | | $ - | | | $ - |
| Metro Fares/Cards | | | | $ - | | | | | | | | $ - | | | $ - |
| Bus Tokens/Fares | | | | $ - | | | | | | | | $ - | | | $ - |
| Car/Taxi/Shuttle Service | | | | $ - | | | | | | | | $ - | | | $ - |
| Recreational Activities (specify): | | | | | | | | | | | | $ - | | | |
| | | | | $ - | | | | | | | | $ - | | | $ - |
| | | | | $ - | | | | | | | | $ - | | | $ - |
| Court Ordered Services (specify): | | | | | | | | | | | | $ - | | | |
| | | | | | | | | | | | | | | | $ - |
| | | | | $ - | | | | | | | | $ - | | | $ - |
| | | | | $ - | | | | | | | | $ - | | | $ - |
| TOTALS | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |

CHILD AND FAMILY SERVICES AGENCY
FAMILY BASED FOSTER CARE

SCHEDULE 9

COMMUNICATIONS COSTS

PROVIDER NAME: 0 SERVICE TYPE: 0

RFP/CONTRACT NUMBER: 0 ORIGINAL: X REVISION NO: 0

CONTRACT PERIOD-FROM: 2/1/2013 TO: 1/31/2014

| A | B | C | D | E | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (12) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| EXPENSE ITEMS | FACILITY #1 COSTS | FACILITY #2 COSTS | FACILITY #3 COSTS | TOTAL COMMUNI-CATIONS | Traditional FBFC Program | Therapeutic FBFC Program | Specialized FBFC Program | Another DC Agency Gov't Program | Another State's Program | Federal Funding | Provider's Contribution | Total Program Cost | Admin Allowance Reim | Total Contract Cost |
| Telephone-Land Line/Staff | | | | $ - | | | | | | | | $ - | | $ - |
| Cellular Service/Staff | | | | $ - | | | | | | | | $ - | | $ - |
| Postage | | | | $ - | | | | | | | | $ - | | $ - |
| Delivery Service | | | | $ - | | | | | | | | $ - | | $ - |
| Photo Copying | | | | $ - | | | | | | | | $ - | | $ - |
| Internet Connection Service | | | | $ - | | | | | | | | $ - | | $ - |
| | | | | $ - | | | | | | | | $ - | | $ - |
| | | | | $ - | | | | | | | | $ - | | $ - |
| TOTALS | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |

CHILD AND FAMILY SERVICES AGENCY

## FAMILY BASED FOSTER CARE

SCHEDULE 10

OTHER DIRECT COSTS

PROVIDER NAME: 0 SERVICE TYPE: 0

RFP/CONTRACT NUMBER: 0 ORIGINAL: X REVISION NO: 0

CONTRACT PERIOD-FROM: 2/1/2013 TO: 1/31/2014

| A | B | C | D | E | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (12) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| EXPENSE ITEMS | FACILITY #1 COSTS | FACILITY #2 COSTS | FACILITY #3 COSTS | TOTAL OTHER DIRECT | Traditional FBFC Program | Therapeutic FBFC Program | Specialized FBFC Program | Another DC Agency Gov't Program | Another State's Program | Federal Funding | Provider's Contribution | Total Program Cost | Admin Allowance Reim | Total Contract Cost |
| Foster Parent Recruitment/Advertising | | | | $ - | | | | | | | | $ - | | $ - |
| Foster Parent Training | | | | $ - | | | | | | | | $ - | | $ - |
| Staff Recruitment/Advertising | | | | $ - | | | | | | | | $ - | | $ - |
| Staff Training | | | | $ - | | | | | | | | $ - | | $ - |
| | | | | $ - | | | | | | | | $ - | | $ - |
| | | | | $ - | | | | | | | | $ - | | $ - |
| | | | | $ - | | | | | | | | $ - | | $ - |
| | | | | $ - | | | | | | | | $ - | | $ - |
| TOTALS | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |

CHILD AND FAMILY SERVICES AGENCY
FAMILY BASED FOSTER CARE
SCHEDULE 11
INDIRECT/OVERHEAD COSTS

PROVIDER NAME: 0 SERVICE TYPE: 0

RFP/CONTRACT NUMBER: 0 ORIGINAL: X REVISION NO: 0

CONTRACT PERIOD-FROM: 2/1/2013 TO: 1/31/2014

| A | B | C | D | E | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (12) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| EXPENSE ITEMS | FACILITY #1 COSTS | FACILITY #2 COSTS | FACILITY #3 COSTS | TOTAL INDIRECT/ OVERHEAD | Traditional FBFC Program | Therapeutic FBFC Program | Specialized FBFC Program | Another DC Agency Gov't Program | Another State's Program | Federal Funding | Provider's Contribution | Total Program Cost | Admin Allowance Reim | Total Contract Cost |
| AUDIT | | | | $ - | | | | | | | | $ - | | $ - |
| ADMINISTRATIVE SALARIES | | | | $ - | | | | | | | | $ - | | $ - |
| ADMINISTRATIVE FRINGE BENEFITS | | | | $ - | | | | | | | | $ - | | $ - |
| FINANCIAL MANAGEMENT | | | | $ - | | | | | | | | $ - | | $ - |
| | | | | $ - | | | | | | | | $ - | | $ - |
| | | | | $ - | | | | | | | | $ - | | $ - |
| | | | | $ - | | | | | | | | $ - | | $ - |
| | | | | $ - | | | | | | | | $ - | | $ - |
| TOTALS | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |

DISTRICT OF COLUMBIA GOVERNMENT
CHILD AND FAMILY SERVICES AGENCY
FAMILY BASED FOSTER CARE
BUDGET SUMMARY

PROVIDER NAME: 0 SERVICE TYPE: 0

RFP/CONTRACT NUMBER: 0 ORIGINAL: X REVISED: 0

CONTRACT PERIOD-FROM: 2/1/2013 TO: 1/31/2014

| | | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | SCHEDULES | Traditional FBFC Program | Therapeutic FBFC Program | Specialized FBFC Program | Another DC Government Program | Another State's Program | Federal Funding | Provider's Contribution | Total Program Cost | Admin Allowance Reim | Case Mgmt Per-Diem | Cost Reim | Total Program Cost |
| 1 | SALARIES & WAGES | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | | $ - |
| 2 | FRINGE BENEFITS | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | | $ - |
| 3 | CONSULTANTS/EXPERTS | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | | | $ - | $ - |
| 4.1 | OCCUPANCY | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | | | $ - |
| 4.2 | OCCUPANCY | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | | | $ - |
| 5 | TRAVEL AND TRANSPORTATION | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | | $ - | $ - |
| 6 | SUPPLIES & MINOR EQUIPMENT | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | | | $ - |
| 7 | CAPITAL EQUIPMENT & OUTLAYS | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | | | $ - |
| 8 | CLIENT COSTS | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | | $ - | $ - | $ - |
| 9 | COMMUNICATIONS | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | | | $ - |
| 10 | OTHER DIRECT COSTS | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | | | $ - |
| 11 | INDIRECT COST/OVERHEAD | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | | | $ - |
| | SUBTOTAL | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - | $ - |
| | | | | | | | | | | | | | |
| | 3% FOR-PROFIT ENTITY FEE | $ - | $ - | $ - | | | | | | | $ - | | $ - |
| | | | | | | | | | | | | | |
| | TOTAL BUDGET | $ - | $ - | $ - | | | | | | $ - | $ - | $ - | $ - |