

**DISTRICT OF COLUMBIA
CHILD AND FAMILY SERVICES AGENCY
BUDGET PACKAGE (CERTIFIED COST AND PRICING DATA)**

BUDGET PACKAGE COVER MEMO

PROVIDER: _____

MAILING ADDRESS: _____

CONTACT NAME: _____

SERVICE: _____

ORIGINAL

REVISION

CONTRACT NO: _____

CONTRACT ADMENDMENT/REVISION (NUMBER _____)

PERIOD FROM _____ TO _____

DATE DELIVERED/MAILED TO CFSA: _____/_____/_____

APPROVED BY AUTHORIZED PROVIDER OFFICIAL:

Name

Title

Signature

NOTE: ALL INFORMATION MUST BE SUBMITTED TO THE CONTRACTS AND PROCUREMENT ADMINISTRATION, c/o Contracts and Procurement Administrator, 955 L'Enfant Plaza SW, Suite 5200, Washington, DC 20024. Any information submitted to any other location or person shall not be considered.

RECEIVED IN CFSA/CONTRACTS AND PROCUREMENT ADMINISTRATION:

DATE: _____/_____/_____

RECEIVED BY: _____
Name and Title

**BUDGET PACKAGE COMPLETE
(ALL SCHEDULES COMPLETED, INCLUDING ALL REQUIRED ATTACHMENTS AND BUDGET NARRATIVE)**

ADEQUATE NUMBER OF COPIES SUBMITTED (ONE (1) ORIGINAL AND THREE (3) COPIES)

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
CHILD AND FAMILY SERVICES AGENCY**

BUDGET PACKAGE INSTRUCTIONS

The following schedules comprise the Child and Family Services Agency (CFSA) budget package:

BUDGET PACKAGE COVER SHEET

UNIT COST/DAILY PER DIEM RATE WORKSHEET

BUDGET SUMMARY

SCHEDULE 1: SALARY AND WAGE JUSTIFICATION

SCHEDULE 2: FRINGE BENEFIT JUSTIFICATION

SCHEDULE 3: CONSULTANTS/EXPERTS JUSTIFICATION

SCHEDULE 4: OCCUPANCY COST JUSTIFICATION

SCHEDULE 5: TRAVEL AND TRANSPORTATION COST JUSTIFICATION

SCHEDULE 6: SUPPLIES AND MINOR EQUIPMENT COST JUSTIFICATION

SCHEDULE 7: CAPITAL EQUIPMENT AND OUTLAYS COST JUSTIFICATION

SCHEDULE 8: CLIENT EXPENSE COST JUSTIFICATION

SCHEDULE 9: COMMUNICATIONS COST JUSTIFICATION

SCHEDULE 10: OTHER DIRECT COST JUSTIFICATION

SCHEDULE 11: INDIRECT/OVERHEAD COST JUSTIFICATION

The budget package serves as part of the certified cost and pricing data required by the Government of the District of Columbia, Child and Family Services Agency (District, CFSA or the Agency). The provider is required to complete all sections of the budget package according to these instructions and any other instructions provided by the District. All schedules must be completed and the appropriate documentation attached, as stated in these instructions. Failure to provide required documentation shall result in the rejection of the provider's Offer. Provide/attach additional sheets as necessary.

This budget package should be completed after the offering organization has developed a complete and detailed budget for operating the service(s) being proposed. These CFSA forms and instructions are not expected to substitute for the organization's own budgeting process.

BUDGET PACKAGE COVER SHEET INSTRUCTIONS

The Cover Sheet should be completed as follows:

Provider: enter the name of the organization offering to provide the service. If different levels of a single organization are involved (e.g., a separately (not necessarily though) named site within a larger organization), enter the name of the organization with ultimate financial responsibility for delivering the service.

Original/Revision: enter an “X” in the appropriate box to show whether this package is the original budget (the one first submitted to CFSA for the period covered) or a revision. If a revision, enter the sequential number of the revision (e.g. the first revision is Number 1, etc.).

RFP/Contract No: enter the Request for Proposal number corresponding to the RFP under which the vendor is proposing to provide service. Enter the Contract number if this budget is for a renewal, amendment or extension to a contract in force. **In the event CFSA has not provided a contract number or RFP number, please leave this field blank.**

Contract Period-From (To): enter the beginning and end dates to be covered by the proposed budget.

Approved By Authorized Provider Official: print/enter the name of the person officially authorized to represent the Provider entity in these negotiations.

Authorizing Official's Title: print/enter the title of the authorizing official.

Authorizing Official's Signature/Date: the authorized official must sign and date.

Date Delivered/Mailed To CSFA: print/enter the date the complete Budget Package was delivered or mailed to CFSA.

The accurate completion of the Cover Sheet should populate the corresponding data to be entered on the “Unit Cost/Daily Per Diem Rate Worksheet”; the “Budget Summary”; and Schedules 1 thru 11.

GENERAL INSTRUCTIONS

The forms/worksheets in the CFSA Budget Package should be completed in the following order:

- Budget Package Cover Sheet
- Schedules 1 thru 11
- Budget Summary

On each page, numbers need to be totaled both down columns and across rows. If additional copies of any schedule page are needed, number each page as “PAGE _____ OF _____ PAGES” on the header (e.g. Page 1 of 3). Total the amounts on each page of the schedule and enter the total amount for all of the pages of the schedule on the first page of the schedule only.

In completing the budget, vendors are to distinguish the costs associated with each facility that the vendor proposes to use to provide services. The budget schedules give space for six (6) facilities. For each Costs Schedule, determine the number of facilities involved, and either delete the extra “facility” columns or insert additional ones.

All cost estimates must be fully documented. See the schedule specific instructions for the documentation, which is required, for any given budget item.

Note that in general, “minor” is defined as costing less than \$2,500.00; “major” as anything over \$2,500.00.

Use whole dollar amounts, rounding amounts of 50 cents or more up to the next whole dollar and amounts of 49 cents or less down to the next whole dollar.

Provider must also submit a Budget Narrative that explains in narrative form each proposed item in the attached budget, to the extent that such explanation or itemization is not already included in an attachment to a particular budget schedule. The Budget Narrative is an essential part of the provider's budget submission.

The specific instructions the each form and schedule are on the following pages. Please read all instructions carefully. Failure to include all information required by each schedule, including all attachments, shall result in the rejection of the Offer.

SCHEDULE 1: SALARY AND WAGE JUSTIFICATION

This Schedule shows the salaries or wages to be paid to each of the organization's employees for the provision of services under this contract. It is completed by filling out eight columns with the following information regarding the organization's payroll:

Employee Name: Enter the name of the person who will fill each position. If an individual has not yet been hired, enter "TBF" for "To be Filled," and enter the date on which the position is to be filled. **Attach** the job announcement and a commitment letter stating offeror's intent to hire contingent upon award of this contract.

Position Title: Enter the title of each position to be funded/paid for the provision of services under this contract.

Salary/Wage: Indicate with an "X" in the appropriate whether the position is salaried or hourly/wage based.

Annual Salary/Hourly Wage:

For salaried positions: enter the full base salary corresponding to the period covered by this budget. (Note: include in base salary the amounts paid for vacation, holidays, and other leave. Bonuses, personal use of organizational assets, auto allowances, and other cash-value fringe benefits should be included in salary). Include any anticipated salary increase for each position by pro-rating the increase salary over the period after the increase is anticipated to be given.

If a position is "To Be Filled (TBF)," enter the salary corresponding to the part of the period the position will be paid.

For hourly positions: for full-time or part-time hourly employees enter their hourly rate of pay.

Percentage (%) of Time/Salary or Number (#) of Hours/Wage: The entry in this column will differ, depending on whether the position is on salaried or hourly wage based.

For salaried positions: enter the percentage of overall time the individual will dedicate to this contract (Note: the entry cannot exceed 100 percent).

For hourly positions: enter the maximum number of hours the individual will dedicate to this contract (Note: the entry cannot exceed 2080 hours, which equates to a full time equivalent).

Enter the amount calculated by multiplying the figures in column D (Annual Salary/Hourly Wage) times column E (Percentage (%) of Time/Salary or Number (#) of Hours/Wage) in the either:

- Column No. 1 - Traditional FBFC Program;**
- Column No. 2 – Therapeutic FBFC Program; or**
- Column No. 3 – Specialized FBFC Program, whichever is the primary program**

SCHEDULE 2: FRINGE BENEFIT JUSTIFICATION

This Schedule shows the amount that will be paid by the organization on behalf of employees carrying out the work of this contract for each of the following four categories of fringe benefits (provided such benefits are granted under approved plans and are distributed equitably):

Social Security (FICA): the amount paid by the employer (separate from the amount withheld from an employee's salary or wages). Contributions are made at a rate fixed by Federal law. Currently, the rate is 7.65 percent – 6.2 percent for OASDI on the first \$61,200 and 1.45 percent for Medicare with no ceiling or wage base. When rate is expected to change for another calendar year, make separate calculations for the part of each period to be covered by this contract.

Health/Hospitalization Insurance: the amount paid by the employer for health, hospitalization, dental, accidental, disability, or life insurance (in addition to any amount withheld from an employee's salary or wages). A **CERTIFICATE OF INSURANCE** is required to document hospitalization, life insurance and/or long-term disability.

Worker's Compensation: the amount paid by the employer for mandatory worker's compensation insurance under Federal and District or State law. The rate of employer contribution is experience-rated. Attach a **CERTIFICATE OF INSURANCE** showing the schedule of benefits for worker's compensation.

Unemployment Insurance: the amount paid by the employer for mandatory unemployment insurance under Federal and District or State law. The rate of employer contribution is experience-rated. Attach **THE CONTRIBUTION RATE NOTICE** for unemployment insurance.

Other Benefits (any other employer-paid benefits): Attach justification for any additional fringe benefits offered to employees. (Bonuses, personal use of organizational assets, auto allowances, and other cash value fringe benefits should be included in salary. Do not include vacation or other leave in this category – leave is included in salary).

Columns (2) – (4) Employer Payments on Behalf of Employees to work on this Contract/RFP: for each type of employee (salaried, full-time employees in Column (2); salaried, part-time employees in column (3); and hourly employees in column (4)) who will be involved in providing this service, calculate the amount that the organization expects to pay for fringe benefits. Enter the total amount of fringe benefits payable for each category of employees in the space provided. Total the benefits for each category of employees and enter on the line labeled "TOTAL BENEFITS."

Column (5) Total Employer Payments for this Benefit: Add together the entries on each line of Columns (2) thru (4) and enter the total on the appropriate line of Column (5). Total all benefits and enter on the line labeled "TOTAL BENEFITS."

Note: It is currently the policy of the Child and Family Services Agency to cap the fringe rate paid under its contract at a **maximum of 30.0 percent**. Any proposed fringe rate that exceeds 30 percent shall not be considered.

SCHEDULE 3: CONSULTANTS/EXPERTS JUSTIFICATION

This schedule shows the amount to be paid by the organization to consultants, specialists, experts and other contract employees who will be paid no fringe benefits. It is completed by filling out the following six columns:

Name: enter the name of the person who will fill each position. **Attach** a copy of the signed consultant agreement. If an individual has not yet been hired, enter “TBF” for “To be Filled,” and enter the date on which the position is to be filled. **Attach** a job announcement and a commitment letter stating offeror’s intent to hire contingent upon award of contract.

Position Title: enters the title of each position to be filled by a consultant or expert (e.g. Consulting Pediatrician, Social Worker, etc.).

Base Wage/Hour: enter the basic rate at which the consultant or expert will be paid for each hour worked. If the payment basis is other than hourly (e.g. daily or monthly), convert to an hourly rate and attach justification for other than hourly payment.

No. of Hours for Period: enter the number of hours each consultant or expert will work during the period specified for delivering this service.

Total Cost: multiply the entry in column (3) by the entry in column (4) to determine the total amount of compensation for consultants and experts covered by this budget.

SCHEDULE 4: OCCUPANCY COST JUSTIFICATION

This schedule shows the amount to be paid by the organization for occupying space necessary to carry out the planned service.

The schedule is completed by filling out four columns with summary information on the amounts budgeted for the following categories of occupancy cost:

Rent-Office Space: rental or lease payment for office space used to support the delivering of service. Attach a complete copy of the lease or rental agreement. Attach justification of lease costs in excess of \$8.00 per square foot. (Note: If space is owned, enter mortgage or depreciation amounts and attach documentation).

Rent-Residential Living Space: rental or lease payment for space used as living quarters for the children/youths, for which services are to be provided. Attach a complete copy of the lease or rental agreement. Attach justification of lease costs in excess of \$8.00 per square foot. (Note: If space is owned, enter mortgage or depreciation amounts and attach supporting documentation).

Gas/Electric/Oil/Water: utilities necessary to carry out the service. Attach separate documentation for each component of utility cost.

Trash: separately contracted trash and solid-waste removal. If no special contract arrangements are necessary (i.e. municipal removal) enter "N/A."

Maintenance: separately contracted janitorial and maintenance services. If no special arrangements are necessary (i.e. provided by employees), enter "N/A."

Insurance: separately paid fire, liability or accident insurance associated with specific space. If no special arrangements are necessary (i.e., provided under a master policy for all sites), enter "N/A."

Pest Control: separately contracted pest control and/or extermination services. If no special arrangements are necessary (i.e., provided by employees) enter "N/A."

Building Repairs: separate repair costs incurred.

Security: the cost of non-employee security.

Other: all other costs related to occupying space for the purpose of delivering the identified service. Attach explanation and documentation.

SCHEDULE 5: TRAVEL AND TRANSPORTATION JUSTIFICATION

This Schedule records the amount to be paid by the organization for travel and transportation necessary to carry out the planned service.

The Schedule is completed by filling out three columns with summary information on the amounts budgeted for the following categories of travel and transportation cost:

Vehicle Lease: rental or lease payments for autos, vans, or trucks used in delivering the service. (Note: If vehicles are donated, include the fair market value of the in-kind contribution to the value of the service). Attach a description of the vehicle and copy of the lease.

Vehicle Depreciation: “accounting-type” charges to account for the future replacement cost of a vehicle already owned. (Note that no vehicle purchased outright with Government funds may be depreciated).

Gasoline/Oil/Supplies: “consumable” supplies necessary to operate vehicles in order to provide travel and transportation in support of the service. Attach separate documentation of each element of cost for each vehicle.

Tires/Batteries: “major” items of expense relative to operating vehicles for travel and transportation to support the planned service. (In general, maintenance and repairs for vehicles not owned or leased by the organization are not allowable).

Maintenance and Repairs: routine maintenance and required repairs of vehicles used in providing travel and transportation to support the planned service. (In general, maintenance and repairs for vehicles not owned or leased by the organization are not allowable).

Auto Insurance: collision, liability and other insurance related to providing travel and transportation to support the planned service.

Registration: vehicle registration and licensing related to providing travel and transportation to support the planned service.

Mileage/Fares: mileage reimbursements and taxi/subway/bus fares related to providing travel and transportation to support the planned service.

Other: all other costs related to providing travel and transportation to support the planned service. Attach explanation and documentation.

SCHEDULE 6: SUPPLIES AND MINOR EQUIPMENT COST JUSTIFICATION

This schedule shows the amount to be paid by the organization for various supplies and minor equipment necessary to carry out the planned service.

Using one column for each proposed facility, record the amounts budgeted for the following categories of supplies/equipment cost and attach explanation and documentation:

Office Supplies: paper, pencils and other consumable supplies used in delivering the service. (Note: If most office supplies are used in a central/administrative office, identify one of the “Facility” columns as this office and enter all budgeted amounts under that column).

Office Furnishings: small/minor office furniture and/or equipment used to support the deliver of the proposed service.

Other Supplies: all other supplies required for the purpose of delivering the identified service. These supplies must be itemized in this Schedule.

Other Equipment: all other equipment costs for the purpose of delivering the identified service. This equipment must be itemized in this Schedule.

SCHEDULE 7: CAPITAL EQUIPMENT AND OUTLAYS COST JUSTIFICATION

This Schedule shows the amounts to be paid by the organization for capital equipment and other major outlays to carry out the planned service.

Using one column for each proposed facility, record the amounts budgeted for the following categories of capital equipment cost:

Vehicle Purchase: vehicles purchased for use in delivering the service. This includes cars, trucks and vans. (Note: If most vehicles are assigned to a central/administrative office, identify one of the “Facility” columns as this office and enter all budgeted amounts under that column). Attach a description of the vehicle and documentation of price.

Major Facility Repairs: repairs to a facility other than minor “maintenance” expenses included in Schedule 4 (Occupancy Cost Justification). Attach documentation.

Major Equipment Purchase: major equipment purchased for use in delivering the service. Attach a description and documentation.

Other Capital Outlays: all other supplies required for the purpose of delivering the identified service. Attach explanation and documentation.

SCHEDULE 8: CLIENT EXPENSE COST JUSTIFICATION

This Schedule shows the amount to be paid by the organization for “*client (child/youth) specific*” expenses to provide the planned services.

Using one column for each proposed facility, enter the amounts budgeted for the following categories of client expense costs: Provide a detailed listing of the items/activities to be purchased for each.

Foster Care Room/Board Payments (Family Based): the daily per diem (CFSA Room & Board Rates) paid to licensed foster parents providing daily supervision in their own home. The payment includes the cost of daily (meals) food, shelter, clothing, personal incidentals, OTC medical and school supplies; and transportation related to the provision of the aforementioned services/items.

Food (Congregate Care/Independent Living): the cost of providing daily food/meals for the child/youth. *Note: The Foster Parent Room/Board payment includes the cost of the child/youth daily food/meals.*

Emergency Food: the cost of purchasing food/meals provided the child/youth for emergency situations only.

Clothing (Congregate Care/Independent Living): the cost of purchasing clothing periodically for the child/youth. *Note: The Foster Parent Room/Board payment includes the child/youth periodic clothing allowance.*

Emergency Clothing: the cost of purchasing clothing provided the child/youth for emergency situations only.

Day Care/After Care: the cost of daily supervision for the child/youth, when the foster parents are attending DC Family Court, CFSA required meeting, working or hospitalized.

Respite Care: the cost of supportive services that are designed to provide parent(s), guardians(s) and/or children, with a period of temporary, short term, planned or unplanned relief from the ongoing care arrangement, thereby reducing the possibility of crisis and/or disruption of the placement. Respite care is agency-arranged (CFSA or private), and provided by licensed, approved respite care resources. Respite care does not constitute a placement change, and the plan for the child must be to return to the original placement arrangement prior to the respite stay.

Personal Incidentals: the cost of items related to personal hygiene, cosmetics, over-the-counter medication, special dietary foods, baby supplies, high chairs, car seats and diapers. *Note: The Foster Parent Room/Board payment includes the cost of the child/youth personal incidentals.*

Personal Allowance (Independent Living): limited funds provided to the child/youth for his/her personal use. This does not include wages for work performed under an employment agreement between the client and provider or any other organization. *Note: The Foster Parent Room/Board payment includes the child/youth personal allowance.*

Medical (Congregate Care/Independent Living): costs are limited to purchase of over-the-counter medication and first aid supplies for child/youth. Medical services are covered under the Medicaid Program. *Note: The Foster Parent Room/Board payment includes the cost of the child/youth allowable medical items.*

Dental: costs are limited to purchase of over-the-counter medication and first aid supplies for child/youth. In general dental services provided by a medically licensed professional are covered under the Title XIX Medicaid Program.

School Supplies: the cost of tuition/fees, books and miscellaneous school supplies (i.e. pens, paper, pencils, note books, backpacks, laptop computers etc.) for the child/youth. *Note: The Foster Parent Room/Board payment includes the cost of the child/youth school supplies.*

Household Supplies (Congregate Care/Independent Living): the cost of cleaning, cooking, and other consumable supplies used in operating a household as part of delivering the service. *Note: The Foster Parent Room/Board payment includes the cost of household supplies.*

Household Furnishings: the cost of items of furniture, utensils, and other minor furnishing items used in operating a household as part of delivering the service.

Training: instructional costs incurred on behalf of child/youth inclusive of tuition, books, equipment, and materials directly related to training required under this contract. This line item should not include costs for consultants hired to instruct clients.

Transportation/Travel: the cost of transportation/travel in this schedule are limited to reasonable transportation/travel for the child/youth to parental home for visitation; and for the child/youth to remain in the school in which the child was enrolled at the time of custody/placement paid by the provider. All other transportation/travel should be delineated to Schedule 5 – Travel and Transportation. *Note: The Foster Parent Room/Board payment includes the cost of the child/youth allowable transportation/travel not otherwise specified.*

Metro Fares: the cost of the child/youth's personal travel/transportation on the DC Metro System.

Recreational: the cost of recreational activities proposed. If recreational activities/costs are identifiable, please itemize/price each separately in this section.

Socio-Cultural: the cost of socio-cultural activities proposed. If socio-cultural activities/costs are identifiable, please itemize/price each separately in this section.

Summer Camp: the cost of summer camp for the child/youth.

Rent (Independent Living): the cost of renting residential living space for youths served under residential independent living programs.

Gifts: the costs of a reasonable Christmas, birthday or special occasion gift for the child/youth.

Other: any other costs incurred on behalf of child/youth as part of the delivery of this service, which cannot be legitimately included in one of the previous line items. If other expense costs are identifiable, please itemize/price each separately in this section.

SCHEDULE 9: COMMUNICATIONS COST JUSTIFICATION

This Schedule shows the amount to be paid by the organization for communications necessary to carry out the planned service.

Using one column for each proposed facility, enter the amounts budgeted for the following categories of communications costs:

Telephone/Landline (staff): telephone service to be used for delivering the identified service. This includes local and long distance service. (Note: If all telephone service is billed to a central/administrative office, and costs cannot be attributed to separate facilities, identify one of the 'Facility' columns as this office and enter all budgeted amounts under that column).

Cellular Telephone Service (staff): telephone service to be used for delivering the identified service. This includes local and long distance service. (Note: If all telephone service is billed to a central/administrative office, and costs cannot be attributed to separate facilities, identify one of the 'Facility' columns as this office and enter all budgeted amounts under that column).

Internet Service:

Postage: charges associated with sending letters and packages as part of the delivery of this service.

Delivery: distributing packages or other goods related to delivery of this service. (In general, delivery is to be avoided when the mail is used).

Copying: duplication expenses associated the delivering the identified service.

SCHEDULE 10: OTHER DIRECT COST JUSTIFICATION

This Schedule record the amounts to be paid by the organization for any other directly identifiable costs necessary to carry out the planned service not covered on Schedule 1 thru 9.

Using one column for each proposed facility, enter the type of expenses and dollar amount. Attach a detailed program and cost justification.

Foster Parent Recruitment & Advertising: the cost of recruitment and advertising activities and materials to attract potential foster parents.

Foster Parent Training: the cost of training activities, events and materials for foster parents.

Staff Recruitment & Advertising: the cost of recruitment and advertising activities and materials to attract potential agency personnel.

Staff Training: the cost of training activities, events and materials for agency personnel.

SCHEDULE 11: INDIRECT/OVERHEAD COST JUSTIFICATION

This Schedule shows the amounts to be paid by the organization for indirect, overhead or other administrative (sometimes referred to as Supporting Services) costs related to carrying out the planned service.

The total costs included in this Schedule can not exceed 15% of total direct cost (Schedules 1 thru 10) for all contractors doing business with this CFSA. Additionally, the costs attributable to this schedule cannot be included in or be a part of any costs previously included in Schedules 1 thru 10. All costs included in this Schedule should be supported by the contractor's annual agency audit.

Indicate whether you have a previously approved Indirect Costs Rate. The current approval letter must be attached to your schedule. If there is not an approved rate and the administration cost is based on a percentage of direct cost from prior audited figures, attach the audit.

Using one column for each proposed facility, enter the amounts budgeted for the following categories of indirect/overhead cost:

Administration: general organizational administration not associated with carrying out the specific service. This typically includes the salary, fringe benefits and overhead associated with a central administrative office. It includes a variety of activities not identifiable with program functions, but which are indispensable to their conduct and to the organization's corporate existence.

Financial Management: the services of a qualified accountant and/or bookkeeper necessary to carry out the identified service. (Note: If financial management services are included in the "Administration" line, above, leave this line blank).

Audit: the services of a qualified auditing organization to determine that all-accounting principles were followed in managing the finances associated with delivering the identified service. (Note: If audit services are included in the "Administration" or "Financial Management" lines, above, leave this line blank).

Other Indirect/Overhead: any other costs required for delivering the identified service, which can neither be classified in one of the above three indirect/overhead categories, nor in an "Other Direct Cost" category on Schedule 10. Attach explanation and documentation.

BUDGET SUMMARY

Columns 1 thru 8 are detailed on the Budget Summary and each of the Costs Schedules (1 thru 11). These columns will populate upon the accurate completion of Schedule 1 thru 11. Should the Budget Summary not populate correctly, please post the column totals from each Schedule to the appropriate column/cell on the Budget Summary.

Total Budget: The total budgeted funds for the program which is used for the services for children and youths to be served.

Administrative Allowance: The allowable administrative costs necessary for the administration of the foster care program.

Foster Care Maintenance Per-Diem: The allocated cost of serves for children and youth funded by provider agency funds/contributions.

Cost Reimbursement: The cost of items and/or activities which are not included in the case management or foster care maintenance per-diems. Per Attachment A (Contracting Cost for the Professional Foster Parent Program)

Total Program Costs: The total cost of the program to provide the proposed services for the children and youths to be served

UNIT COST/DAILY PER DIEM RATE WORKSHEET INSTRUCTIONS

There are three (3) components of reimbursement associated with this solicitation. Providers will be reimbursed separately for Case Management and Foster Care Maintenance via negotiated per-diems based on caseload and/or the number child/youth service units. All remaining costs will be reimbursed after they have been expended and reported.

All proposed costs included in the per-diems must be supported by documented-historical expenditure data.

Administrative Allowance Per-Diem: The case management per-diem includes the cost of non-administrative personnel and the allocable administrative costs required to support their delivery of the proposed services. Reimbursement is based on the total proposed costs of case management divided by the proposed caseload. The case management costs include, but are not limited to the following:

- Salary/Wages of Non-Administrative Personnel
- Fringe Benefits of Non-Administrative Personnel
- Allocable Occupancy Costs
- Allocable Travel/Transportation Costs
- Allocable Overhead/Indirect Costs

Foster Care Maintenance Per-Diem: The foster care maintenance per-diem includes the costs of providing daily supervision, food, shelter, clothing, personal incidentals, school supplies, personal allowance, and travel for the children/youth in care. Reimbursement is based on the total proposed costs of foster care maintenance divided by the proposed number of child/youths service units. The foster care maintenance costs include, but are not limited to the following:

- Foster Care Room & Board Payments
- Enhanced Daily Supervision Payments
- Allocable Occupancy Costs
- Allocable Overhead/Indirect Costs
- *Other Client Costs*

Cost Reimbursement: The cost of items and/or activities which are not included in the case management or foster care maintenance per-diems. These costs include, but are not limited to the following:

- Consultant/Experts Costs
- *Other Client Costs*

THE BUDGET SUMMARY FORM

The Budget Summary Form is to be completed after Schedules 1 thru 11 have been completed. It shows the total costs of providing the identified service and identifies the portion of total costs the organization is asking the Child and Family Services Agency to fund. It is completed by completing the three columns based on the amounts recorded on Schedules 1 thru 11.

Transfer the totals from Schedules 1-11 onto the appropriate line in **Column (3): Total Cost** and calculate the subtotal.

If applicable, enter a fee on line 12 of this column and fill in the blank in the parentheses on line 12. Fees can only be charged by for-profit organizations.

Add any fee to the Subtotal and enter the sum in the line entitled "TOTAL BUDGET."

In **Column (2): Other Funds** identify the portion of total costs shown in Schedules 1-11 which are to be covered by other funding sources or are to be donated (in-kind), either through the services of volunteers (in-kind labor) or through other donated goods or services (in-kind rent, donated vehicles, etc.).

Sum these entries and enter the total on the line entitled "SUBTOTAL BEFORE FEE" and "TOTAL BUDGET."

Fee may not be donated, so make no entry on line 12 of Column 2.

Column (1): CFSA Funds – Calculate the entries in this column by subtracting the entries in Column 2 from the entries in Column 3.