

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
NEGOTIATION PACKAGE
PART III
BUDGET SECTION

FISCAL YEAR (S) _____, _____, _____

(This copy of the Negotiation Package is designed to accommodate up to 16 separate program budgets. The Contractor will need to expand the number of columns on this Microsoft Excel spreadsheet if it proposes to operate more than 16 programs.

Checklist for Part III Budget Section Schedules:

- Check each of the following after completion:
Complete (if applicable):
- _____ Schedule 1: *Legal Entity Budget*
- _____ Schedule 2: *Service Provider Budget at Program Detail*
- _____ Schedule 2-A: *Line Item Budget: Personnel- Administrative/Support Staff Costs Incurred at the Provider Number Level*
- _____ Schedule 2-B: *Line Item Budget: Personnel – Treatment Staff Costs Incurred at the Provider Number Level*
- _____ Schedule 2-B1 *Personnel – Treatment Staff Languages Represented at the Provider Number Level*
- _____ Schedule 2-C: *Personnel Cost Back-Up Detail for Schedule 2-A and 2-B*
- _____ Schedule 2-D: *Line Item Budget: Services and Supplies Incurred at the Provider Number Level*
- _____ Schedule 3: *Line Item Budget: Administrative Costs Incurred at the Legal Entity Level* (not all service providers may have central office or related organization costs)
- _____ Schedule 4: *Covered Services/Activities, Provisional Reimbursement Rates and Projected Units of Service Schedule*