

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

INSTRUCTIONS: SCHEDULE 2: SERVICE PROVIDER BUDGET AT  
PROGRAM DETAIL

Form: 2000 (5/2009)

THE NEGOTIATED PACKAGE APPLICATION REQUIRES THE COMPLETION OF A BUDGET FOR EACH PROPOSED PROGRAM BY EACH PROVIDER LOCATION AS IDENTIFIED WITH A DEPARTMENT/STATE ASSIGNED "PROVIDER NUMBER". THE APPLICATION IS TO BE INCLUSIVE OF ALL PROGRAMS TO BE FUNDED THROUGH THE LEGAL ENTITY CONTRACT WITH THE COUNTY. THEREFORE, A SCHEDULE 2 IS REQUIRED FOR ALL PROPOSED PROGRAMS TO BE FUNDED THROUGH THE LEGAL ENTITY AGREEMENT. THERE IS TO BE A SEPARATE SCHEDULE 2 FOR EACH SPECIFIC DEPARTMENT/STATE ASSIGNED PROVIDER NUMBER. THE PROVIDER NUMBER IS IDENTIFIED BY A DEPARTMENT/STATE ASSIGNED FOUR-CHARACTER NUMERIC OR ALPHA-NUMERIC PROVIDER CODE (usually a four-digit number). ALL PROGRAMS TO BE OPERATED WITHIN THE SAME PROVIDER NUMBER CODE ARE TO BE INCLUDED IN THE SAME SCHEDULE 2.

Heading Instructions:

- Enter the Department assigned Provider Number. Use a separate "Service Provider Budget at Program Detail" Schedule 2 for each separate Provider Number.
- Enter the Legal Entity Name.
- Enter the Legal Entity Number.
- Enter the County Fiscal Year for which the "Service Provider Budget at Program Detail" Schedule 2 is applicable.
- Use a separate "Service Provider Budget at Program Detail", Schedule 2 for each separate County Fiscal Year.

Schedule 2 has been set up to accommodate up to 16 separate Programs.

Contractor may add more columns to this Microsoft Excel work sheet if there is the need for more than 16 Program entries.

Line and Column Instructions:

Column 1 provides the description of the expenditure categories.

Column 2. Provides the total expenditure amount for each expenditure category. A formula has been added into the work sheet and the amount for this cell will automatically compute. The formula adds for line 2 all of the columns to the right of column 2 for any program for which data has been entered.

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Line 1: First complete Schedule 2-A. Then enter into Schedule 2, line 1, column 3 and subsequent columns the “Program Name” information that has been completed on Schedule 2-A line 1.

Line 2: Enter into column 3 and subsequent columns any Program budget data shown in Schedule 2-A, line 15 column 5 and subsequent Schedule 2-A columns titled “Total Annual Amount”. The amount in Schedule 2, column 2 (“Provider Number Totals”), line 2 should be the same number that appears in Schedule 2-A, column 3, line 15. If not, confirm to Schedule 2 the amounts for each “Program Name” from Schedule 2-A line 15 (“Grand Totals”), column 5 and subsequent columns titled “Total Annual Amount”.

Line 3: Enter into column 3 and subsequent columns any Program budget data shown in Schedule 2-B, line 14 for column 5 and subsequent columns titled “Total Annual Amount”. The amount in Schedule 2, column 2 (“Provider Number Totals”), line 3 should be the same number that appears in Schedule 2-B, column 3, line 14. If not, confirm to Schedule 2 the amounts for each “Program Name” from Schedule 2-B line 14 (“Grand Totals”), column 5 and subsequent columns titled “Total Annual Amount”.

Line 4: Add lines 2 and 3 for column 2 and subsequent columns and enter the total on line 4 for each respective column. Note that formulas have been added into the work sheet and this step will calculate automatically.

Line 5:

- Carry forward from Schedule 2-D the amount shown in column 3 (“Provider Number Totals”), line 36 (“Total”) to Schedule 2 line 5, column 2.
- Allocate as appropriate the amount in Schedule 2 line 5, column 2 to column 3 and subsequent columns.

Line 6:

- Enter equipment depreciation expenses and total in column 2. LACDMH personnel may request additional line item detail for any expenditures appearing for such equipment items.

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Line 7:

- Enter equipment lease/purchases expenses and total in column 2. LACDMH personnel may request additional line item detail for any expenditures appearing for such equipment items.

Line 8: Add lines 6 and 7 for column 2 and subsequent columns. Note that formulas have been added into the work sheet and this step will calculate automatically.

Line 9:

- Enter facility rent/lease expenses and total in column 2. LACDMH personnel may request additional line item detail for any expenditures appearing for such facility items.

Line 10:

- Enter owned facilities occupancy costs and total in column 2. LACDMH personnel may request additional line item detail for any expenditures appearing for such facility items.

Line 11: Add lines 8 and 9 for column 2 and subsequent columns and enter the total on line 11 for each respective column. Note that formulas have been added into the work sheet and this step will calculate automatically.

Line 12: Add lines 4, 5, 8, and 11 for column 2 and subsequent columns and enter the total on line 12 for each respective column. Note that formulas have been added into the work sheet and this step will calculate automatically.

SERVICE PROVIDER BUDGET AT PROGRAM DETAIL

PROVIDER NUMBER: \_\_\_\_\_ (show only one provider #)

LEGAL ENTITY NAME: \_\_\_\_\_

LEGAL ENTITY # : \_\_\_\_\_

COUNTY FISCAL YEAR: \_\_\_\_\_ (unprotect pass word is dmh in small case)

(round amounts to the nearest dollar)

LINE#	COLUMN # →	1	2	3	4	5	6
1	I. DIRECT COSTS	PROGRAM TOTAL AT PROVIDER NUMBER (as entered above)	Enter PROGRAM NAME				
2	Personnel-Admin./Support (Salaries & EBs) (from Schedule 2-A line 15 totals)	-					
3	Personnel-Treatment Staff (Salaries & EBs) (from Schedule 2-B line 14 totals)	-					
4	Personnel Costs Total (Sum of lines 2+3)	-	-	-	-	-	-
5	Supplies & Services (from Schedule 2-D line 36 total)						
6	Capital Equipment - Purchase(s) Depreciation						
7	Capital Equipment - Lease Purchase(s) Amortization						
8	Capital Equipment Total (Sum of lines 6+7)	-	-	-	-	-	-
9	Facilities - Rent/Lease Cost						
10	Facilities - Owned/Lease Purchase -Occupancy Costs						
11	Facilities Total (Sum of lines 9+10)	-	-	-	-	-	-
12	TOTAL PROVIDER DIRECT PROGRAM COSTS (Sum of lines 4+5+8+11)	-	-	-	-	-	-

SERVICE PROVIDER BUDGET AT PROGRAM DETAIL

PROVIDER NUMBER: \_\_\_\_\_

LEGAL ENTITY NAME: \_\_\_\_\_

LEGAL ENTITY # : \_\_\_\_\_

COUNTY FISCAL YEAR: \_\_\_\_\_

LINE#	COLUMN # →	1	7	8	9	10	11
1	I. DIRECT COSTS		Enter PROGRAM NAME				
2	Personnel-Admin./Support (Salaries & EBs) (from Schedule 2-A line 15 totals)						
3	Personnel-Treatment Staff (Salaries & EBs) (from Schedule 2-B line 14 totals)						
4	Personnel Costs Total (Sum of lines 2+3)		-	-	-	-	-
5	Supplies & Services (from Schedule 2-D line 36 total)						
6	Capital Equipment - Purchase(s) Depreciation						
7	Capital Equipment - Lease Purchase(s) Amortization						
8	Capital Equipment Total (Sum of lines 6+7)		-	-	-	-	-
9	Facilities - Rent/Lease Cost						
10	Facilities - Owned/Lease Purchase -Occupancy Costs						
11	Facilities Total (Sum of lines 9+10)		-	-	-	-	-
12	TOTAL PROVIDER DIRECT PROGRAM COSTS (Sum of lines 4+5+8+11)		-	-	-	-	-

SERVICE PROVIDER BUDGET AT PROGRAM DETAIL

PROVIDER NUMBER: \_\_\_\_\_

LEGAL ENTITY NAME: \_\_\_\_\_

LEGAL ENTITY # : \_\_\_\_\_

COUNTY FISCAL YEAR: \_\_\_\_\_

LINE#	COLUMN # →	1	12	13	14	15	16
1	I. DIRECT COSTS		Enter PROGRAM NAME				
2	Personnel-Admin./Support (Salaries & EBs) (from Schedule 2-A line 15 totals)						
3	Personnel-Treatment Staff (Salaries & EBs) (from Schedule 2-B line 14 totals)						
4	Personnel Costs Total (Sum of lines 2+3)		-	-	-	-	-
5	Supplies & Services (from Schedule 2-D line 36 total)						
6	Capital Equipment - Purchase(s) Depreciation						
7	Capital Equipment - Lease Purchase(s) Amortization						
8	Capital Equipment Total (Sum of lines 6+7)		-	-	-	-	-
9	Facilities - Rent/Lease Cost						
10	Facilities - Owned/Lease Purchase -Occupancy Costs						
11	Facilities Total (Sum of lines 9+10)		-	-	-	-	-
12	TOTAL PROVIDER DIRECT PROGRAM COSTS (Sum of lines 4+5+8+11)		-	-	-	-	-

SERVICE PROVIDER BUDGET AT PROGRAM DETAIL

PROVIDER NUMBER: \_\_\_\_\_

LEGAL ENTITY NAME: \_\_\_\_\_

LEGAL ENTITY # : \_\_\_\_\_

COUNTY FISCAL YEAR: \_\_\_\_\_

LINE #	COLUMN # →	1	17	18
1	I. DIRECT COSTS		Enter PROGRAM NAME	Enter PROGRAM NAME
2	Personnel-Admin./Support (Salaries & EBs) (from Schedule 2-A line 15 totals)			
3	Personnel-Treatment Staff (Salaries & EBs) (from Schedule 2-B line 14 totals)			
4	Personnel Costs Total (Sum of lines 2+3)		-	-
5	Supplies & Services (from Schedule 2-D line 36 total)			
6	Capital Equipment - Purchase(s) Depreciation			
7	Capital Equipment - Lease Purchase(s) Amortization			
8	Capital Equipment Total (Sum of lines 6+7)		-	-
9	Facilities - Rent/Lease Cost			
10	Facilities - Owned/Lease Purchase -Occupancy Costs			
11	Facilities Total (Sum of lines 9+10)		-	-
12	TOTAL PROVIDER DIRECT PROGRAM COSTS (Sum of lines 4+5+8+11)		-	-