

LEGAL ENTITY BUDGET
(includes all provider numbers at the program detail level)

LEGAL ENTITY NAME: _____

LEGAL ENTITY #: _____

PROVIDER NUMBER(S): _____

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

LINE #	COLUMN #	1	2	3	4	5	6	7
1		I. DIRECT COSTS	LEGAL ENTITY PROGRAMS TOTALS	Enter PROGRAM NAME				
2		Personnel-Admin./Support (Salaries & EBs) (from Schedule(s) 2 line 2 totals)						
3		Personnel-Treatment Staff (Salaries & EBs) (from Schedule(s) 2 line 3 totals)						
4		Personnel Costs Total (line 2 + line 3)						
5		Supplies & Services (from Schedule(s) 2 line 5 totals)						
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						
10		Facilities - Owned/Lease Purchase - Occupancy Costs						
11		Facilities Total (Sum of lines 9+10)						
12		SUBTOTAL DIRECT COSTS (Sum of lines 4+5+8+11)						
		II. INDIRECT COSTS						
13		Administrative Indirect Costs (from Schedule 3 line 32 total)						
14		LEGAL ENTITY GROSS DIRECT AND INDIRECT COSTS (Sum of lines 12 + 13)						

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LINE #	COLUMN #	1	2	3	4	5	6	7
		III REVENUE SOURCES:	LEGAL ENTITY PROGRAMS TOTALS	Enter PROGRAM NAME				
		III.A. Proposed Maximum Contract Amount (MCA) By Categorical Allotment:						
		Enter the responsible financial party						
15			-					
16			-					
17			-					
18			-					
19			-					
20			-					
21			-					
22			-					
23			-					
24			-					
25			-					
26			-					
27			-					
28			-					
29			-					
30			-					

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LINE #	COLUMN #	1	2	3	4	5	6	7
31			-					
32			-					
33			-					
34			-					
35			-					
36			-					
37			-					
38			-					
39			-					
40		Total Proposed Maximum Contract Amounts (Sum of lines 15 through 39)	-	-	-	-	-	-
III.B. Client and Third Party Revenues:								
41		Medicare	-					
42		Client Fees	-					
43		Insurance	-					
44		Other (specify)	-					
45		Total Client and Third Party Revenues (Sum of lines 41 through 44)	-	-	-	-	-	-
46		LEGAL ENTITY GROSS PROGRAM REVENUE BUDGET (Sum of lines 40 + 45)	-	-	-	-	-	-

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LINE #	COLUMN #	1	8	9	10	11	12	13
1		I. DIRECT COSTS	Enter PROGRAM NAME					
2		Personnel-Admin./Support (Salaries & EBs) (from Schedule(s) 2 line 2 totals)						
3		Personnel-Treatment Staff (Salaries & EBs) (from Schedule(s) 2 line 3 totals)						
4		Personnel Costs Total (line 2 + line 3)	-	-	-	-	-	-
5		Supplies & Services (from Schedule(s) 2 line 5 totals)						
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						
10		Facilities - Owned/Lease Purchase - Occupancy Costs						
11		Facilities Total (Sum of lines 9+10)	-	-	-	-	-	-
12		SUBTOTAL DIRECT COSTS (Sum of lines 4+5+8+11)	-	-	-	-	-	-
		II. INDIRECT COSTS						
13		Administrative Indirect Costs (from Schedule 3 line 32 total)						
14		LEGAL ENTITY GROSS DIRECT AND INDIRECT COSTS (Sum of lines 12 + 13)	-	-	-	-	-	-

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	III REVENUE SOURCES:		Enter PROGRAM NAME					
	III.A. Proposed Maximum Contract Amount (MCA) By Categorical Allotment:							
	Enter the responsible financial party							
15								
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32								
33								
34								
35								
36								
37								
38								
39								
40		Total Proposed Maximum Contract Amounts (Sum of lines 15 through 39)	-	-	-	-	-	-
III.B. Client and Third Party Revenues:								
41		Medicare						
42		Client Fees						
43		Insurance						
44		Other (specify)						
45		Total Client and Third Party Revenues (Sum of lines 41 through 44)	-	-	-	-	-	-
46		LEGAL ENTITY GROSS PROGRAM REVENUE BUDGET (Sum of lines 40 + 45)	-	-	-	-	-	-

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PROVIDER NUMBER(S): _____

COUNTY FISCAL YEAR: _____

LINE #	COLUMN #	1	14	15	16	17	18
1		I. DIRECT COSTS	Enter PROGRAM NAME				
2		Personnel-Admin./Support (Salaries & EBs) (from Schedule(s) 2 line 2 totals)					
3		Personnel-Treatment Staff (Salaries & EBs) (from Schedule(s) 2 line 3 totals)					
4		Personnel Costs Total (line 2 + line 3)	-	-	-	-	-
5		Supplies & Services (from Schedule(s) 2 line 5 totals)					
6		Capital Equipment - Purchase(s) Depreciation					
7		Capital Equipment - Lease Purchase(s) Amortization					
8		Capital Equipment Total (Sum of lines 6+7)	-	-	-	-	-
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12		SUBTOTAL DIRECT COSTS (Sum of lines 4+5+8+11)	-	-	-	-	-
		II. INDIRECT COSTS					
13		Administrative Indirect Costs (from Schedule 3 line 32 total)					
14		LEGAL ENTITY GROSS DIRECT AND INDIRECT COSTS (Sum of lines 12 + 13)	-	-	-	-	-

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	Enter the responsible financial party						
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40		Total Proposed Maximum Contract Amounts (Sum of lines 15 through 39)	-	-	-	-	-
III.B. Client and Third Party Revenues:							
41		Medicare					
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46		LEGAL ENTITY GROSS PROGRAM REVENUE BUDGET (Sum of lines 40 + 45)	-	-	-	-	-