

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)	-	-	-	-	-	-

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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)		-	-	-	-	-

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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)		-	-	-	-	-

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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)		-	-