

Iowa Department of Human Services

Financial and Statistical Report for Habilitation Services

Provider Identification Page

AGENCY NAME _____

CITY _____

PROVIDER NO. _____

REPORT TYPE PARENT _____

FYE _____

RATE REFLECTED -		<u>Billed</u>	<u>Unit Cost</u>
W1204	Day Habilitation	Daily	\$ 0.00
W1205	Day Habilitation	1/2 Day	\$ 0.00
W1206	Day Habilitation	Hourly	\$ 0.00
W1207	Home-Based Habilitation	Hourly	\$ 0.00
W1208	Home-Based Habilitation	Daily	\$ 0.00
W4425	Prevocational Service	Hourly	\$ 0.00
W1426	Prevocational Service	1/2 Day	\$ 0.00
W1425	Prevocational Service	Daily	\$ 0.00
W1430	Supported Employment - Obtain a Job <i>(Expired 6/30/08)</i>	Per Job	\$ 0.00
W1431	Supported Employment - Maintain Employment/Job Coaching	Hourly	\$ 0.00
W1432	Supported Employment - Maintain Employment/Personal Care	Hourly	\$ 0.00
W1433	Supported Employment - Maintain Employment/Enclave	Hourly	\$ 0.00
W5021	Supported Employment - Enhanced Job Search	Hourly	\$ 0.00

AGENCY NAME: 0
 PROVIDER NO.: 0
 FYE: 01/00/00
 REPORT TYPE: PARENT

SCHEDULE A - REVENUE REPORT

	Total Revenue	Revenue for Schedule D Expense Deduction *
REVENUES :		
Fee for Service :		
Iowa State Department of Human Services	\$ _____	
County Board of Supervisors	_____	
Private Clients	_____	
Department of Education (Voc Rehab) (service fees only)	_____	
United Way (service fees only)	_____	
Social Security, SSI, SSA	_____	
Other	_____	
Service, Reimbursement of Investment Income :		
Work Services Revenue	\$ _____	\$ _____
Food Reimbursement (DOE)	_____	_____
Investment Income	_____	_____
_____	_____	_____
_____	_____	_____
Other (attach schedule)	_____	_____
Contributions : (schedule must be attached)		
United Way : Contributions not Restricted / Appropriated	\$ _____	_____
Restricted / Appropriated Contributions **	_____	_____
Other : Contributions not Restricted / Appropriated	_____	_____
Restricted / Appropriated Contributions **	_____	_____
Government Grants :	_____	_____
TOTAL REVENUE	\$ <u>0</u>	* \$ <u>0</u>

* Income which must be deducted from total service expense on Schedule D.

** Agencies must have documentation or support which identifies purpose of contributions reported as restricted / appropriated.

AGENCY NAME: 0
 PROVIDER NO.: 0

FYE: 01/00/00
 REPORT TYPE: PARENT

SCHEDULE B - STAFF GROSS SALARIES AND STAFF NUMBERS

JOB CLASSIFICATIONS:	NUMBER OF STAFF			GROSS SALARIES AND WAGES
	Full Time	Part Time	FTE's	
ADMINISTRATIVE - NO. 2110				
Title: _____				

ADMINISTRATIVE TOTAL - NO. 2110	0	0	0.00	\$ 0
PROFESSIONAL - NO. 2120				
Title: _____				

PROFESSIONAL TOTAL - NO. 2120	0	0	0.00	\$ 0
DIRECT CLIENT CARE - NO. 2130				
Title: _____				

DIRECT CLIENT CARE TOTAL - NO. 2130	0	0	0.00	\$ 0
CLERICAL - NO. 2150				
Title: _____				

CLERICAL TOTAL - NO. 2150	0	0	0.00	\$ 0
OTHER STAFF - NO. 2190				
Title: _____				

OTHER STAFF TOTAL - NO. 2190	0	0	0.00	\$ 0
TOTAL SALARIES & STAFF NUMBERS	0	0	0.00	\$ 0

AGENCY NAME: 0
 PROVIDER NO.: 0
 FYE: 01/00/00
 REPORT TYPE: PARENT

SCHEDULE C - DEPRECIATION AND AMORTIZATION EXPENSE

	ACCT NO. <small>(Schedule D)</small>	YEAR ACQUIRED	ORIGINAL COST	DEPREC. RECORDED PRIOR YEAR	DEPREC. METHOD	ANNUAL RATE	RECORDED DEPREC. EXPENSE
EQUIPMENT:							
BUILDING EQUIPMENT	4420						
1.					SL		\$ 0
2.					SL		\$ 0
3.					SL		\$ 0
4.					SL		\$ 0
5.					SL		\$ 0
6.					SL		\$ 0
7.					SL		\$ 0
DEPARTMENTAL EQUIPMENT	4420						
1.					SL		\$ 0
2.					SL		\$ 0
3.					SL		\$ 0
4.					SL		\$ 0
5.					SL		\$ 0
6.					SL		\$ 0
7.					SL		\$ 0
OTHER EQUIPMENT	4420						
1.					SL		\$ 0
2.					SL		\$ 0
3.					SL		\$ 0
4.					SL		\$ 0
5.					SL		\$ 0
6.					SL		\$ 0
7.					SL		\$ 0
OFFICE FURNITURE & FIXTURES	4420						
1.					SL		\$ 0
2.					SL		\$ 0
3.					SL		\$ 0
4.					SL		\$ 0
5.					SL		\$ 0
6.					SL		\$ 0
7.					SL		\$ 0
OTHER	4420						
1.					SL		\$ 0
2.					SL		\$ 0
3.					SL		\$ 0
4.					SL		\$ 0
5.					SL		\$ 0
6.					SL		\$ 0
7.					SL		\$ 0
SUBTOTAL EQUIPMENT	4420		\$ 0			To Schedule D, line 4420	\$ 0

SCHEDULE C - DEPRECIATION AND AMORTIZATION EXPENSE

	ACCT NO. <small>(Schedule D)</small>	YEAR ACQUIRED	ORIGINAL COST	DEPREC. RECORDED PRIOR YEAR	DEPREC. METHOD	ANNUAL RATE	RECORDED DEPREC. EXPENSE
MOTOR VEHICLES:	4410						
1.					SL		\$ 0
2.					SL		\$ 0
3.					SL		\$ 0
4.					SL		\$ 0
5.					SL		\$ 0
6.					SL		\$ 0
SUBTOTAL VEHICLES	4410		\$ 0			To Schedule D, line 4410	\$ 0
TOTAL EQUIPMENT							

	ACCT NO. <small>(Schedule D)</small>	YEAR ACQUIRED	ORIGINAL COST	DEPREC. RECORDED PRIOR YEAR	DEPREC. METHOD	ANNUAL RATE	RECORDED DEPREC. EXPENSE
BUILDINGS:							
BUILDINGS	4480						
1.					SL		\$ 0
2.					SL		\$ 0
3.					SL		\$ 0
4.					SL		\$ 0
5.					SL		\$ 0
6.					SL		\$ 0
7.					SL		\$ 0
ADDITIONS	4480						
1.					SL		\$ 0
2.					SL		\$ 0
3.					SL		\$ 0
4.					SL		\$ 0
5.					SL		\$ 0
6.					SL		\$ 0
7.					SL		\$ 0
LEASEHOLD IMPROVEMENTS	4480						
1.					SL		\$ 0
2.					SL		\$ 0
3.					SL		\$ 0
4.					SL		\$ 0
5.					SL		\$ 0
OTHER							
1.					SL		\$ 0
2.					SL		\$ 0
3.					SL		\$ 0
4.					SL		\$ 0
TOTAL BUILDINGS & LEASEHOLDS	4480		\$ 0			To Schedule D, line 4480	\$ 0

TOTAL EQUIPMENT & BUILDINGS	4400		\$ 0			To Schedule D, line 4400	\$ 0
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SCHEDULE C - DEPRECIATION AND AMORTIZATION EXPENSE

RELATED PARTY PROPERTY COSTS

1. Is any property being leased from a party "related to provider" using the definitions in the contract and the Provider Handbook?

Yes _____

No _____

2. SCHEDULE OF LESSOR'S COSTS :

If answer to number 1 is yes, provide lessor's costs in the space below.

Depreciation on property

Property taxes

Mortgage interest on property

Insurance

Other (describe)

0.00

TOTAL

\$

AGENCY NAME: 0
 PROVIDER NO.: 0
 FYE: 01/00/00
 REPORT TYPE: PARENT

SCHEDULE D - EXPENSE REPORT

ACCOUNT NO.	TITLE	Gross Total	Revenue Adjust	Excluded Costs	Adjusted Costs	W1204	W1205	W1206	W1207	W1208	W4425	W1426
						Day Habilitation-Daily	Day Habilitation-1/2 Day	Day Habilitation-Hourly	Home-Based Habilitation-Hourly	Home-Based Habilitation-Daily	Pre-Vocational Service-Hourly	Pre-Vocational Service-1/2 Day
2110	Administrative	\$ 0			\$ 0							
2120	Professional Staff - Direct	\$ 0			\$ 0							
2130	Other - Direct	\$ 0			\$ 0							
2150	Clerical	\$ 0			\$ 0							
2190	Other Staff	\$ 0			\$ 0							
2100	TOTAL SALARIES	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
2210	Health Benefits				\$ 0							
2220	Retirement Plan				\$ 0							
2290	Other Benefits				\$ 0							
2200	TOTAL BENEFITS	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
2310	FICA Expense				\$ 0							
2320	Unemployment				\$ 0							
2350	Workmen's Compensation				\$ 0							
2300	TOTAL PAYROLL TAXES	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
2450	Medical & Psych Services Purchased				\$ 0							
2470	Accounting and Auditing				\$ 0							
2480	Attorney's Fees				\$ 0							
2490	Other Non-Medical				\$ 0							
2400	TOTAL PROFESSIONAL FEES	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
2510	Office Supplies				\$ 0							
2530	Medical Supplies				\$ 0							
2540	Recreation & Craft Supplies				\$ 0							
2550	Food				\$ 0							
2590	Other Supplies				\$ 0							
2500	TOTAL SUPPLIES	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
2600	TELEPHONE & INTERNET				\$ 0							
2700	POSTAGE & SHIPPING				\$ 0							

SCHEDULE D - EXPENSE REPORT

ACCOUNT NO.	TITLE	Gross Total	Revenue Adjust	Excluded Costs	Adjusted Costs	W1204	W1205	W1206	W1207	W1208	W4425	W1426
						Day Habilitation-Daily	Day Habilitation-1/2 Day	Day Habilitation-Hourly	Home-Based Habilitation-Hourly	Home-Based Habilitation-Daily	Pre-Vocational Service-Hourly	Pre-Vocational Service-1/2 Day
2810	Rent of Space				\$ 0							
2820	Building & Grounds Supplies				\$ 0							
2830	Utilities				\$ 0							
2840	Care of Buildings & Grounds				\$ 0							
2870	Interest Expense				\$ 0							
2880	Insurance & Property Taxes				\$ 0							
2890	Other Occupancy Expense				\$ 0							
2800	TOTAL OCCUPANCY EXPENSE	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3100	OUTSIDE PRTG - ART WORK				\$ 0							
3210	Mileage & Auto Rental				\$ 0							
3250	Agency Vehicles Expense				\$ 0							
3280	Automobile Insurance				\$ 0							
3290	Other Related Transportation				\$ 0							
3200	TOTAL LOCAL TRANS.	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3310	Staff Development & Training				\$ 0							
3320	Annual Meetings & Bus. Conference				\$ 0							
3300	TOTAL CONF. & CONVENTIONS	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3400	SUBSCRIPTIONS/PUBLICS.				\$ 0							
3510	Clothing & Personal Needs				\$ 0							
3520	Other Assistance				\$ 0							
3500	TOTAL ASSISTANCE	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
4100	ORGANIZATION DUES				\$ 0							
4200	AWARDS & DUES				\$ 0							

SCHEDULE D - EXPENSE REPORT

ACCOUNT NO.	TITLE	Gross Total	Revenue Adjust	Excluded Costs	Adjusted Costs	W1204	W1205	W1206	W1207	W1208	W4425	W1426
						Day Habilitation-Daily	Day Habilitation-1/2 Day	Day Habilitation-Hourly	Home-Based Habilitation-Hourly	Home-Based Habilitation-Daily	Pre-Vocational Service-Hourly	Pre-Vocational Service-1/2 Day
4310	Agency Vehicle Repair				\$ 0							
4320	Other Equipment Repair or Purchase				\$ 0							
4300	REPAIRS & EXPENDABLE EQUIP.	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
4410	Agency Vehicles	\$ 0			\$ 0							
4420	Equipment	\$ 0			\$ 0							
4480	Buildings and Leaseholds	\$ 0			\$ 0							
4400	TOTAL DEPRECIATION	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
4910	Moving & Recruitment				\$ 0							
4920	Liability Insurance				\$ 0							
4930	Miscellaneous				\$ 0							
4900	TOTAL MISCELLANEOUS	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5000	HOME OFFICE or MANAGEMENT FEE				\$ 0							
TOTAL EXPENSES		\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

DESCRIPTION	Gross Total	Revenue Adjust	Excluded Costs	Adjusted Costs	W1204	W1205	W1206	W1207	W1208	W4425	W1426
					Day Habilitation-Daily	Day Habilitation-1/2 Day	Day Habilitation-Hourly	Home-Based Habilitation-Hourly	Home-Based Habilitation-Daily	Pre-Vocational Service-Hourly	Pre-Vocational Service-1/2 Day
TOTAL EXPENSES	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
ALLOCATION OF INDIRECT PROGRAM SERVICE COSTS					\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
TOTAL SERVICE OR MAINTENANCE COSTS AFTER ALLOCATION OF INDIRECT					\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
* PROGRAM INCOME OR REIMBURSEMENTS											
* UNITED WAY CONTRIBUTIONS NOT RESTRICTED OR APPROPRIATED											
* OTHER CONTRIBUTIONS NOT RESTRICTED OR APPROPRIATED											
* GOVERNMENT GRANTS											
TOTAL SERVICE OR MAINTENANCE COSTS AFTER DEDUCTIONS	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
UNITS OF SERVICE	0	0	0	0	0	0	0	0	0	0	0
UNIT COST	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

* Deductions from Schedule A

AGENCY NAME: 0
 PROVIDER NO.: 0
 FYE: 01/00/00
 REPORT TYPE: PARENT

SCHEDULE D - EXPENSE REPORT

ACCOUNT NO.	TITLE	W1425 Pre- Vocational Service- Daily	W1430 Supported Employment- Obtain A Job	W1431 Supported Employment- Job Coaching	W1432 Supported Employment- Personal Care	W1433 Supported- Employment Enclave	W5021 Supported- Employment Enhanced Job Search	Other Programs/ Services	Total Facility Indirect Service Costs
2110	Administrative								
2120	Professional Staff - Direct								
2130	Other - Direct								
2150	Clerical								
2190	Other Staff								
2100	TOTAL SALARIES	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
2210	Health Benefits								
2220	Retirement Plan								
2290	Other Benefits								
2200	TOTAL BENEFITS	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
2310	FICA Expense								
2320	Unemployment								
2350	Workmen's Compensation								
2300	TOTAL PAYROLL TAXES	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
2450	Medical & Psych Services Purchased								
2470	Accounting and Auditing								
2480	Attorney's Fees								
2490	Other Non-Medical								
2400	TOTAL PROFESSIONAL FEES	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
2510	Office Supplies								
2530	Medical Supplies								
2540	Recreation & Craft Supplies								
2550	Food								
2590	Other Supplies								
2500	TOTAL SUPPLIES	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
2600	TELEPHONE & INTERNET								
2700	POSTAGE & SHIPPING								

SCHEDULE D - EXPENSE REPORT

ACCOUNT NO.	TITLE	W1425 Pre- Vocational Service- Daily	W1430 Supported Employment- Obtain A Job	W1431 Supported Employment- Job Coaching	W1432 Supported Employment- Personal Care	W1433 Supported- Employment Enclave	W5021 Supported- Employment Enhanced Job Search	Other Programs/ Services	Total Facility Indirect Service Costs
2810	Rent of Space								
2820	Building & Grounds Supplies								
2830	Utilities								
2840	Care of Buildings & Grounds								
2870	Interest Expense								
2880	Insurance & Property Taxes								
2890	Other Occupancy Expense								
2800	TOTAL OCCUPANCY EXPENSE	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3100	OUTSIDE PRG - ART WORK								
3210	Mileage & Auto Rental								
3250	Agency Vehicles Expense								
3280	Automobile Insurance								
3290	Other Related Transportation								
3200	TOTAL LOCAL TRANS.	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3310	Staff Development & Training								
3320	Annual Meetings & Bus. Conference								
3300	TOTAL CONF. & CONVENTIONS	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3400	SUBSCRIPTIONS/PUBLICS.								
3510	Clothing & Personal Needs								
3520	Other Assistance								
3500	TOTAL ASSISTANCE	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
4100	ORGANIZATION DUES								
4200	AWARDS & DUES								

SCHEDULE D - EXPENSE REPORT

ACCOUNT NO.	TITLE	W1425 Pre-Vocational Service-Daily	W1430 Supported Employment- Obtain A Job	W1431 Supported Employment- Job Coaching	W1432 Supported Employment- Personal Care	W1433 Supported- Employment Enclave	W5021 Supported- Employment Enhanced Job Search	Other Programs/ Services	Total Facility Indirect Service Costs
4310	Agency Vehicle Repair								
4320	Other Equipment Repair or Purchase								
4300	REPAIRS & EXPENDABLE EQUIP.	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
4410	Agency Vehicles								
4420	Equipment								
4480	Buildings and Leaseholds								
4400	TOTAL DEPRECIATION	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
4910	Moving & Recruitment								
4920	Liability Insurance								
4930	Miscellaneous								
4900	TOTAL MISCELLANEOUS	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5000	HOME OFFICE or MANAGEMENT FEES								
TOTAL EXPENSES		\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

DESCRIPTION	W1425 Pre-Vocational Service-Daily	W1430 Supported Employment- Obtain A Job	W1431 Supported Employment- Job Coaching	W1432 Supported Employment- Personal Care	W1433 Supported- Employment Enclave	W5021 Supported- Employment Enhanced Job Search	Other Programs/ Services	Total Facility Indirect Service Costs
TOTAL EXPENSES	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
ALLOCATION OF INDIRECT PROGRAM SERVICE	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	
TOTAL SERVICE OR MAINTENANCE COSTS AFTER ALLOCATION	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	
* PROGRAM INCOME OR REIMBURSEMENTS								
* UNITED WAY CONTRIBUTIONS NOT RESTRICTED								
* OTHER CONTRIBUTIONS NOT RESTRICTED								
* GOVERNMENT GRANTS								
TOTAL SERVICE OR MAINTENANCE COSTS	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	
UNITS OF SERVICE	0	0	0	0	0	0		
UNIT COST	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00		

* Deductions from Schedule A

AGENCY NAME: 0
 PROVIDER NO.: 0
 FYE: 01/00/00
 REPORT TYPE: PARENT

Schedule D-1 - Calculation of Home-Based Habilitation Consumer Item Limits

(Complete for each Home-Based Habilitation consumer that has incurred the cost noted below.)

Home-Based Consumer Member ID															
From Schedule D:															
Line 3290 - Other Related Transportation															
Line 3520 - Other Assistance															
Line 4320 - Other Equipment Repair and Purchase															
Total Expense	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Home-Based Consumer Limit	\$ 1,570	\$ 1,570	\$ 1,570	\$ 1,570	\$ 1,570	\$ 1,570	\$ 1,570	\$ 1,570	\$ 1,570	\$ 1,570	\$ 1,570	\$ 1,570	\$ 1,570	\$ 1,570	\$ 1,570
Variance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Note: The facility is responsible for supporting expenses specific to each consumer.

Provider Agency: 0
 Report Type: PARENT
 Period of Report: 01/00/00 to 01/00/00

SCHEDULE E - COMPARATIVE BALANCE SHEET

ASSETS, LIABILITIES AND EQUITY

	Balance At End Of	
	Current Period	Prior Period
ASSETS:		
Cash	\$	
Receivable from Clients		
Receivable from Others		
Property and Equipment:		
Land		
Buildings and Equipment		
Less Allowance for Depreciation		
Net Property and Equipment	\$0.00	\$0.00
Investments and Other Assets		
<u>TOTAL ASSETS</u>	\$0.00	\$0.00
LIABILITIES AND EQUITY:		
Accounts Payable	\$	
Accrued Taxes (Payroll and Property)		
Other Liabilities		
Notes and Mortgages		
<u>TOTAL LIABILITIES</u>		
Equity or Fund Balance		
<u>TOTAL LIABILITIES AND EQUITY</u>	\$0.00	\$0.00

RECONCILIATION OF EQUITY OR FUND BALANCE

<u>TOTAL EQUITY OR FUND BALANCE BEGINNING OF PERIOD</u>	\$		
<u>Add:</u>			
TOTAL REVENUE from Schedule A			
Other Revenue. Explain.			
<u>Deduct:</u>			
TOTAL EXPENSES from Schedule D			
Other Expenses. Explain.			
<u>TOTAL EQUITY OR FUND BALANCE END OF PERIOD</u>	\$	\$0.00	\$0.00

Provider Agency: 0
 Report Type: PARENT
 Period of Report: 01/00/00 to 01/00/00

SCHEDULE F - COST ALLOCATION PROCEDURES

(To be completed by Providers which offer more than one service)

Cost are allocable to a particular service, such as a grant, project, or other activity, in accordance with the relative benefits received. A cost is allocable to a service if it is treated consistently with other costs incurred for the purpose in like circumstances, and if it (1) is incurred specifically for the service, (2) benefits the service and can be distributed in reasonable proportion to the benefits received and (3) is necessary to the overall operation of the organization, although a direct relationship to a particular service cannot be shown.

Any cost allocable to a particular service under the above principles may not be shifted to other services to overcome funding deficiencies, or to avoid other restrictions imposed by law or terms of an award or program.

Direct Costs:

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Do you have a cost allocation plan which describes the methods you use in distributing joint costs to services or activities? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. What is your method for allocating joint cost? Attach supporting documentation | | |
| <hr/> | | |
| <hr/> | | |
| <hr/> | | |
| 3. If you do not have a cost allocation plan describing the methods followed, do you have accounting workpapers available to support joint direct cost allocations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is your method of allocating joint service costs consistently followed from year to year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are costs allocated to services in reasonable proportion to benefits received? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are service income deductions allocated in a manner which is consistent with the costs incurred in generating the income? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Additional comments regarding allocation of joint service costs: | | |
| <hr/> | | |
| <hr/> | | |
| <hr/> | | |

Indirect Costs:

- | | | |
|--|--------------------------|--------------------------|
| 1. Are the indirect costs distributed on a basis of total direct service or costs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If indirect costs are not allocated on the basis of total direct service costs, what was the basis used? Attach supporting documentation. | | |
| <hr/> | | |
| <hr/> | | |
| <hr/> | | |
| 3. Is the basis for distributing indirect cost the same as that used in the previous year? | <input type="checkbox"/> | <input type="checkbox"/> |