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June 19, 2008

**HCJFS REQUEST FOR PROPOSAL
KINSHIP CARE SERVICES RFP08-009**

ADDENDUM 1

To All Potential Proposers:

HCJFS Panel: Rosemary Hain, Karen Lacey, Maggie Barnett

Providers Present:

Cincinnati Children's Hospital Medical Center
Catholic Social Services
ENA Inc (dba Necco)
Ohio Youth Advocate Program

The Children's Home of Cincinnati
St Aloysius Orphanage
Beech Acres Parenting Center
Perceptions

Correction to RFP – page 13, number 19

As read:

19. 0cost of investment counsel and staff and similar expenses incurred solely to enhance income from investments;

Change to read:

19. cost of investment counsel and staff and similar expenses incurred solely to enhance income from investments;

Correction to RFP Page 11, Section 2.3 Budget and Cost Considerations.

As read: ...Budgets and Unit Rates must be submitted in the form provided as Attachment C.

Added language.....Budgets and Unit Rates must be submitted in the form provided as Attachment C. *All Registered providers will be sent an electronic budget file in Excel format. All providers submitting a proposal shall include a hardcopy of the budget in the proposal and also submit the budget electronically to the contact person identified in section 3.2 HCJFS Contact Person. If you are unable to submit an electronic copy of your budget, you shall include a statement in the budget narrative explaining the reason.*

Note: the softcopy of the budget **and your proposals** must be received by the due date specified in the RFP. The softcopy budget must match the hardcopy in your proposal.

Adult Services/421-LIFE • Cash Assistance • Child Care Services
Child Support Services • Children's Services/241-KIDS • Employment and Training
Food Stamps • Medicaid • Mt. Airy Shelter • Tuberculosis Control



Questions and Answers

Q1. If you have job descriptions, but the job is not currently filled, there would be no resume, correct?

A: Correct. If there's a position that you are planning to fill, there must be a job description. Any position that is not filled there must be a statement in the proposal stating this is a new position that has not yet been filled. Resumes should be included for staff that are currently employed.

Q2. If we register and then decide not to apply, that doesn't count against the agency?

A: No. There are two sides, one: those who will definitely submit a proposal, and registration is mandatory. Two: those who are undecided and may or may not submit a proposal. However, it is still in your best interest to register for the RFP. There is no adverse action if you register and a proposal is not submitted.

Q3. If we submit information that is not for public record, we should clearly mark that as confidential? Could we mark the entire submission as exempt? (Section 4.10 Public Record)

A: Any material documents or information which the provider deem to be subject to exemption, under Ohio Public Records Act, shall clearly be identified and marked as such before submission to HCJFS.

As far as when you are submitting your proposals, please feel free to actually redact personal information contained within the proposal. We highly recommend that you redact personal information, particularly, if you are a sole proprietor of an agency and your social security number is on the tax form; resumes that contain personal information, licenses, etc.

Q4. Could respite be included as part of the continuum?

A: No, that is not the intent of this service.

Q5. Is it required (or suggested) that services and/or support groups are offered in multiple locations? If so, can you describe what areas of the county have the largest concentration of families needing this service?

A: Multiple locations are important to effective service provision and will be factored into the evaluation process. As to concentrations of families, these services have been provided across the county, they are HCJFS and non-HCJFS families; however, they have been concentrated in areas with a median low income.

Q6. What are the amounts of funds you anticipate having available for the first contract year?

A: No budget has been set for this service. You should base your submission on your ability to provide units of service at a competitive rate.



Q7. What brought this RFP to Hamilton County JFS' attention as a needed service?

A: Need is based on local, state and national data.

Q8. Is this a unique, new JFS service to Kinship Care? What has been offered before this RFP?

A: No, this is not unique nor a new service. This is a continuing service.

Q9. What are the numbers of clients deserved to be served and is the number based on the children services or number of caregivers?

A: We ask that you propose the number you have the capacity to serve. If you can provide this service to 100 individuals, put that in your proposal. If you can only serve 25 individuals, then put that in your proposal. As to the children that are served, they are served mainly so that they are not seen as an attendance barrier. The children are there for socialization.

Q10. What is unit rate vs. group rate? Will one contract be capable of using both?

A: Unit rate – providing services to a caregiver. Directing the caregiver to other services. Anytime you are doing something one on one to provide services to that caregiver that is a unit rate.

Group rate – services provided through support groups. Services to more than one individual, a group setting.

Yes, one contract will be capable of using both.

Q11. We wouldn't build one flat rate for one hour of support group costs for so many dollars? We estimate that 12 families might attend and then charge you by family so the rate we would get paid for one hour of group would fluctuate depending on attendance?

A: No, you are going to submit a flat group rate.

Q12. Who will identify eligible clients for this service?

A: Referrals from agency caseworkers and also from your recruitment efforts by contacts of how you go out and market your service.

Q13. What is the maximum length for the narrative portion of this proposal?

A: None. When submitting your narrative you will specifically respond to the statements in Section 2.2.1 Program Components. You are describing how you will carry out the Service Components in section 1.2.2. Be specific.

Q14. Can we have the forms electronically sent to us instead of using a typewriter?

A: Yes. We will send the forms to all providers who registered.



Q15. If HCJFS agrees to a certain amount to meet the program needs, are you saying based on HCJFS sole discretion you can change said funding at will? This would be unethical, correct?

A: If we understand, this question pertains to when we were discussing the annual increases with each renewal. We do not typically increase and decrease rates at will. What we are saying is that in the contract we do not guarantee an increase for the renewal years. We would still discuss this with the provider, but could not guarantee an increase.

Have you done this in the past and what were our reasons? What was the whole impact to the contractor, the HCJFS families and the business operations of the provider?

In the rare cases where a decrease in rate would occur, it would be tied to budget constraints and all providers would be notified of the budget issues. It would then be a business decision if you are able to reduce your rate and continue to provide the service or if you would no longer be able to continue to provide the service. All proposals and contracts are quite clear that everything is based on the availability of funds.

Q16. How is this funded by HCJFS? Where do the dollars come from?

A: combination of federal, state and local funds.

Q17. Where are the non-HCJFS families from?

A: Based on your outreach efforts. Please refer to question 29.

Q18. Will Hamilton County JFS allow specialized populations to be addressed in a proposal? Such as Kinship families serving developmentally disabled children?

A: You can submit. It can be an added service. Budget constraints will be a factor. This would be viewed as a partial submission if you are not addressing the continuum. That is your option if you want to target a particular population. Weight will be given to those providers who address the specific population. If you are interested in serving only specialized populations, we highly recommend you look into teaming up with another organization who may be interested in targeting traditional services which would allow for a continuum of services of one contract.

Q19. Will you look at this separately? As in addition to the specified population?

A: Could be looked at as an additional service. Would depend on the availability of funds. What would be most successful for a broad number of families.

Q20. Was the current provider awarded both renewal years?

A: Yes



Q21. Are there any changes/updates to this RFP vs. the one that was posted to the website?

A: No. Only the page numbering is different. Any changes/updates to the RFP will be issued as an addendum

Q22. How does one negotiate separately "profit" from cost of services?

A: There is a separate profit line built into the budget on the first page. This is where you can list proposed profit margins if you are a for profit entity. This item will be negotiated separately.

Q23. What is the cost from past proposals?

A: The numbers listed below indicate the maximum amount allowed per the contract for the year indicated.

Contract year 2001 - \$124,240

Contract year 2002/2003 - \$169, 724

Contract year 2004/2005 - \$150,000

Contract year 200/2006 - \$150,000

Contract year 2006/2007 - \$150,000

Contract year 2007/2008 - \$150,000

Q24. Is there a list or register of past providers?

A: Providers who have provided this service in the past are St Aloysius Orphanage and The Children's Home of Cincinnati. The current provider is The Children's Home of Cincinnati.

Q25. If for example, non-HCJFS/HCJFS families increase by 30%, who covers this extra expense? Will an addition be allowed from HCJFS that will cover each new family?

A: The budget and service numbers will be established at the point of contract negotiation. It is up to you as the vendor to monitor service levels and spending within that contract. A vendor can always submit an expansion proposal, but the proposal may not be approved due to budget constraints. Additionally, expansion proposals are for future growth of the program, not to cover expenses already incurred.

Q26. How will a provider take immediate legal action to prevent its release to a third party?

A: Please refer to RFP Section 4.10 Public Records for procedures.

Q27. Can we see other proposals because of public records that are not exemptions?

A: Yes. There are procedures to request the ability to view past proposals.

Q28. Will Enhanced Medicaid transportation be available to the clients served in this contract? Bus cards?

A: No. Enhanced Medicaid Transportation services are used for medical appointments. It will not be used for this program.

Q29. I thought I heard we have to submit the continuum for individual services if we are interested in this only, then we shouldn't submit?

A: You may submit a proposal for a portion of the service; however, we are looking for a provider who can provide the continuum of services.

Q30. How are kinship caregivers referred to the program?

A: Kinship caregivers are referred by caseworkers at JFS and through community outreach by the vendor.

Q31. What is your projected budget for this service? Maximum?

A: see answer to question 6



**ATTACHMENT A
PROPOSAL COVER SHEET FOR
KINSHIP CARE SUPPORT SERVICES
Bid No: RFP 08-009**

Name of Provider : _____

Provider Address: _____
Include city, state and zip code

Contact Person : _____
(Please Print or type name) *Title*

Phone Number: _____ Fax Number: _____ E-Mail: _____

Additional Names: Provider must include the names of individuals authorized to negotiate with HCJFS

Person(s) authorized to negotiate with HCJFS:

(1) Name: _____ Title: _____
(Please Print) *(Please Print)*

Phone Number: _____ Fax Number _____ E-Mail: _____

(2) Name: _____ Title: _____
(Please Print) *(Please Print)*

Phone Number: _____ Fax Number: _____ E-Mail: _____

Initial Term for Twelve (12) Months 10/1/08 - 9/30/09	Renewal Year One for Twelve (12) Months 10/1/09 - 9/30/10	Renewal Year Two for Twelve (12) Months 10/1/10 - 9/30/11
Unit Rate: \$ _____	Unit Rate: \$ _____	Unit Rate: \$ _____
Group Rate: \$ _____	Group Rate: \$ _____	Group Rate: \$ _____

Certification: I hereby certify the information and data contained in this proposal are true and correct. The Provider's governing body has authorized this application and document.

Signature - Authorized Representative Title Date

Signature – Financial Officer Title Date

++Please see back of form for checklist to verify everything required to be submitted is included.

Proposal Submission Checklist

**For
Kinship Care Support Services
Bid No: RFP 08-009**

Please use the checklist below to ensure all items and actions necessary to have your proposal accepted are completed.

- _____ A) Registered for RFP Process on or before July 3, 2008 by 3:00 p.m.
- _____ B) Proposal is to be submitted by 11:00 a.m. on July 11, 2008
- _____ C) Cover sheet is to be signed and all sections are to be completed in full, Section 2.1
- _____ D) Responses to Program Components, Section 2.2.1 are included
- _____ E) Responses to System and Fiscal Administration components, Section 2.2.2 are included
- _____ F) Budget completed correctly, Section 2.3
- _____ G) Budget Narrative explains the cost and their relationship to proposed services. It must justify cost and give the formula by which they were derived. All costs in the narrative should match the line items in the budget, Budget narrative must be completed for initial contract term and one for each one year renewal option. (total of 3) Section 2.3
- _____ H) Customer Reference Letters are included, Section 2.4 (Do not include any HCJFS Personnel)
- _____ I) Personnel Qualifications are included, Section 2.5

ATTACHMENT C HCJFS CONTRACT BUDGET

AGENCY _____

BUDGET PREPARED FOR PERIOD

NAME OF CONTRACT PROGRAM KINSHIP CARE SUPPORT SERVICES _____ TO _____

INDICATE NAME OF SERVICE IN APPROPRIATE COLUMN BELOW

<u>EXPENSES BY PROGRAM SERVICES</u>				MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
A. STAFF SALARIES						
B. EMPLOYEE PAYROLL TAXES & BENEFITS						
C. PROFESSIONAL & CONTRACTED SERVICES						
D. CONSUMABLE SUPPLIES						
E. OCCUPANCY						
F. TRAVEL						
G. INSURANCE						
H. EQUIPMENT						
I. MISCELLANEOUS						
J. PROFIT MARGIN						
SUB-TOTAL OF EACH COLUMN						
ALLOCATION OF MGT/INDIRECT COSTS						
TOTAL PROGRAM EXPENSES						

ESTIMATED TOTAL UNITS OF SERVICE
TO BE PROVIDED:

\$ _____ \$ _____ \$ _____

UNITS :
HOUR= _____

TOTAL PROGRAM COST/TOTAL UNITS
OF SERVICE = UNIT COST:

\$ _____ \$ _____ \$ _____

GROUP= _____

A. STAFF SALARIES – Attach Extra Pages for Staff, if needed

POSITION TITLE	# STAFF	HRS WEEK	ANNUAL COST				MGMT INDIRECT	OTHER DIRECT SERVICE	TOTAL EXPENSE
TOTAL SALARIES									

<u>EXPENSES BY PROGRAM SERVICES</u>				MGMT INDIRECT	OTHER DIRECT SERVICES	TOTAL EXPENSE
B. PAYROLL TAXES						
FICA _____ %						
WORKER'S COMP. _____ %						
UNEMPLOYMENT _____ %						
BENEFITS						
RETIREMENT _____ %						
HOSPITAL CARE						
OTHER (SPECIFY)						
TOTAL EMPLOYEE PAYROLL TAXES & BENEFITS						

C. PROFESSIONAL FEES & CONTRACTED SERVICES (Indicate type, function performed, and estimate of use (hours, days, etc.)				MGMT INDIRECT	OTHER DIRECT SERVICES	TOTAL EXPENSE
TOTAL PROFESSIONAL FEES & CONTRACTED SERVICES						

<u>EXPENSES BY PROGRAM SERVICES</u>				MGMT INDIRECT	OTHER DIRECT SERVICES	TOTAL EXPENSE
D.CONSUMABLE SUPPLIES						
OFFICE						
CLEANING						
PROGRAM						
OTHER (SPECIFY)						
TOTAL CONSUMABLE SUPPLIES						
E. OCCUPANCY COSTS						
RENTAL @ ___ PER SQ.FT.						
USAGE ALLOWANCE OF BLDG.OWNED @2% OF ORIG.ACQUISTION COST						
MAINTENANCE & REPAIRS						
UTILITIES (MAY BE INCLUDED IN RENT) HEAT & ELECTRIC _____ WATER _____						
TELEPHONE						
OTHER (SPECIFY)						
TOTAL OCCUPANCY COSTS						

<u>EXPENSES BY PROGRAM SERVICES</u>				MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
F. TRAVEL COSTS						
GASOLINE & OIL						
VEHICLE REPAIR						
VEHICLE LICENSE						
VEHICLE INSURANCE						
OTHER						
MILEAGE REIMBURSE.@ PER MILE						
CONFERENCES & MEETINGS, ETC.						
PURCHASED TRANSPORTATION						
TOTAL TRAVEL COSTS						
G. INSURANCE COSTS						
LIABILITY						
PROPERTY						
ACCIDENT						
OTHER						
TOTAL INSURANCE COSTS						

<u>EXPENSES BY PROGRAM SERVICES</u>				MGMT INDIRECT	OTHER DIRECT SERV	TOTAL EXPENSE
H. EQUIPMENT COSTS						
SMALL EQUIPMENT (items costing under \$5,000.00, which are to be purchased during budget period should be listed)						
TOTAL SMALL EQUIPMENT COSTS						
EQUIPMENT MAINTENANCE & REPAIR (DETAIL)						
TOTAL EQUIPMENT & REPAIR						
EQUIPMENT LEASE COSTS (DETAIL)						
TOTAL LEASE COSTS						
TOTAL COST DEPRECIATION OF LARGE EQUIPMENT ITEMS (detail on page 7)						
TOTAL EQUIPMENT COSTS						

<u>EXPENSES BY PROGRAM SERVICES</u>				MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
I. MISCELLANEOUS COSTS						
TOTAL MISCELLANEOUS COSTS						
TOTAL OF ALL EXPENSES						
J. PROFIT MARGIN (For profit entities only- indicate the amount)						

A rationale or basis for the proration of MGT/INDIRECT Cost must be included which details how the amount charged to this program was determined. Some agencies allocate these types of costs on staff salaries, total personnel costs, total direct program costs, and/or time studies. HCJFS staff are available to discuss the most appropriate basis for the program for which the budget is being prepared, if agency staff are unfamiliar with this process.

EXPLANATION: _____

REVENUES BY PROGRAM SERVICES				MGMT INDIRECT	OTHER DIRECT SER	TOTAL REVENUES
A. GOVERNMENTAL AGENCY FUNDING (specify agency & type)						
B. OTHER FUNDING						
FEES FROM CLIENTS						
CONTRIBUTIONS – (identify all contributions which exceed \$1000.00 by donor and amount)						
AWARDS & GRANTS						
OTHER (specify)						
TOTAL REVENUE						

EXPLANATION OF ANY ITEMS ABOVE: _____

ATTACHMENT F

Ohio Department of Public Safety

Division of Homeland Security

<http://www.homelandsecurity.ohio.gov>

GOVERNMENT BUSINESS AND FUNDING CONTRACTS

In accordance with section 2909.33 of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration of the provision of material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List (see the Ohio Homeland Security Division website for a reference copy of the Terrorist Exclusion List).

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, and financial services that are in excess of one hundred dollars, as well as communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

LAST NAME		FIRST NAME		MIDDLE INITIAL
HOME ADDRESS				
CITY	STATE	ZIP	COUNTY	
HOME PHONE		WORK PHONE		

COMPLETE THIS SECTION ONLY IF YOU ARE A COMPANY, BUSINESS OR ORGANIZATION

BUSINESS/ORGANIZATION NAME				
BUSINESS ADDRESS				
CITY	STATE	ZIP	COUNTY	
PHONE NUMBER				

ATTACHMENT F

DECLARATION

In accordance with division (A)(2)(b) of section 2909.32 of the Ohio Revised Code

For each question, indicate either "yes" or "no" in the space provided. Responses must be truthful to the best of your knowledge.

1. Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List?

YES NO

2. Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List?

YES NO

3. Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List?

YES NO

4. Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List?

YES NO

5. Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List?

YES NO

6. Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism?

YES NO

In the event of a denial of a government contract or government funding due to a positive indication that material assistance has been provided to a terrorist organization, or an organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List, a review of the denial may be requested. The request must be sent to the Ohio Department of Public Safety's Division of Homeland Security. The request forms and instructions for filing can be found on the Ohio Homeland Security Division website.

CERTIFICATION

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization. If I am signing this on behalf of a company, business or organization, I hereby acknowledge that I have the authority to make this certification on behalf of the company, business or organization referenced on page 1 of this declaration.

X

Signature

Date

5. I do hereby acknowledge that to knowingly make any false statement herein may subject me and/or _____ to the penalties set forth in Section
[Name of Corporation/Business Trust]
3517.992 of the Ohio Revised Code.

Further, Affiant sayeth naught.

[Signature]

[Title]

Sworn to before me, and subscribed in my presence, this ____ day of _____, 200_.

Notary Public - State of _____
My Commission Expires: _____

4. I further certify that if _____ is awarded a contract,
[Name of Entity]
the following persons shall, beginning on the date the contract is awarded and extending
until one year following the conclusion of that contract, maintain compliance with
division (I)(2) of Section 3517.13 of the Ohio Revised Code:

- (a) The individual;
- (b) Each partner or owner of the partnership or other unincorporated business;
- (c) Each shareholder of the association;
- (d) Each administrator of the estate;
- (e) Each executor of the estate;
- (f) Each trustee of the trust;
- (g) Each spouse of any person identified in (a) through (f) of this section;
- (h) Each child seven years of age to seventeen years of age of any person identified in (a) through (f) of this section;
- (i) Any political action committee affiliated with the partnership or other unincorporated business, association, estate, or trust.
- (j) Any combination of persons identified in (a) through (i) of this section.

5. I do hereby acknowledge that to knowingly make any false statement herein may subject me and/or _____ to the penalties set forth in Section
[Name of Entity]
3517.992 of the Ohio Revised Code.

Further, Affiant sayeth naught.

[Signature]

[Title]

Sworn to before me, and subscribed in my presence, this ____ day of _____, 200_.

Notary Public - State of _____
My Commission Expires: _____

ATTACHMENT E
Declaration of Property Tax Delinquency
(ORC 5719.042)

I, _____, hereby affirm that the Proposing Organization herein, _____, is ____ / is not ____ (**check one**) charged at the time of submitting this proposal with any delinquent property taxes on the general tax list of personal property of the County of Hamilton.

If the Proposing Organization is delinquent in the payment of property tax, the amount of such due and unpaid delinquent tax and any due and unpaid interest is \$_____.

State of Ohio
County of Hamilton

Before me, a notary public in and for said County, personally appeared _____, authorized signatory for the Proposing Organization, who acknowledges that he/she has read the foregoing and that the information provided therein is true to the best of his/her knowledge and belief.

IN TESTIMONY WHEREOF, I have affixed my hand and seal of my office at _____, Ohio this ____ day of _____ 20____.

Notary Public

ATTACHMENT C

NOTE THIS FORM WAS SENT IN EXCEL FORMAT

HCJFS CONTRACT BUDGET

AGENCY: _____

BUDGET PREPARED FOR PERIOD

NAME OF CONTRACT PROGRAM KINSHIP CARE SUPPORT SERVICES TO _____

INDICATE NAME OF SERVICE IN APPROPRIATE COLUMN BELOW

EXPENSES BY PROGRAM SERVICES				MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
A. STAFF SALARIES						
B. EMPLOYEE PAYROLL TAXES & BENEFITS						
C. PROFESSIONAL & CONTRACTED SERVICES						
D. CONSUMABLE SUPPLIES						
E. OCCUPANCY						
F. TRAVEL						
G. INSURANCE						
H. EQUIPMENT						
I. MISCELLANEOUS						
J. PROFIT MARGIN						
SUB-TOTAL OF EACH COLUMN						
ALLOCATION OF MGT/INDIRECT COSTS						
TOTAL PROGRAM EXPENSES						

ESTIMATED TOTAL UNITS OF SERVICE
TO BE PROVIDED:

\$ _____ \$ _____ \$ _____

UNITS :
HOUR= _____

TOTAL PROGRAM COST/TOTAL UNITS
OF SERVICE = UNIT COST:

\$ _____ \$ _____ \$ _____

GROUP= _____

EXHIBIT II

A. STAFF SALARIES - Attach Extra Pages for Staff, if needed

POSITION TITLE	# STAFF	HRS WEEK	ANNUAL COST				MGMT INDIRECT	OTHER DIRECT SERVICE	TOTAL EXPENSE
TOTAL SALARIES									

EXHIBIT II

EXPENSES BY PROGRAM SERVICES				MGMT INDIRECT	OTHER DIRECT SERVICES	TOTAL EXPENSE
B. PAYROLL TAXES						
FICA _____ %						
WORKER'S COMP. _____ %						
UNEMPLOYMENT _____ %						
BENEFITS						
RETIREMENT _____ %						
HOSPITAL CARE						
OTHER (SPECIFY)						
TOTAL EMPLOYEE PAYROLL TAXES & BENEFITS						

C. PROFESSIONAL FEES & CONTRACTED SERVICES (Indicate type, function performed, and estimate of use (hours, days, etc.))				MGMT INDIRECT	OTHER DIRECT SERVICES	TOTAL EXPENSE
TOTAL PROFESSIONAL FEES & CONTRACTED SERVICES						

EXHIBIT II

EXPENSES BY PROGRAM				MGMT	OTHER	TOTAL
SERVICES				INDIRECT	DIRECT	EXPENSE
D. CONSUMABLE SUPPLIES					SERVICES	
OFFICE						
CLEANING						
PROGRAM						
OTHER (SPECIFY)						
TOTAL CONSUMABLE SUPPLIES						
E. OCCUPANCY COSTS						
RENTAL @ _____ PER SQ.FT.						
USAGE ALLOWANCE OF BLDG. OWNED @2% OF ORIG. ACQUISITION COST						
MAINTENANCE & REPAIRS						
UTILITIES (MAY BE INCLUDED IN RENT)						
HEAT & ELECTRIC _____						
WATER						
TELEPHONE						
OTHER (SPECIFY)						
TOTAL OCCUPANCY COSTS						

EXHIBIT II

EXPENSES BY PROGRAM				MGMT	OTHER	TOTAL
SERVICES				INDIRECT	DIRECT	EXPENSE
OTHER SERVICE						
F. TRAVEL COSTS						
GASOLINE & OIL						
VEHICLE REPAIR						
VEHICLE LICENSE						
VEHICLE INSURANCE						
OTHER						
MILEAGE REIMBURSEMENT						
AT \$_____ PER MILE						
CONFERENCES & MEETINGS, ETC.						
PURCHASED TRANSPORTATION						
TOTAL TRAVEL COSTS						
G. INSURANCE COSTS						
LIABILITY						
PROPERTY						
ACCIDENT						
OTHER						
TOTAL INSURANCE COSTS						

EXHIBIT II

EXPENSES BY PROGRAM				MGMT	OTHER	TOTAL
SERVICES				INDIRECT	DIRECT SERVICE	EXPENSE
H. EQUIPMENT COSTS						
SMALL EQUIPMENT (items costing under \$5,000.00, which are to be purchased during budget period should be listed)						
TOTAL SMALL EQUIPMENT COSTS						
EQUIPMENT MAINTENANCE & REPAIR (DETAIL)						
TOTAL EQUIPMENT & REPAIR						
EQUIPMENT LEASE COSTS (DETAIL)						
TOTAL LEASE COSTS						
TOTAL COST DEPRECIATION OF LARGE EQUIPMENT ITEMS (detail on page 7)						
TOTAL EQUIPMENT COSTS						

EXHIBIT II

EXPENSES BY PROGRAM				MGMT	OTHER	TOTAL
SERVICES				INDIRECT	DIRECT	EXPENSE
I. MISCELLANEOUS COSTS						
TOTAL MISCELLANEOUS COSTS						
J. PROFIT MARGIN						
(For profit entities only- indicate the amount)						
TOTAL OF ALL EXPENSES						

A rationale or basis for the proration of MGT/INDIRECT Cost must be included which details how the amount charged to this program was determined. Some agencies allocate these types of costs on staff salaries, total personnel costs, total direct program costs, and/or time studies. HCJFS staff are available to discuss the most appropriate basis for the program for which the budget is being prepared, if agency staff are unfamiliar with this process.

EXPLANATION: _____

EXHIBIT II

REVENUES BY PROGRAM				MGMT	OTHER	TOTAL
SERVICES				INDIRECT	DIRECT	REVENUES
A. GOVERNMENTAL AGENCY FUNDING						
(specify agency & type						
B. OTHER FUNDING						
FEES FROM CLIENTS						
CONTRIBUTIONS - (identify all contributions which exceed \$1,000.00 by donor and amount)						
AWARDS & GRANTS						
OTHER (specify)						
TOTAL REVENUE						

EXPLANATION OF ANY ITEMS ABOVE: _____
