

Institutional Facility Expenditures

County ID #:

County :

Certificate of Compliance #:

Facility Name:

Parent Organization:

Facility Location:

Mailing Address:

Unit Identification # :

Unit Name:

Type of Service:

OBJECTS OF EXPENSE	Prior Year Actual FY _____	Title IV-E Allowable FY _____	Current Budget Year FY _____	Title IV-E Allowable FY _____	Projected Budget FY _____	Title IV-E Allowable FY _____
Personnel Expense						
Managers/Supervisors						
Direct Care						
Support Staff						
Clinical/Treatment						
Employee Benefits						
Staff Training						
Total Personnel Expenses						
Facility and Operational Expenses						
Facility - (Mortgage/Rent)						
Maintenance						
Building Utilities						
Communication						
Office Supplies						
Transportation/Travel						
Vehicle Maintenance and Repair						
Postage and Shipping						
Printing and Publications						
Insurance						
Equipment and Furniture						
Association Dues/ License Fees						
Recruitment/Advertising						
Other:						
Total Facility and Operational Expense:						
Direct Care Expenses						
Food/Meals						
Clothing						
Personal Care/Incidentals						
School Supplies						
Transportation of Children						
Recreational						
Other:						
Total Direct Care Expenses:						
Total Expense:						
Offsetting Revenues:						
Total Offsetting Revenue :						
NET Facility/Direct Care Expense						