



# North Los Angeles County Regional Center

Main 818-778-1900 • Fax 818-756-6140 | 9200 Oakdale Avenue #100, Chatsworth, CA 91311 | www.nlacrc.org

## ATTACHMENT J

**Cost Statement: Specialized Residential Facility Cost Statement: Form DS 6023 Rate Development Facility Costs for EBSH**  
**Cost Statement: Form 6024 Rate Development for Individual Costs Associated with Residency for EBSH**

- A. Using the attached Budget Form for Start-up Costs and Guidelines for the Use of CPP Funds as a reference, display all costs associated with the project. The proposed budget must not exceed the maximum amount specified of the grant award even if the projected budget may exceed the start-up grant approved. A proposed budget should be developed which details start-up costs for the residential facility development.
- B. Start-up costs are costs which are necessary for the implementation of the program but not its transitional or ongoing operation. Startup costs are usually incurred before the program is ready to begin actual services to consumers. Occasionally, some start-up costs are incurred during the transitional period. For example, equipment where the need was not established during the start-up period.
- C. Using attached DDS form DS 6023 display all costs associated with the projected facility costs for on-going services. The monthly rate of payment for the EBSH Facility Component/Service Code 900 may not exceed the maximum rate of reimbursement to be determined by DDS.
- D. For consumer's individual rate (EBSH Individualized Services and Supports Component/Service Code 901), use attached DDS form DS 6024 for a hypothetical consumer's individualized services and supports rate. The rate of payment for the EBSH Individualized Services and Supports component may not exceed the maximum rate of reimbursement to be determined by DDS.
- E. A budget narrative describing how each budget line item is calculated and is required to sufficiently define all terms and areas of the budget.
- F. General Expenses (usually 10 to 15% of budget is considered reasonable) should



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address specific minor expenses that cannot be classified in any other line item.

- G. Administrative costs cannot exceed 15% of the costs in the development of residential program.
- H. The budget should be realistic in terms of the types of services to be offered in relation to expenditures versus income.
- I. Demonstrate the ability to keep adequate fiscal records in accordance with all State and local requirements. Applicant may submit evidence of passing an Independent Audit.
- J. Describe the applicant commitment to hard (dollar) contributions to this project

## Budget Form for Start-up Costs

Submit budget projections for your start-up services, using estimates that are both reasonable and realistic uses of funds.

Line #	Care and Services	Start-Up Expenses
1	Food	
2	Household Supplies	
3	Personal Supplies	
4	Program Equip/Recreation	
5	Total Board & Supply (lines 1 - 4)	
	<b>Physical Plant</b>	<b>Start-Up Expense</b>
6	Lease/Mortgage	
7	Utilities(gas/water/power/phone/media)	
8	Vehicle Lease	
9	Vehicle Maintenance/Gas/Ins	
10	Facility Furnishings/Maintenance	
11	Modifications of Facility ( <b>SRF only</b> )	
12	Total Physical Plant (lines 6–11)	
	<b>General Administration</b>	<b>Start-Up Expense</b>
13	Admin. Overhead	
14	Office Supplies/Equip	
15	Insurance(s)	
16	Prof. & Community Memberships	
17	Licensing Fees	
18	Staff Recruitment	
19	Training & Staff Development	
20	Transitioning consumers from SDC	
21	Consultant Services	
22	Total Gen. Admin. (lines 13-21)	
	<b>Staffing</b>	<b>Start-Up Expense</b>
23	Salary – Administrator	
24	Salary – Direct Care Staff	
25	Employee Benefits	
26	Payroll Taxes	
27	Worker’s Compensation	
28	Total Staffing Expenses (lines 23-27)	
29	Total Start-Up Expenses (add lines 5, 12, 22, 28)	
30	Total Monthly Rate (add ongoing lines 5, 12, 22, 28)	
31	Divide Total Monthly Rate (line 30) by Total Number of Consumers in Facility.	

**RATE DEVELOPMENT - FACILITY COSTS**  
**DS 6023 (Rev 10/2016)**

**A. FACILITY TYPE**

Enhanced Behavioral Supports Home      Community Crisis Home      Other \_\_\_\_\_

**B. CONTACT INFORMATION**

Vendor Name:		Vendor #
Address:		
City:	State:	Zip:

**C. CATEGORIES AND DESCRIPTIONS OF COSTS**

	Total Monthly Cost	Notes
<b>1. Payroll Costs</b>		
a. Administrator Salary		
b. Administrator Payroll Taxes		
c. DSP Lead Salary (168 Hours/Week)		
d. DSP Lead Payroll Taxes		
e. Workers Compensation		
f. Benefit Allowance: Medical, Dental, etc.		
g. Other Costs: Describe in notes		
<b>Total Administrator Payroll Costs</b>	<b>\$</b>	
<b>2. Facility Related</b>		
a. Rental, Lease, or Mortgage, include Homeowner's Assoc. Dues		
b. Property Taxes		
c. Combined Utilities: Gas, Electric, Water, Garbage		
d. Janitorial Service, Gardening		
e. Transportation: Vehicle, Maintenance, Fuel (not DP/School)		
f. Telephone: Long Distance, Cell Phones, Pagers		
g. Office Supplies		
h. Insurance: Business Liability, Auto		
i. Fees for Licenses and Memberships		
j. Other Costs: Repairs/Maintenance/Modifications		
k. Other Costs: Cable and Internet		
l. Other Costs: Describe in notes		
<b>Total Facility Related Costs</b>	<b>\$</b>	
<b>TOTAL FACILITY COSTS</b>		<b>\$</b>

**D. SIGNATURES**

Vendor Signature:	Date:
Print Name:	
Regional Center Representative Signature:	Date:
Print Name:	

# RATE DEVELOPMENT - INDIVIDUAL COSTS ASSOCIATED WITH RESIDENCY

DS 6024 (REV 10/2016)

## A. FACILITY TYPE

Enhanced Behavioral Supports Home      Community Crisis Home      Other \_\_\_\_\_

## B. CONTACT INFORMATION

Consumer Name:		UCI #
Vendor Name:		Vendor #
Vendor Address:		
City:	State:	Zip:

## C. CATEGORIES AND DESCRIPTIONS OF COSTS

	Unit Cost	Total Monthly Cost	Notes
<b>1. Salaries and Wages</b>			
a. Total Wages – Hourly Direct Care Staff			
1) Direct Care Staff			
2) Behaviorist			
3) Relief Time/Staff			
4) Other Costs: Describe in Notes			
<b>Total Salaries and Wages Costs</b>		<b>\$</b>	
<b>2. Payroll Taxes, Workers Compensation, and Fringe Benefits</b>			
a. Payroll Taxes			
b. Workers Compensation			
c. Benefit Allowance: Medical, Dental, etc.			
d. Other Costs: Describe in Notes			
<b>Total Taxes and Benefits Costs</b>		<b>\$</b>	
<b>Total Personnel Costs (Combine Totals from Section 1 and 2 above)</b>		<b>\$</b>	
<b>3. Program Costs – Per Consumer</b>			
a. Snacks/Food			
b. Combined Utilities - Additional			
c. Consultant (Non-Behaviorist)			
d. Training			
e. Transportation: Vehicle, Maintenance, Fuel (not DP/School)			
f. Other Costs: Repairs and Maintenance - Additional			
g. Office Supplies - Additional			
h. Other Costs: Outside Activities Expenses			
i. Other Costs: Activity Supplies			
j. Other Costs: Describe in Notes			
<b>Total Program Costs</b>		<b>\$</b>	
<b>TOTAL INDIVIDUAL COSTS</b>		<b>\$</b>	

## D. SIGNATURES

Vendor Signature:	Date:
Print Name:	
Regional Center Representative Signature:	Date:
Print Name:	