

EXHIBIT D BUDGET SUMMARY

PROVIDER:
 FUNDING CATEGORY:
 BUDGET PERIOD:

	NAME OF PROGRAM: _____					TOTAL
I. PERSONNEL EXPENSES						
A. WAGES & SALARIES						
1. Direct Care Salaries	_____	_____	_____	_____	_____	-
2. Overtime	_____	_____	_____	_____	_____	-
3. Paid Time Off	_____	_____	_____	_____	_____	-
4. Other	_____	_____	_____	_____	_____	-
TOTAL PAYROLL	-	-	-	-	-	-
B. BENEFITS						
1. Payroll Taxes	_____	_____	_____	_____	_____	-
2. Workman's Compensation	_____	_____	_____	_____	_____	-
3. Unemployment Insurance	_____	_____	_____	_____	_____	-
4. Health Insurance, Dental, Eye	_____	_____	_____	_____	_____	-
5. Retirement Contribution	_____	_____	_____	_____	_____	-
6. Other	_____	_____	_____	_____	_____	-
TOTAL BENEFITS	-	-	-	-	-	-
TOTAL PERCENTAGE OF PAYROLL	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
C. MISCELLANEOUS PERSONNEL						
1. Staff Development	_____	_____	_____	_____	_____	-
2. Purchased Personnel (Audit, Legal)	_____	_____	_____	_____	_____	-
3. Bonding Expenses	_____	_____	_____	_____	_____	-
TOTAL MISCELLANEOUS PERSONNEL	-	-	-	-	-	-
II OPERATING EXPENSES						
A, OCCUPANCY						
1. Mortgage Payment	_____	_____	_____	_____	_____	-
2. Rent Payment	_____	_____	_____	_____	_____	-
3. Value of Owned RE	_____	_____	_____	_____	_____	-
4. Electric Power	_____	_____	_____	_____	_____	-
5. Gas	_____	_____	_____	_____	_____	-
6. Water	_____	_____	_____	_____	_____	-
7. Sewage	_____	_____	_____	_____	_____	-
8. Garbage & Trash Removal	_____	_____	_____	_____	_____	-

9. Cable TV						-
10. Insurance						-
B. COMMUNICATIONS						-
1. Telephone						-
2. Postage						-
3. Printing						-
4. Advertising						-
5. Other						-
C. SUPPLIES						-
1. Program Supplies						-
2. Minor Equipment Purchases						-
D. TREATMENT & SUPPORTIVE SUPPLIES						-
1. Medical						-
2. Drugs						-
3. Food & Clothing						-
4. Rehabilitation Supplies						-
E. TRANSPORTATION						-
1. Staff Travel						-
2. Client Travel						-
F. PURCHASED TREATMENT SERVICES						-
G. MISCELLANEOUS OPERATING EXPENSES						-
1. Specify all items over \$300						-
TOTAL OPERATING EXPENSES	-	-	-	-	-	-
III. EQUIPMENT & OTHER FIXED ASSETS						
A. PURCHASE OF FIXED ASSETS						-
1. Buildings & Land						-
2. Program Equipment						-
3. Medical Equipment						-
4. Motor Vehicles						-
5. Other (Specify)						-
TOTAL EQUIPMENT PURCHASES	-	-	-	-	-	-
B. REPAIRS & IMPROVEMENTS OF FIXED ASSETS						
1. Building Repairs						-
2. Program Equipment Repairs						-
3. Medical Equipment Repairs						-
4. Motor Vehicle Repairs						-
5. Other Repairs (Specify)						-
TOTAL REPAIRS & IMPROVEMENTS	-	-	-	-	-	-
IV. ADMINISTRATION COSTS						-

