

B U D G E T

AGENCY NAME: \_\_\_\_\_ PREPARED BY: \_\_\_\_\_ TELEPHONE: (    ) \_\_\_\_\_

AGENCY CODE: \_\_\_\_\_ (    ) Please check the box if the preparer changed from the prior reporting period.

COUNTY NAME & CODE: \_\_\_\_\_ USE WHOLE DOLLARS.

B U D G E T

Line No.	COLUMN NUMBER ITEM DESCRIPTION	Cost Codes											TOTAL
1	Accounting Method												
2	Program Type	00073											
3	Program Code (Program Code Index)	00013											
4	Total Persons Served/Month	00220											
5	Total Units of Service	00999											
6	Gross Cost/Unit of Service	70999											
7	Net Cost/Unit of Service	71999											
8	Please Check if Participant Specific Methodology is Used (OMRDD Only)												
9	A. Funding Source Index (OMH/OASAS only)												
10	Number Persons Served/Month	00260											
11	Number Units of Service	00250											
12	Total Adjusted Expenses	50999											
13	Less Applied Net Revenue	61999											
14	Net Operating Costs	62999											
15	Contract Number *	00201											
16	B. Funding Source Index (OMH/OASAS only)												
17	Number Persons Served/Month	00261											
18	Number Units of Service	00251											
19	Total Adjusted Expenses	50998											
20	Less Applied Net Revenue	61998											
21	Net Operating Costs	62998											
22	Contract Number *	00202											
23	C. Funding Source Index (OMH/OASAS only)												
24	Number Persons Served/Month	00262											
25	Number Units of Service	00252											
26	Total Adjusted Expenses	50997											
27	Less Applied Net Revenue	61997											
28	Net Operating Costs	62997											
29	Contract Number *	00203											
	D. Totals From A-C Above												
30	Total Adjusted Expenses	51999											
31	Less Net Revenue	63999											
32	Net Operating Costs	52999											