REGION 10

PROVIDER SERVICES COST SUMMARY

Provider: **Program Name:**
Provider Address: **Program Address:**
                                                                       If different from Provider Address

Applicable Period: October 1, 2019 - September 30, 2020
                            FY2020   ALLOCATED TO SERVICE UNITS

	SRV UNIT CODE / MBO CODE						
	UNIT TYPE / STRATEGY CODE						

DIRECT COSTS:							
A. Salaries & Fringes							
Direct Program Salaries	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Direct Program Payroll Taxes							
FICA	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Unemployment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Workman's Compensation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Health & Welfare Benefits	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Accrued Leave Time (if funded)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Other (describe)							
Retirement	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
B. Operations:							
Supplies	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Communication	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Contractual	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Equipment Related:							
Lease Expense	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Repairs & Maintenance	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Insurance	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Vehicle Related:							
Lease Expense:	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Repairs & Maintenance	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Insurance	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Other Costs	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Non-fringe Insurance (not included elsewhere)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Other Operating Costs (describe):							
Advertisement	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Training	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Travel	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
TOTAL DIRECT COSTS	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
INDIRECT COSTS (Attach Indirect Rate Calculation Sheet):							
A. Overhead:							
Building Related	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Lease Expenses	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Repairs & Maintenance	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Insurance	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Other Costs							
B Administration:							
Administrative Salaries	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Administrative Payroll Taxes							
FICA	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Unemployment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Worker's Compensation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Health & Welfare Benefits	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Retirement Benefits	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
C. Other Allocated Costs:							
Errors & Omissions Insurance	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Independent Audit Costs	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Central Office Operations (describe)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
D. Depreciation (Attach Schedule)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
TOTAL INDIRECT COSTS	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
TOTAL COSTS	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
UNITS OF SERVICE TO BE PROVIDED	1	1	1	1	1	1	1
COST PER UNIT OR ENCOUNTER	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

NOTE: 1   **Change the "1" under the UNITS OF SERVICE TO BE PROVIDED to the # of units agency will provide using the costs above.**
            2   **For Unit Type, enter "15 min", Day, Encounter etc.**

PROVIDER SERVICES COST SUMMARY

FOR OFFICE USE ONLY
FORM SHOULD BE SENT TO CONTRACT DEPARTMENT
☐Contract Department Initial Receipt
☐Contract Department Sent to _____ (Department)
☐Contract Review by _____ (Staff)
☐Return to Contract Department
☐Contract Department Final Receipt (for processing)