

**ENHANCED BEHAVIORAL SUPPORTS HOME - RATE DEVELOPMENT
 FACILITY COSTS
 DS 6023 (New 10/2015)**

A. CONTACT INFORMATION

Vendor Name: _____ Vendor #: _____

Address: _____

City: _____ State: _____ Zip: _____

B. CATEGORIES AND DESCRIPTIONS OF COSTS

	Total Monthly Cost	Notes
1. Payroll Costs		
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):		
Total Payroll Costs	\$	
2. Facility Related		
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):		
Total Facility Related Costs	\$	
TOTAL FACILITY COSTS	\$	

C. SIGNATURES

Vendor Signature: _____ Date: _____

Print Name: _____

Regional Center Representative Signature: _____ Date: _____

Print Name: _____