

1. Reporting Period
[] through []

2. Vendor Name
[]

3. Vendor Number [] Service Code [] Subcode []

4. Business Address (Street, City, State, Zip Code)
[]

5. Mailing Address (Street, City, State, Zip Code)
[]

6. Management Organization Name (if applicable)
[]

7. Service Director [] Telephone Number []

PROGRAM INFORMATION

8. Name of Vendoring Regional Center
[]

9. Name of User Regional Centers
[]

TEMPORARY PAYMENT RATE APPLICANTS ONLY

10. Date service began or will begin []

TEMPORARY PAYMENT RATE APPLICANTS STOP HERE AND SIGN LINE 20

PERMANENT PAYMENT RATE APPLICANTS COMPLETE REMAINDER OF PAGE

11. Direct Service Hours []

VENDOR COSTS

12. Salaries and Wages []

13. Fringe Benefits []

14. Operating Expenses (from page 2, line 17) []

15. Management Organization Costs (from page 3, line 2) []

16. Negotiated Level of Payment Adjustment (from page 4, line 4) []

17. **TOTAL COST** []

18. **VENDOR INCOME** (from page 3, line 5) []

19. **NET COST** []

20. I hereby certify to the best of my knowledge and belief that this cost statement is true and correct, and complies with the requirements of Title 17, Sections 58020 through 58039.

Signature

Date

Vendor Name:

Vendor Number:

Service Code: Subcode:

OPERATING EXPENSE SHEET

1. Accounting fees.....	<input type="text"/>
2. Bank service fees.....	<input type="text"/>
3. Communication costs.....	<input type="text"/>
4. Contractual/consultation fees.....	<input type="text"/>
5. Depreciation costs.....	<input type="text"/>
6. General expenses.....	<input type="text"/>
7. Insurance costs.....	<input type="text"/>
8. Janitorial fees	<input type="text"/>
9. Legal fees	<input type="text"/>
10. Maintenance costs	<input type="text"/>
11. Office supplies.....	<input type="text"/>
12. Rental and lease costs.....	<input type="text"/>
13. Staff training costs.....	<input type="text"/>
14. Staff travel costs.....	<input type="text"/>
15. Utility costs.....	<input type="text"/>
16. Vehicle depreciation	<input type="text"/>
17. TOTAL OPERATING COSTS (to page 1, line 14).....	<input type="text"/>

Vendor Name:

Vendor Number:

Service Code: Subcode:

MANAGEMENT ORGANIZATION COST

1. Total cost

2. Amount allocated to this service (to page 1, line 15)

3. Method for allocating cost (check one)

Hours of attendance

Total cost for each service

VENDOR INCOME

4. Name of Vendor Income Source	Duration of Funding	Total Income
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Total (to page 1, line 18)

APPLICABLE ONLY TO VENDORS WHO NEGOTIATED A LOWER LEVEL OF PAYMENT

Vendor Name:

Vendor Number:

Service Code: Subcode:

REGIONAL CENTER PAYMENT INFORMATION

	A	B	C	D
1.	Name of Regional Center	Total Amount of Actual Regional Center Payment	Maximum Amount of Regional Center Payment	Difference
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	Total.....	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	Total amount of cost reductions implemented as a result of the negotiated level of payment		<input type="text"/>	
4.	Enter the lesser of line 2D or line 3 (to page 1, line 16)		<input type="text"/>	

INSTRUCTIONS

Form DS 1897B (6/94) – Page 1

Line		Reference
1	Enter the reporting period of this cost statement.	58031
2	Enter the vendor name.	58033 (a)(1)
3	Enter the vendor number, service code, and subcode.	58033 (a)(1)
4	Enter the address where the vendored service is located.	58033 (a)(2)
5	Enter the mailing address for the vendored service.	58033 (a)(2)
6	Enter the name of the management organization, if the service is affiliated with a management organization.	58033 (a)(1)
7	Enter the name of the service director and telephone number for the vendored service.	58033 (a)(3) 58033 (a)(2)
8	Enter the name of the vendoring regional center.	58033 (a)(4)
9	Excluding the vendoring regional center, enter the names of all regional centers for which you provide services.	58033 (a)(4)
10	If you are applying for a temporary payment rate, enter the date you began or intend to begin providing services.	58033 (c)(1)

VENDORS REQUESTING A TEMPORARY PAYMENT RATE, GO TO LINE 20
VENDORS REQUESTING A PERMANENT PAYMENT RATE, COMPLETE LINES 11 THROUGH 20

11	Enter the total actual number of direct service hours provided to clients during this reporting period and, for vendors reimbursed for absences, the number of direct service hours for which reimbursement was received.	58033 (b)
12	Enter the total gross salaries and wages including overtime, for the vendored service.	58034 (a)(1)
13	Enter the cost of allowable fringe benefits associated with the salaries and wages on line 12 above.	58034 (a)(2)
14	Enter the total allowable operating expenses from page 2, line 17.	58034 (a)(3)
15	Enter the total allowable management organization costs from page 3, line 2.	58034 (b)(4)
16	Enter the amount from page 4, line 4.	
17	Enter the total of lines 12, 13, 14, 15, and 16.	58038
18	Enter the total allowable vendor income from page 3, line 5.	
19	Subtract line 18 from line 17.	58030 (a)
20	Subtract line 19 from line 18.	
21	Sign and date Statement of Certification	57430 (a)

TEMPORARY PAYMENT RATE VENDORS: INCLUDE WITH THE SIGNED COST STATEMENT, A COPY OF THE SERVICE DESIGN AND VENDOR APPROVAL LETTER. 58033 (a)(5)
58033 (c)(2)

PERMANENT PAYMENT RATE VENDORS: INCLUDE WITH THE SIGNED COST STATEMENT, A COPY OF THE SERVICE DESIGN. 58033 (a)(5)

INSTRUCTIONS

Form DS 1897B (6/94)

Page 2 – OPERATING EXPENSE DETAIL SHEET

Line		Reference
1	Enter the cost for accounting fees.	58034 (a)(3)(A)
2	Enter the cost for bank service fees.	58034 (a)(3)(B)
3	Enter the communication costs including telephone, telegraph, teletype, centrex, telepak, postage, message service, facsimiles, and TDD.	58034 (a)(3)(C)
4	Enter the cost for contractual/consultant fees that do not have a specific cost category.	58034 (a)(3)(D)
5	Enter the depreciation cost excluding vehicle depreciation which is reported on line 16.	58034 (a)(3)(E)
6	Enter the cost for general expenses. See section referenced for items allowable under general expense.	58034 (a)(3)(F)
7	Enter the insurance costs.	58034 (a)(3)(G)
8	Enter the janitorial costs.	58034 (a)(3)(H)
9	Enter the cost for legal fees.	58034 (a)(3)(I)
10	Enter the maintenance costs. See section referenced for items allowable under maintenance costs.	58034 (a)(3)(J)
11	Enter the office supplies costs. See section referenced for allowable office supplies costs.	58034 (a)(3)(K)
12	Enter the rental and lease costs. See section referenced for items allowable under rental and lease costs.	58034 (a)(3)(L)
13	Enter the staff training costs.	58034 (a)(3)(M)
14	Enter the costs for staff travel.	58034 (a)(3)(N)
15	Enter the utilities costs.	58034 (a)(3)(O)
16	Enter the vehicle depreciation costs. See referenced section regarding depreciation methodology and useful life.	58034 (a)(3)(P)
17	Enter the total of lines 1 through 16 here and on page 1, line 14.	

INSTRUCTIONS

Form DS 1897B (6/94)

Page 3 – MANAGEMENT ORGANIZATION COST AND VENDOR INCOME DETAIL SHEET

MANAGEMENT ORGANIZATION COST

Line		Reference
1	Enter the total allowed cost of the management organization.	58034 (a)(4)(C)2.
2	Enter the amount of management organization costs allocated to this service here and on page 1, line 15.	58034 (a)(4)(C)
3	Check the method of allocation used.	58034 (a)(4)(C)1.a. 58034 (a)(4)(C)1.b.

VENDOR INCOME

4	Enter the name of each source of vendor income, duration of funding, and total income.	58038 (a)
5	Enter the total of all vendor income here and on page 1, line 18.	58038 (a)

INSTRUCTIONS

Form DS 1897B (6/94)

Page 4 – REGIONAL CENTER PAYMENT INFORMATION DETAIL SHEET

APPLICABLE ONLY TO VENDORS WHO NEGOTIATED A LOWER LEVEL OF PAYMENT

REGIONAL CENTER PAYMENT INFORMATION

Line		Reference
1	Enter the name of each regional center, total amount of the actual regional center payment received from the regional center, maximum amount of the regional center payment which you would have received from the regional center based upon the established rate, and the actual units of service provided, and the difference between the two amounts	58039 (a)(1) 58039 (a)(2)
2	Enter the total amount of all actual regional center payments received, the total of all maximum amounts of regional center payments, and the total difference between the two amounts.	58039 (a)(1) 58039 (a)(2)
3	Enter the total amount of cost reductions implemented as a result of the negotiated level of payment.	58039 (b)
4	Enter the lesser of the amounts entered on line 2D or line 3 here and on page 1, line 16.	