

**RATE DEVELOPMENT - FACILITY COSTS**  
**DS 6023 (Rev 10/2016)**

**A. FACILITY TYPE**

Enhanced Behavioral Supports Home      Community Crisis Home      Other \_\_\_\_\_

**B. CONTACT INFORMATION**

Vendor Name:		Vendor #
Address:		
City:	State:	Zip:

**C. CATEGORIES AND DESCRIPTIONS OF COSTS**

	Total Monthly Cost	Notes
<b>1. Payroll Costs</b>		
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 in notes		
<b>Total Administrator Payroll Costs</b>	<b>\$</b>	
<b>2. Facility Related</b>		
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 in notes		
<b>Total Facility Related Costs</b>	<b>\$</b>	
<b>TOTAL FACILITY COSTS</b>	<b>\$</b>	

**D. SIGNATURES**

Vendor Signature:	Date:
Print Name:	
Regional Center Representative Signature:	Date:
Print Name:	