

# RATE DEVELOPMENT - FACILITY COSTS

## DS 6023 (Rev 5/2020)

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### 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>\$ 0.00</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. Snacks/Food   |                    |       |
| k. Other Costs: Repairs/Maintenance/Modifications              |                    |       |
| l. Other Costs: Cable and Internet                             |                    |       |
| m. Other Costs: Describe in notes                              |                    |       |
| <b>Total Facility Related Costs</b>                            | <b>\$ 0.00</b>     |       |
| <b>TOTAL FACILITY COSTS</b>                                    | <b>\$ 0.00</b>     |       |

### D. SIGNATURES

Vendor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Regional Center Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_