

RATE DEVELOPMENT - FACILITY COSTS
DS 6023 (Rev 9/2021)

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
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 in notes		
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. Snacks/Food		
k. Other Costs: Repairs/Maintenance/Modifications		
l. Other Costs: Cable and Internet		
m. Other Costs: Describe in notes		
Total Facility Related Costs		
TOTAL FACILITY COSTS		

D. SIGNATURES

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