

RATE SCHEDULE - FACILITY COSTS
DS 602

A. FACILITY COSTS			
Emergency Shelter	Supports Home	Community Crisis Home	Other

B. CONTACT INFORMATION

Vendor Name: _____

Address: _____

City: _____ State: _____

C. CATEGORIES AND DESCRIPTIONS		Notes
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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, including taxes		
b. Property Taxes		
c. Combined Utilities: Gas, Electric, Water		
d. Janitorial Service, Gardening		
e. Transportation: Vehicle, Mileage (at DP/School)		
f. Telephone: Long Distance, Cellular		
g. Office Supplies		
h. Insurance: Business		
i. Fees for Licenses		
j. Snacks/Food		
k. Other Costs: Repairs/Modifications		
l. Other Costs: _____		
m. Other _____		
Total Facility Related Costs	\$	

TOTAL FACILITY COSTS	\$	
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D. SIGNATURE AND DATE

Date: _____

Regional Center Representative Signature: _____ **Date:** _____

Print Name: _____