EXHIBIT D BUDGET SUMMARY

PROVIDER: FUNDING CATEGORY: BUDGET PERIOD:

	NAME OF PROGRAM:						TOTAL
I.	PERSONNEL EXPENSES A. WAGES & SALARIES 1. Direct Care Salaries 2. Overtime 3. Paid Time Off 4. Other TOTAL PAYROLL						
	 B. BENEFITS Payroll Taxes Workman's Compensation Unemployment Insurance Health Insurance, Dental, Eye Retirement Contribution Other TOTAL BENEFITS TOTAL PERCENTAGE OF PAYROLL 	- #DIV/0!	- #DIV/0!	- #DIV/0!	- #DIV/0!	- #DIV/0!	- - - - - - #DIV/0!
	 C. MISCELLANEOUS PERSONNEL 1. Staff Development 2. Purchased Personnel (Audit, Legal) 3. Bonding Expenses TOTAL MISCELLANEOUS PERSONNEL 						
II	OPERATING EXPENSES A, OCCUPANCY 1. Mortgage Payment 2. Rent Payment 3. Value of Owned RE 4. Electric Power 5. Gas 6. Water 7. Sewage 8. Garbage & Trash Removal						

	9. Cable TV						
	10. Insurance						
	B. COMMUNICATIONS						-
	1. Telephone						
	2. Postage						-
	3. Printing						-
	4. Advertising						
	5. Other						
	C. SUPPLIES						
	1. Program Supplies						
	2. Minor Equipment Purchases						
	D. TREATMENT & SUPPORTIVE SUPPLIES						-
	1. Medical						-
	2. Drugs						-
	3. Food & Clothing						
	4. Rehabilitation Supplies						-
	E. TRANSPORTATION						
	1. Staff Travel						-
	2. Client Travel						-
	F. PURCHASED TREATMENT SERVICES						-
	G. MISCELLANEOUS OPERATING EXPENSES						
	1. Specify all items over \$300						
	TOTAL OPERATING EXPENSES						
Ш.	EQUIPMENT & OTHER FIXED ASSETS						
	A. PURCHASE OF FIXED ASSETS						
	1. Buildings & Land						
	2. Program Equipment						
	3. Medical Equipment						-
	4. Motor Vehicles						-
	5. Other (Specify)						-
	TOTAL EQUIPMENT PURCHASES	-	-	-	-	-	-
	B. REPAIRS & IMPROVEMENTS OF FIXED ASSETS						
	1. Building Repairs						-
	2. Program Equipment Repairs						-
	3. Medical Equipment Repairs						
	4. Motor Vehicle Repairs						-
	5. Other Repairs (Specify)						
	5. Other Repairs (Specify)			<u> </u>			
	5. Other Repairs (Specify) TOTAL REPAIRS & IMPROVEMENTS	-	-	-	-	-	-
IV.		<u> </u>	<u> </u>	<u> </u>	· ·	-	-

V.	(Attach Administrative Cost Allocation Plan) % of Administrative Cost Applied to this Program (Audited actual costs shall not exceed this percentage) TOTAL COSTS	#DIV/0! -	#DIV/0! -	#DIV/0! -	#DIV/0! -	#DIV/0! -	#DIV/0! -
VI.	 AMOUNT NOT ELIGIBLE FOR DPW PARTICIPATION A. SALARIES B. EMPLOYEE BENEFITS C. INTEREST EXPENSE D. OTHER (SPECIFY) E. OVERBUDGET (IN-KIND) TOTAL NOT-ELIGIBLE EXPENSES 						
VII.	 INCOME A. PROGRAM SERVICE FEES (FAMILY LIABILITY) B. PRIVATE INSURANCE C. MEDICAL INUSRANCE D. FEDERAL STAFFING GRANTS E. ROOM AND BOARD LIABILITY F. CHARITIES G. INTEREST INCOME H. PRIVATE PAY (CLIENTS & TRUSTS) I. OTHER INCOME (SPECIFY) TOTAL INCOME 						- - - - - - - - - - - - - - - - - - -
VIII.	NET EXPENSES (LINE V MINUS VI & VII)	· ·	·	-	·	<u> </u>	<u> </u>
IX.	 ESTABLISHED FEE A. NUMBER OF UNITS OF SERVICE TO BE PROVIDED B. TOTAL CLIENT CAPACITY ANTICIPATED C. TOTAL UNITS OF SERVICE D. ESTIMATED ABSENTEE PERCENTAGE E. ADJUSTED CLIENT UNITS (C times (100% minus line D) F. ADJUSTED UNIT COST PER CLIENT (Line VIII. Divided by line E) 	- - #DIV/0!	- - #DIV/0!	- - #DIV/0!	- - #DIV/0!	- - #DIV/0!	