

## For the Period July 1st, 2016 - June 30, 2018

**Bidders must submit one budget as defined below (Chart 1) per services area.**

Chart 1:

**Budget 1: Chafee IL services ONLY**

Independent Living Services as defined and provided to those youth in placements identified as Budget 1 in Chart 1.

\*While the number of referrals for 16 and 17 year olds is approx 30% currently, we anticipate that increasing to 50%

**Budget 2: Collaborative Care-services and placement supervision**

Includes placement costs and supervision for youth for whom DCS has placement and care. Supervision for older youth includes preparing the youth to live independently by serving as a broker of services to connect youth to community service providers as defined in the service standards.

\*The estimated percentage of CHINS youth entering Collaborative Care at age 17.5 or older is projected to be 70%

\*The estimated percentage of probation youth entering Collaborative care at age 18 or older is projected to be 50%

**Budget 3: Staff Supported Housing**

Includes placement cost and supervision, for youth for whom DCS has placement and care. Supervision for older youth includes preparing the youth to live independently by serving as a broker of services to connect youth to community service providers as defined in the service standards.

**Budget 4: Chafee IL Services-Voluntary ONLY**

Independent Living Services (including case management and limited financial assistance to support rent, utilities, and items to support independent living, i.e., Room & Board) as defined in the service standards and provided to those youth in placements identified as Budget 4 in Chart 1.

# INDIANA DEPARTMENT OF CHILD SERVICES PRO FORMA BUDGET WORKSHEET

Agency Name:

Budget Number (as defined in Chart 1)  Service Area

Budget Period: From July 1, 2016 to June 30, 2018 (Assume full year of operation)

**Budget**

**A. Personnel**

		1. Salaries & Wages				2. Fringe Benefits	
(A) Position/Job Title*	FTE	(B) Average # of Hrs/ Month for Program	(C) Salary/Wage per Month for Program	(D) # of Months	(E) Salary/Wage for Program	(F) Fringe Benefit Rate	(G) Fringe Benefit Cost
*Please list each staff position individually							

Total Salaries and Wages:  Total Fringe:

**A. 3. Consultant and Contract Services**

(A)	(B)	(C)	(D)	(E)

Total Consultant and Contract Services:

Budget (Continued if Necessary)

Agency Name:

Budget Number (as defined in Chart 1)  Service Area

Budget Period: From July 1, 2016 to June 30, 2018 (Assume full year of operation)

**Budget**

**A. Personnel**

		1. Salaries & Wages				2. Fringe Benefits	
(A) Position/Job Title*	FTE	(B) Average # of Hrs/ Month for Program	(C) Salary/Wage per Month for Program	(D) # of Months	(E) Salary/Wage for Program	(F) Fringe Benefit Rate	(G) Fringe Benefit Cost
*Please list each staff position individually							

(H) Full-Time Equivalents by Position

Title of Position	FTE

# INDIANA DEPARTMENT OF CHILD SERVICES PRO FORMA BUDGET WORKSHEET

Agency Name:

Budget Number (as defined in Chart 1)  Service Area

Budget Period: From July 1, 2016 to June 30, 2018 (Assume full year of operation)

## Section IV Budget (Continued)

### B. Other Costs

#### 1. Travel (Compute client and staff costs separately)

Calculations/Descriptions:

#### 2. Consumable Supplies, Printing, Marketing, and Communications (Justify by type of expense)

Calculations/Descriptions:

#### 3a. Occupancy Costs Clients (Show computations of each cost)

Rent: Calculations/Descriptions:

Utilities: Calculations/Descriptions:

Other Occupancy Costs (e.g., phone, furniture): Calculations/Descriptions:

#### 3b. Occupancy Costs Staff (Show computations of each cost)

Rent/Depreciation: Calculations/Descriptions:

Utilities: Calculations/Descriptions:

Other Occupancy Costs (e.g., taxes, insurance): Calculations/Descriptions:

#### 4. Client Food, Clothing, Supplies & Incidentals (Show computations of each component)

Calculations/Descriptions:

# INDIANA DEPARTMENT OF CHILD SERVICES PRO FORMA BUDGET WORKSHEET

Agency Name:

Budget Number (as defined in Chart 1)  Service Area

Budget Period: From July 1, 2016 to June 30, 2018 (Assume full year of operation)

## Budget (Continued)

### B. Other Costs (Continued)

#### 5. Staff Training (Show factors included and computation)

Calculations/Descriptions:

6. Telephone:

Postage:

Total:

#### 7. Rental/Lease/Prorated Share of Equipment Purchase

Calculations/Descriptions:

#### 8. Other Direct Costs--Specify

Calculations/Descriptions:

#### 9. Direct Administrative Costs (Provide Component Detail)

Calculations/Descriptions:

#### 10. Indirect Administrative Costs (Provide Component Detail and Basis for Any Allocations)

Calculations/Descriptions:

#### 11. Personal Allowance:

(Include \$300/youth included in Budget 2)

#### 12. Emancipation Goods and Services:

(Include \$500/youth included in Budget 4)

**Comments:**

**Other Revenue Sources:**

Identify and describe other sources of funding that will be utilized to support the program.

**Comments:**

(You may also use this space to complete any information that was not able to be completed on previous pages. Please mark clearly what your comments are referencing.)

# INDIANA DEPARTMENT OF CHILD SERVICES PRO FORMA BUDGET SUMMARY

Agency Name:

Budget Number (as defined in Chart 1)  Service Area

## Budget Summary

July 1, 2016 to June 30, 2018 (Assume full year of operation)	Total Proposed Program Costs
<b>Projected average # of Youth</b>	
<b>A. Personnel</b>	
*1. Salaries & Wages	
*2. Fringe Benefits	
*3. Consultant & Contract Services	
<b>B. Other Costs</b>	
*1. Travel Expenses a. Clients b. Staff	
*2. Consumable Supplies, Printing, Marketing and Communications	
*3. Occupancy Costs (Rent, Utilities, Custodial) a. Clients b. Staff	
*4. Client Food, Clothing, Supplies & Incidentals	
*5. Staff Training	
*6. Telephone & Postage	
*7. Rental/Lease/Prorated Share of Equipment Purchase (Per instructions)	
*8. Other Costs -- Specify	
*     Total Operating Costs	
*9. Direct Administrative Expenses	
*10. Indirect Administrative Expenses	
*     Total Administrative Expenses	
*11. Personal Allowance	
*12. Emancipation Goods & Services	
*13. Vocational Educational Costs	

<b>C. TOTAL PROGRAM COSTS</b>	
<b>D. OTHER REVENUE SOURCES</b>	
<b>E. NET PROGRAM COSTS</b>	
<b>F. NUMBER OF CLINET DAYS SERVED:</b>	
<b>G. PROPOSED COSTS ESCALATION FACTOR FOR YEAR 2:</b>	

\*See Applicable Budget Justification Worksheets for Details

Please indicate if your agency is:

- Certified Minority Owned Business
- Certified Women Owned Business
- Buy Indiana Entity

For more information, please visit the Indiana Department of Administration website:  
<http://www.in.gov/idoa/>



**INDIANA DEPARTMENT OF CHILD SERVICES**  
**BUDGET PERIOD: JULY 1, 2016--JUNE 30, 2018**  
**EXPLANATION OF PRO FORMA BUDGET WORKSHEETS**

Complete the pro forma budget for one year. Please include a cost escalation factor for Year 2.

Please use the Pro Forma Budget Worksheets to calculate the amounts entered on the Budget Summary page. The following information is to be entered in the Pro Forma Budget Worksheets:

Any staff and costs dedicated to a particular Collaborative Care service component should be included in their entirety in the Pro Forma Budget for that service component. For any staff not dedicated to a particular service component, the portion of the position, as measured by a partial full-time equivalent (FTE), should be included in the Pro Forma Budget for each appropriate service component. Other non-personnel costs not attributable to a particular service component should be allocated to each service component that utilizes such costs. The basis for allocation for each allocated costs must be provided on the Pro Forma Budget Worksheet.

**Item A. Personnel Costs**

1. Salaries & Wages--Enter the projected salary and wage expenses for all personnel to be utilized in the program component. All clinical staff should be excluded as these services will be referred and paid separately.
2. Fringe Benefits (benefits and payroll taxes)--Enter the projected fringe benefit expenses for program personnel. provide detailed calculation and explanation of fringe benefit rate.
3. Consultant/Contract Services--Enter all consultant and contracted services that will be purchased by applicant in order to provide the proposed services. All clinical contractors should be excluded as these services will be referred and paid separately. Calculate at cost without fringe benefits.

**Item B. Other Costs**

**Travel Expenses**

- a. Staff--Enter the detailed projected staff travel expenses for this program component.
- b. Clients--Enter the detailed projected client travel/transportation expenses for this program component.

Supplies, printing, Marketing, and Communication--Enter the detailed projected expenses for consumable supplies, printing, marketing, and communications for this program component.

**Occupancy Costs**

- a. Clients (Rent, Utilities, Custodia, and Other)--Enter the detailed projected expenses for client housing costs for this program component. these costs will be shown in Budgets 2, 3, 4, and 5 only.
- b. Staff (Rent/Depreciation, Utilities, Custodia and Other)--Enter the detailed projected expenses for staff occupancy costs for this program component.

4. Client Food, Clothing, Supplies & Incidentals--Enter the detailed projected expenses for all client food, clothing, supplies, and incidentals for this program component.

5. Staff Training--Enter the detailed projected expenses for staff training for this program component.

6. Telephone & Postage--Enter the detailed projected expenses for telephone and postage for this program component.

7. Rental/Lease/Prorated Share of Equipment Purchase--Enter the detailed projected expenses for the rental/lease/prorated share of purchased equipment for this program component.

8. Other Direct Costs--Specify--Enter the detailed projected expenses for other specific operating costs for this program component.

Total Operating Costs--Sum of A.1 through A.3 plus sum of B.1 through B.8

9. Direct Administrative Expenses--Enter the detailed projected direct administrative expenses for this program component. Administrative expenses include general administration & management, accounting & finance, human resources, management

information systems, quality assurance and management, legal expenses, professional fees & dues, and a reasonable profit margin for those providers that are not tax-exempt agencies. Direct administrative expenses are those administrative expenses directly attributable to Collaborative Care.

10. Indirect Administrative Expenses--Enter the detailed projected indirect administrative expenses for this program component. Administrative expenses include general administration & management, accounting & finance, human resources, management information systems, quality assurance and management, legal expenses, professional fees & dues, and a reasonable profit margin for those providers that are not tax-exempt agencies. Indirect administrative expenses are those administrative expenses which have been incurred for the benefit and support of other programs in addition to Collaborative Care. Detail and explain any administrative expense allocations.

Total Administrative Expenses--Sum of B.10 and B.11

11. Personal Allowance: Please include \$300 for each youth in Budget 1,2,3 and 5.

12. Emancipation Goods & Services: Please include \$500 for each youth in Budget 4.

Item C. Total Program Costs--Enter the sum of the Total Operating Costs, Total Administrative Expenses, B.11, B.12 and B.13. This total is to include all known and anticipated costs required to provide the services described in this proposal.

Item D. Other Revenue Sources--Enter all other revenue sources (e.g. public grants, private grants, United Way, fund raising, donations) that will be utilized to support the program.

Item E. Net Program Costs--Enter item C less Item D.

Item F. Number of Client Days Served--Estimated total number of client days served. For example, if 10 clients each for the full 365 day year, total number of client days served =  $10 \times 365 = 3,650$ .

item G. Please propose a cost escalation factor for Year 2. This should be shown as a percentage increase.