# PROVIDER SERVICES COST SUMMARY

**Provider:**

**Provider Address:**

**Program Name:**

**Program Address:**

If different from Provider Address

**Applicable Period:**

October 1, 2019 - September 30, 2020

FY2020

## DIRECT COSTS:

### A. Salaries & Fringes

- **Direct Program Salaries**
  - FICA: $0.00
  - Unemployment: $0.00
  - Workman's Compensation: $0.00
  - Health & Welfare Benefits: $0.00
  - Accrued Leave Time (if funded): $0.00
  - Other (describe): Retirement: $0.00

### B. Operations:

- **Supplies:** $0.00
- **Communication:** $0.00
- **Contractual:** $0.00
- **Equipment Related:**
  - Lease Expense: $0.00
  - Repairs & Maintenance: $0.00
  - Insurance: $0.00
- **Vehicle Related:**
  - Lease Expense: $0.00
  - Repairs & Maintenance: $0.00
  - Insurance: $0.00
- **Non-fringe Insurance (not included elsewhere):** $0.00
- **Other Operating Costs (describe):**
  - Advertisement: $0.00
  - Training: $0.00
  - Travel: $0.00

**TOTAL DIRECT COSTS:** $0.00

## INDIRECT COSTS (Attach Indirect Rate Calculation Sheet):

### A. Overhead:

- **Building Related:** $0.00
- **Lease Expenses:** $0.00
- **Repairs & Maintenance:** $0.00
- **Insurance:** $0.00
- **Other Costs:** $0.00

**TOTAL INDIRECT COSTS:** $0.00

**TOTAL COSTS:** $0.00

### UNITS OF SERVICE TO BE PROVIDED

<table>
<thead>
<tr>
<th>SRV UNIT CODE / MBO CODE</th>
<th>UNIT TYPE / STRATEGY CODE</th>
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<tbody>
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### COST PER UNIT OR ENCOUNTER

$0.00

## NOTE:

1. Change the "1" under the UNITS OF SERVICE TO BE PROVIDED to the # of units agency will provide using the costs above.
2. For Unit Type, enter "15 min", Day, Encounter etc.
FOR OFFICE USE ONLY
FORM SHOULD BE SENT TO CONTRACT DEPARTMENT
☐ Contract Department Initial Receipt
☐ Contract Department Sent to ___________________________ (Department)
☐ Contract Review by ___________________________ (Staff)
☐ Return to Contract Department
☐ Contract Department Final Receipt (for processing)