

**Budget Form A - Residential Child Care/Child Placement Agency Operating Budget**

FY 2022

Check all that apply:

- Program Budget
- Education Budget
- Non-Residential
- Renewal Application
- New Rate Application
- Modification

**SECTION I: General**

(Enter Data Beginning in Column G)

Federal ID Number: \_\_\_\_\_

Parent Organization: \_\_\_\_\_

Program Name: \_\_\_\_\_

Program Location(s): \_\_\_\_\_ **Attach one copy of the license issued to each facility/location.**

Mailing Address - Street Address: \_\_\_\_\_

Mailing Address - P.O. Box, Suite or Floor (if applicable): \_\_\_\_\_

Mailing Address - City: \_\_\_\_\_

Mailing Address - State: \_\_\_\_\_

Mailing Address - Zip Code: \_\_\_\_\_

Telephone Number : \_\_\_\_\_

Fax Number: \_\_\_\_\_

Chief Administrative Officer: \_\_\_\_\_ Email Address: \_\_\_\_\_

Chief Financial Officer: \_\_\_\_\_ Email Address: \_\_\_\_\_

Budget Preparer: \_\_\_\_\_ Email Address: \_\_\_\_\_

Type of Organization: \_\_\_\_\_

Licensing Agency/Approval Agency: \_\_\_\_\_

**SECTION II: Census Information**

(Enter Data Beginning in Column G)

**\*\*Capacity: (ATTACH DOCUMENTATION):** \_\_\_\_\_

Actual Census (Budget Form C - Line 10 Total): \_\_\_\_\_ 0.00

*If the program operates less than a full year, enter the dates of operation: from (month/yr) to (month/yr):*

Projected Average Daily Census (Budget Form C - Line 6): \_\_\_\_\_ 0.00      **Occupancy** \_\_\_\_\_

Number of Days School is in Session: \_\_\_\_\_

*(For educational programs only)*

**SECTION III: Rates**

Rates Data:	Per Year	Per Month	Per Day
FY2022 Current Approved Rate (Form C, Item # 9):	\$ -	\$ -	\$ -
FY2022 Projected Rate (Form C, Item #8):		#VALUE!	
% Change			

I hereby certify that the revenue and expenses identified herein are correct and justified in the amounts stated and represent actual and necessary costs associated with the administration of the program.

\_\_\_\_\_  
 Person Authorized by the Corporation to Sign on its Behalf: Title, Signature and Date

**\*\* See FY 2022 Provider Instructions (Page 24)**

**Budget Form B 1 - Operating Statement - INCOME**

**FY 2022**

**Agency/ Program Name:** \_\_\_\_\_

Program Component:     Residential                       Education                       Non-Residential

	Actual FY 2020	Approved FY 2021 Budget	Projected FY2022 Budget	\$ Variance FY 2021/FY 2022	% Variance FY 2021/FY 2022
Budgeted Revenue	Col 1	Col 2	Col 3	Col 4	Col 5
01 Fee for Service:					
a. Fees from Government Agencies				\$ -	N/A
b. Grants				\$ -	N/A
c. Private Pay				\$ -	N/A
<b>Subtotal 01</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>N/A</b>

**USE SECTION 02 TO REPORT OTHER INCOME THAT IS APPLIED TO EXPENSES INCLUDED IN THE RATE (SEE INSTRUCTIONS)**

02 Other Income:					
a. Contributions				\$ -	N/A
b. Donated Materials				\$ -	N/A
c. Donated Services				\$ -	N/A
d. Food Service Sales				\$ -	N/A
e. Medicaid Payments				\$ -	N/A
f. Miscellaneous Income				\$ -	N/A
g. MSDE/USDA Breakfast/Lunch				\$ -	N/A
h. Operating Fund Grants				\$ -	N/A
i. Operating Fund Investment Income				\$ -	N/A
j. Other (specify)				\$ -	N/A
k. Transfer From Other Agency Funds				\$ -	N/A
l. United Way Allocations				\$ -	N/A
<b>Subtotal 02</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>N/A</b>
<b>Total Income All Sources</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>N/A</b>

**USE SECTION 03 TO REPORT OTHER INCOME THAT IS NOT APPLIED TO EXPENSES INCLUDED IN THE RATE (SEE INSTRUCTIONS)**

03 Other Income:					
a. Contributions				\$ -	N/A
b. Donated Materials				\$ -	N/A
c. Donated Services				\$ -	N/A
d. Food Service Sales				\$ -	N/A
e. Medicaid Payments				\$ -	N/A
f. Miscellaneous Income				\$ -	N/A
g. MSDE/USDA Breakfast/Lunch				\$ -	N/A
h. Operating Fund Grants				\$ -	N/A
i. Operating Fund Investment Income				\$ -	N/A
j. Other (specify)				\$ -	N/A
k. Transfer From Other Agency Funds				\$ -	N/A
l. United Way Allocations				\$ -	N/A
<b>Subtotal 03</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>N/A</b>

**DO NOT ENTER TEXT IN THIS SECTION**

**Budget Form B 2 - Operating Statement - EXPENSES**

**FY 2022**

**Agency/ Program Name:** \_\_\_\_\_

Program Component:     Residential                       Education                       Non-Residential

	Actual FY 2020	Approved FY 2021 Budget	Projected FY2022 Budget	\$ Variance FY 2021/FY 2022	% Variance FY 2021/FY 2022
Budgeted Expenses	Col 1	Col 2	Col 3	Col 4	Col 5
01 Employees					
a. Salaried			\$ -	\$ -	N/A
b. Contractual/Consultant			\$ -	\$ -	N/A
02 Payroll Taxes			\$ -	\$ -	N/A
03 Fringe Benefits			\$ -	\$ -	N/A
04 Staff Development Costs			\$ -	\$ -	N/A
05 Contracted Services (non-professional)			\$ -	\$ -	N/A
06 TFC Difficulty of Care			\$ -	\$ -	N/A
07 TFC Board Payment			\$ -	\$ -	N/A
08 TFC Respite Care			\$ -	\$ -	N/A
09 Publicity			\$ -	\$ -	N/A
10 Food			\$ -	\$ -	N/A
11 Clothing			\$ -	\$ -	N/A
12 Recreation			\$ -	\$ -	N/A
13 Personal Needs Allowance			\$ -	\$ -	N/A
14 Rent			\$ -	\$ -	N/A
15 Utilities			\$ -	\$ -	N/A
16 Repairs and Maintenance			\$ -	\$ -	N/A
17 Insurance and Taxes			\$ -	\$ -	N/A
18 Interest			\$ -	\$ -	N/A
19 Supplies			\$ -	\$ -	N/A
20 Depreciation/Use Allowance			\$ -	\$ -	N/A
21 Equipment Rental/Lease and Repairs			\$ -	\$ -	N/A
22 Printing/Copying			\$ -	\$ -	N/A
23 Telephone			\$ -	\$ -	N/A
24 Postage and Shipping			\$ -	\$ -	N/A
25 Memberships and Subscriptions			\$ -	\$ -	N/A
26 Conferences and Conventions			\$ -	\$ -	N/A
27 Travel and Transportation			\$ -	\$ -	N/A
28 Other			\$ -	\$ -	N/A
<b>29 Total Expenses</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>N/A</b>

**DO NOT ENTER TEXT IN THIS SECTION**

**Budget Form C - RATE COMPUTATION**

FY 2022

Agency/ Program Name: \_\_\_\_\_

Program Component:       Residential       Education       Non-Residential

1. <b>Income Offset</b> (Form B1, Requested FY 2021 Budget - Col 3, Subtotal 02)	\$ -
2. <b>Unallowable Cost</b> (Form D, Column 02)	\$ -
3. <b>Unallowable Cost Minus Income Offset</b> (Line 2 Minus Line 1)	\$ -
4. <b>Total Expenses</b> (Form D, Column 01)	\$ -
5. <b>Allowable Cost</b>	\$ -
If line 3 is a Positive Number then subtract line 3 from line 4; If line 3 is a Negative Number then add lines 3 and 4; If line 3 Equals Zero then enter the sum from Form D, Column 3.	
6. Projected Average Daily Census - FY 2022	_____
7. Days in Operation - FY 2022	_____
8. <b>Rate Calculation</b>	
a. Annual Per Child Rate - FY2022 (Line 5 Divided by Line 6)	_____
b. Monthly Per Child Rate - FY2022 (Line 8a Divided by 12)	#VALUE!
c. Daily Per Child Rate - FY2022 (Line 5 Divided by (Line 6 * Line 7)	_____
9. <b>Current Approved State Rate - FY2021: Enter from most current FY 2021 Rate Letter</b>	
a. Annual Cost Per Child	_____
b. Monthly Cost Per Child	_____
c. Daily Cost Per Child	_____
10. Average Daily Census for Calendar Year 2020 by <b>Payment Source</b> (total cannot exceed licensed capacity):	
a. Department of Human Services	_____
b. Department of Juvenile Services	_____
c. Maryland Department of Health	_____
d. Out of State	_____
e. Other/ Private Pay	_____
Total	0.0
11. Number of Billable Days for Calendar Year 2020 by Payment Source:	
a. Department of Human Services	_____
b. Department of Juvenile Services	_____
c. Maryland Department of Health	_____
d. Out of State	_____
e. Other/ Private Pay	_____
Total	0.0
12. Number of new admissions during Calendar Year 2020:	_____

Budget Form D - Allocation of Expenses by Function - SUMMARY

FY 2022

Agency/ Program Name:

Budgeted Expenses	PROJECTED EXPENSES			ALLOCATION OF ALLOWABLE NET EXPENSES (Col 03)					
	Total Expenses (col 1)	Unallowable Cost (col 2)	Allowable Net Expenses (col 3)	Management, General/Fac Supp (col 4)	Direct Child Services (col 5)	Education (col 6)	Medical (col 7)	Clinical (col 8)	Allowable Net Expenses (col 9) *
01 Employees									
a. Salaried			\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
b. Contractual/Consultant	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
02 Payroll Taxes			\$ -						\$ -
03 Fringe Benefits			\$ -						\$ -
04 Staff Development Costs			\$ -						\$ -
05 Contracted Services (non-personnel)			\$ -						\$ -
06 TFC Difficulty of Care			\$ -						\$ -
07 TFC Board Payment			\$ -						\$ -
08 TFC Respite Care			\$ -						\$ -
09 Publicity			\$ -						\$ -
10 Food			\$ -						\$ -
11 Clothing			\$ -						\$ -
12 Recreation			\$ -						\$ -
13 Personal Needs Allowance			\$ -						\$ -
14 Rent			\$ -						\$ -
15 Utilities			\$ -						\$ -
16 Repairs and Maintenance			\$ -						\$ -
17 Insurance and Taxes			\$ -						\$ -
18 Interest			\$ -						\$ -
19 Supplies			\$ -						\$ -
20 Depreciation/Use Allowance			\$ -						\$ -
21 Equipment Rental/Lease & Repairs			\$ -						\$ -
22 Printing/Copying			\$ -						\$ -
23 Telephone			\$ -						\$ -
24 Postage and Shipping			\$ -						\$ -
25 Memberships and Subscriptions			\$ -						\$ -
26 Conferences and Conventions			\$ -						\$ -
27 Travel and Transportation			\$ -						\$ -
28 Other			\$ -						\$ -
<b>Total Expenses</b>	\$ -	\$ -	\$ -						\$ -
<b>Percent Distribution of Total Allowable Expenses</b>									

\* Column 09 must equal column 03

Agency/ Program Name: \_\_\_\_\_

Personnel Category (col 1)	Current FY 2021 Approved Budget (col 2)		FY 2022 Projected Budget (col 3)		Change from Previous Year (col 4)		% Change from Previous Year (col 5)	
	Total Annual Hours Worked	Total Annual Salary	Total Annual Hours Worked	Total Annual Salary	Total Annual Hours Worked	Total Annual Salary	Total Annual Hours Worked	Total Annual Salary
<b>Management/General/Facility Support</b>								
Staff				\$ -				
Contractual/Consultants				\$ -				
<b>Mgmt/General/Facility Support Total</b>	0	\$ -	0	\$ -	0	\$ -		
<b>Direct Child Services</b>								
Staff				\$ -				
Contractual/Consultants				\$ -				
<b>Direct Child Total</b>	0	\$ -	0	\$ -	0	\$ -		
<b>Education</b>								
Staff				\$ -				
Contractual/Consultants				\$ -				
<b>Education Total</b>	0	\$ -	0	\$ -	0	\$ -		
<b>Medical</b>								
Staff				\$ -				
Contractual/Consultants				\$ -				
<b>Medical Total</b>	0	\$ -	0	\$ -	0	\$ -		
<b>Clinical</b>								
Staff				\$ -				
Contractual/Consultants				\$ -				
<b>Clinical Total</b>	0	\$ -	0	\$ -	0	\$ -		
<b>ALL PERSONNEL CATEGORIES</b>								
Staff				\$ -				
Contractual/Consultants				\$ -				
<b>Personnel Total</b>	0	\$ -	0	\$ -	0	\$ -		









Budget Form E 5 - Personnel Cost Detail - MEDICAL

FY 2022

Agency/ Program Name: \_\_\_\_\_

Position Number (col 1)	Position Title (col 2)	Current FY 2021 Approved Budget (col 3)		FY 2022 Projected Budget (col 4)		Change from Previous Year (col 5)		% Change from Previous Year (col 6)		(S) Staff or (C) Cons/Contr (col 7)
		Annual Hours Worked	Annual Salary	Annual Hours Worked	Annual Salary	Annual Hours Worked	Annual Salary	Annual Hours Worked	Annual Salary	
						0	\$ -			
						0	\$ -			
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<b>TOTAL - MEDICAL</b>		0	\$ -	0	\$ -	0	\$ -			
					Budget \$ Staff	\$ -				Total count of "Staff"
					Budget \$ Consultant	\$ -				Total count of "Consultant"
					Total Staff + Consultant	\$ -				

**Budget Form E 6 - Personnel Cost Detail - CLINICAL**

FY 2022

Agency/ Program Name: \_\_\_\_\_

Position Number (col 1)	Position Title (col 2)	Current FY 2021 Approved Budget (col 3)		FY 2022 Projected Budget (col 4)		Change from Previous Year (col 5)		% Change from Previous Year (col 6)		(S) Staff or (C) Cons/Contr (col 7)
		Annual Hours Worked	Annual Salary	Annual Hours Worked	Annual Salary	Annual Hours Worked	Annual Salary	Annual Hours Worked	Annual Salary	
						0	\$ -			
						0	\$ -			
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<b>TOTAL - CLINICAL</b>		0	\$ -	0	\$ -	0	\$ -			
				<b>Budget \$ Staff</b>	\$ -					Total count of "Staff"
				<b>Budget \$ Consultant</b>	\$ -					Total count of "Consultant"
				<b>Total Staff + Consultant</b>	\$ -					

**DO NOT DELETE THIS SHEET  
DO NOT ENTER DATA DIRECTLY INTO THIS SHEET**

Summary #REF! |

Parent Org: 0  
Program: 0  
Type:

Lic Cap: 0  
Proj Census: 0  
(Form C Line 5b)

Child Days: 0.0  
(Proj Census x 365)

**Staff Hours FY 2021 FTE's Specific Direct Child Costs (Form D)**

Form E-1, Col 3	2080 hr/FTE		
Mgmt & Gen:	0.0	Food (item 10)	\$ -
Direct Child & Fac.:	0.0	Clothing (item 11)	\$ -
Edu:	0.0		
Med:	0.0		
Clinical:	0.0		
All Pers:	0.0		

Staff Ratios:		Financial Ratios: Form D, Col 3 - Net Allowable		Allowable		
	F.T.E./Child	Staff Hr/Child		Net Budget	% of Total	
Mgmt & Gen:			01 Employees			
Direct Child & Fac.:			a. Salaried	\$ -		Sal + Con
Edu:			b. Consultant	\$ -		\$ -
Med:			02 Payroll Taxes	\$ -		PayTax+Frir All
Clinical:			03 Fringe Benefits	\$ -		\$ - \$ -
All Pers:			04 Staff Development Costs	\$ -		-
			05 Contracted Services (non-personnel)	\$ -		
			06 TFC Difficulty of Care	\$ -		
			07 TFC Board Payment	\$ -		
			08 TFC Respite Care	\$ -		
			09 Publicity	\$ -		
			10 Food	\$ -		
			11 Clothing	\$ -		
			12 Recreation	\$ -		
			13 Personal Needs Allowance	\$ -		
			14 Rent	\$ -		
			15 Utilities	\$ -		
			16 Repairs and Maintenance	\$ -		
			17 Insurance and Taxes	\$ -		
			18 Interest	\$ -		
			19 Supplies	\$ -		
			20 Depreciation/Use Allowance	\$ -		
			21 Equipment Rental/Lease and Repairs	\$ -		
			22 Printing/Copying	\$ -		
			23 Telephone	\$ -		
			24 Postage and Shipping	\$ -		
			25 Memberships and Subscriptions	\$ -		
			26 Conferences and Conventions	\$ -		
			27 Travel and Transportation	\$ -		
			28 Other	\$ -		
			Total	\$ -		
			% Payroll Tax of Salaried			
			% Fringe Benefits of Salaried			

Food/Child/Mo:	
Clothing/Child/Mo:	