## Last budget form reviewed

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): Mailing Addroce - Street Addroce	Attack one copy of the lic	ense issued to each facility/location.
		epresentatives who shout ions about the budget.
Chief Administrative Officer:	Ema	il address:
Chief Financial Officer:	C.1	
Budget Preparer:	Select ap	propriate drop-down opt
Type of Organization: .icensing Agency/Approval Agency:	——————————————————————————————————————	ensing/Approval Agency.
assument ingensympton regulary.		chang/Approval Agency.
<i>V the program operator has then a full year,</i> <i>notes the dator of operation from (month/year) to mo</i> Projected Average Daily Census (Budget Form ( Number of Days School is in Session:		Оссирансу
low cells are locked. Th	e required informatio	n
automatically populate	the remaining cells.	
Enter manual updates ir	i the other cells.	
marco Dara.		Per Month Per
FY 2025 Current Approved Rate (Fo		<u> </u>
FY 2026 Projected Rate (Form C, Ite	m #8):	#VALUE!
	Change	
3	Change	
		in the amounts
I hereby certify that the revenue and expens	Change es identified herein are correct and justified is costs associated with the administration of t	
I hereby certify that the revenue and expens	es identified herein are correct and justified i	
I hereby certify that the revenue and expens stated and represent actual and necessary o	es identified herein are correct and justified i costs associated with the administration of t	he program.
I hereby certify that the revenue and expens	es identified herein are correct and justified i costs associated with the administration of t	
I hereby certify that the revenue and expens stated and represent actual and necessary of Person authorized by the Corporation	es identified herein are correct and justified i costs associated with the administration of t to sign on its behalf: Title	he program. ;, Signature and Date
Person authorized by the Corporation  Only one (1) sign	es identified herein are correct and justified i costs associated with the administration of t to sign on its behalf: Title	pages is required for

The authorized program representative should sign and date in blue ink.

# 4th budget form reviewed along with B-2

Budget Form B 1 - Operating St	FY 2026	026			
Agency/ Program Name:					
Program Component: ☐ Reside	ential 🗆	CPA	□ Education	□ Non-Resid	lental
	Actual FY 2024	Approved FY 2025 Budget	Projected FY 2026 Budget	\$ Variance FY 2025/FY 2026	% Variance FY 2025/FY 2026
Budgeted Revenue	Col1	Col2	Col3	Col4	Col 5
01 Fee for Service:					
a. Fees from Government Agencies				\$ -	N/A
b. Grants c. Private Pay Leave Colu	ımn 3 Lin	e 1a blank	until For	m C Line 5	is complete
Subtotal 01	<b>\$</b> -	<b>\$</b> -	<b>\$</b> -	<b>\$</b> -	N/A
USE SECTION 02 TO REPORT OT	HER INCOME	THAT IS APP	LIED TO EXPE	NSES INCLUDE	D IN THE RATE
02 Other Income:			100000000000000000000000000000000000000		
a. Contributions	******	*******	***********	\$ -	N/A
b. Donated Materials				\$ -	N/A
c. Don				-	N/A
d. Food Enter informat	N/A				
e. Medi	N/A				
f. Miso applica	able for th	ne progran	n.	-	N/A
g. MSD <del>eroopia breakrastreurion</del>				-	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
I. United Way Allocations				\$ -	N/A
Subtotal 02	<b>\$</b> -	<b>\$</b> -	<b>\$</b> -	<b>\$</b> -	N/A
Total Income All Sources	<b>\$</b> -	\$ -	<b>\$</b> -	<b>\$</b> -	N/A
USE SECTION 03 TO REPORT OT	HER INCOME	THAT IS NOT	APPLIED TO	EXPENSES INC	LUDED IN THE F
03 Other Income:					
		*******		-	N/A
Γhe yellow cells are lock	ed. The re	equired in	tormation	ı Will 📙 .	N/A
		·			N/A
automatically po	pulate the	e remainin	ig ceiis.		N/A
	N/A				
Enter manual u	-	N/A			
				-	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
I. United Way Allocations				\$ -	N/A
Subtotal 03	<b>\$</b> -	<b>\$</b> -	\$ -	<b>\$</b> -	N/A

### 4th budget form reviewed along with B-1

Budget Form B 2 - Operating State	ment - EXPENSE	S		FY 2026						
Agency/ Program Name: Th	The vellow cells are lacked. The required information									
Program Component: will automatically populate the remaining cells.										
Enter manual undates in the other cells										
Enter manual updates in the other cells.										
	FY 2024	FY 2025 Budget	FY 2026 Budget	FY 2025/FY 2026	FY 2025/FY 2026					
Budgeted Expenses	Col1	Col 2	Col3	Col4	Col 5					
01 Employees	331	0012	2010	2017	2010					
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		"	\$ -	#VALUE!	-100%					
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										
14 Rent	Rent sh	nould mate	ch the Leas	se/Mortgag	ge Form.					
15 Utilities				20,	,					
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			_							
24 Postage and Shipping			Column 3	should be	the					
25 Memberships and Subscriptions			_	:						
26 Conferences and Conventions		S	ame as Fo	rm D Colur	mn 1.					
27 Travel and Transportation										
28 Other			\$ -	\$ -	N/A					
29 Total Expenses	<b>\$</b> -	<b>\$</b> -	<b>\$</b> -	<b>\$</b> -	N/A					

Include written justification for any expenses on Line 5 "Contracted Services (non-professional)" and/or Line 28 "Other."

Include written justification for any variance in Columns 4 & 5 that changes by \$1,000 (increase or decrease) and/or 4% (increase or decrease) from the previous year.

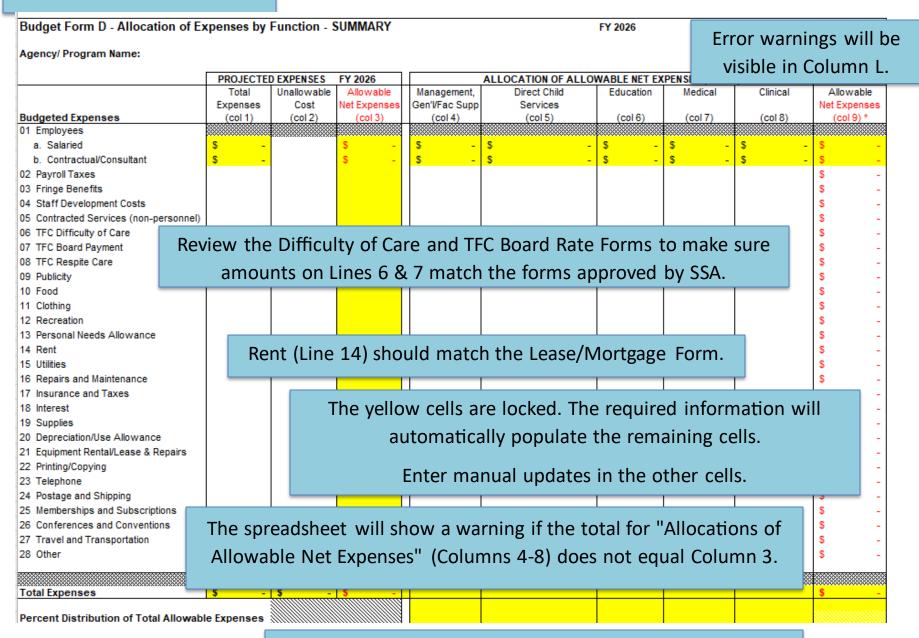
### 5th budget form reviewed

Budget Form C - RATE COMPUT	ATION		FY 2026
Agency/ Program Name:			
Program Component: ☐ Residential	□ CPA	☐ Education	☐ Non-Residential
Income Offset (Form B1, Request)	ed FY 2026 Budget	- Col.3 Subtotal 02)	\$ -
2. Unallowable Cost (Form D, Colur	_		\$ -
,	•		
3. Unallowable Cost Minus Incon		Minus Line 1)	* -
4. Total Expenses (Form D, Column	01)		<u> </u>
5. Allowable Cost  If line 3 is a Positive Number th  If line 3 is a Negative Number th  If line 3 Equals Zero then enter th	en add lines 3 and 4	<b>1</b> ;	<mark>_\$ -</mark> _
6. Projected Ave: Daily Census - F	Y 2026		
7. Days in Operal FY 2026			
8. FY 2026 Projected Rate Calcula a. Annual Per Child Rate - FY2026 (L b. Monthly Per Child Rate - FY2026 (Line c. Daily Per Child Rate - FY2026 (Line  9. FY 2025 Current Approved State a. Annual Cost Per Child	ine 5 Divided by Lin Line 8a Divided by 1 5 Divided by (Line 6	2) 6 * Line 7)	#VALUE!
h Monthly Cost P	the FY 202	25 Rate Letter for L	ine 9.
10. Average Daily Census for Cale Payment Source (Total Cannot Exceed 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 Ca 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 du	ring Calendar Y	ear 2024:	

The yellow cells are locked. The required information will automatically populate the remaining cells.

Enter manual updates in the other cells.

#### 3rd budget form reviewed



Total expenses in Columns 3 and 9 should be equal.

Budget Form E 1 - Personnel Cost - SUMMARY

### 2nd budget form reviewed.

FY 2026

Agency/ Program Name:

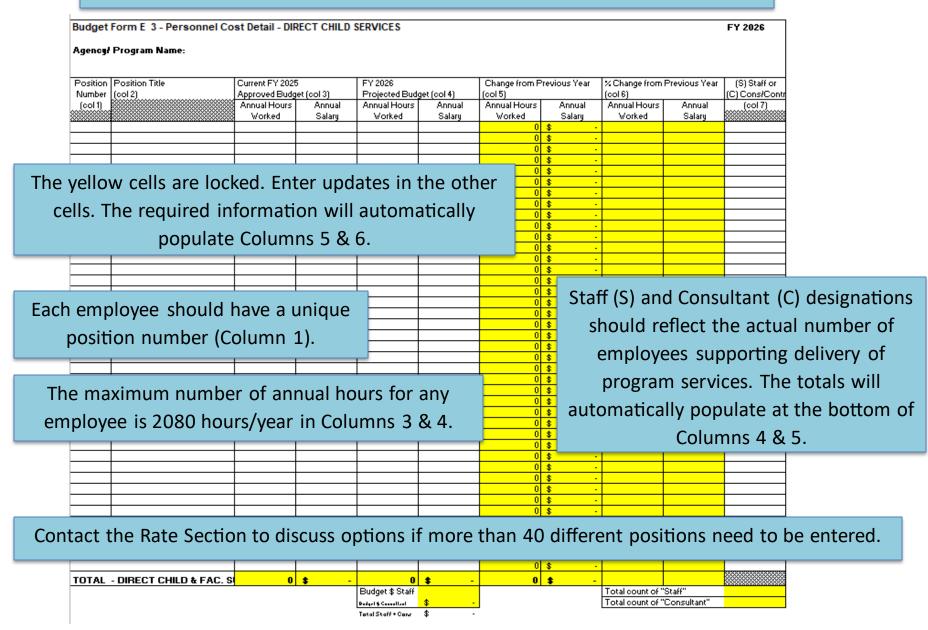
Personnel Category	Т	Current	FY 2025	FY	2026	$\neg \tau$	П	Change from	Previous Year	% Change from	Previous Year
(col 1)	Approved Budget (col 2)		Projected Budget (col 3)			-		14)	(col 5)		
		Total Annual		Total Annual			ı	Total Annual	Total Annual		
		Hours Worked		Hours Worked				Hours Worked		Hours Worked	
Mgmt/Genl/Fac Supp	1					***					
Staff					\$	-	7				
Cons./Cont.					\$	-					
Mgmt & General Total		0	<b>\$</b> -	0	\$	_		0	<b>\$</b> -		
Direct Child Services											
Staff					\$	_					
Cons./Cont.					\$	-					
Direct Child Total		0	\$	0	\$	_		0	<b>\$</b> -		
Education											
Staff					\$	-					
Cons./Cont.					\$	-					
Education Total		0	\$	0	\$	_		0	<b>\$</b> -		
Medical											
Staff					\$	-					
Cons./Cont.	Γ				\$	-					
Medical Total		0	<b>\$</b> -	0	\$	_		0	<b>\$</b> -		
							7				

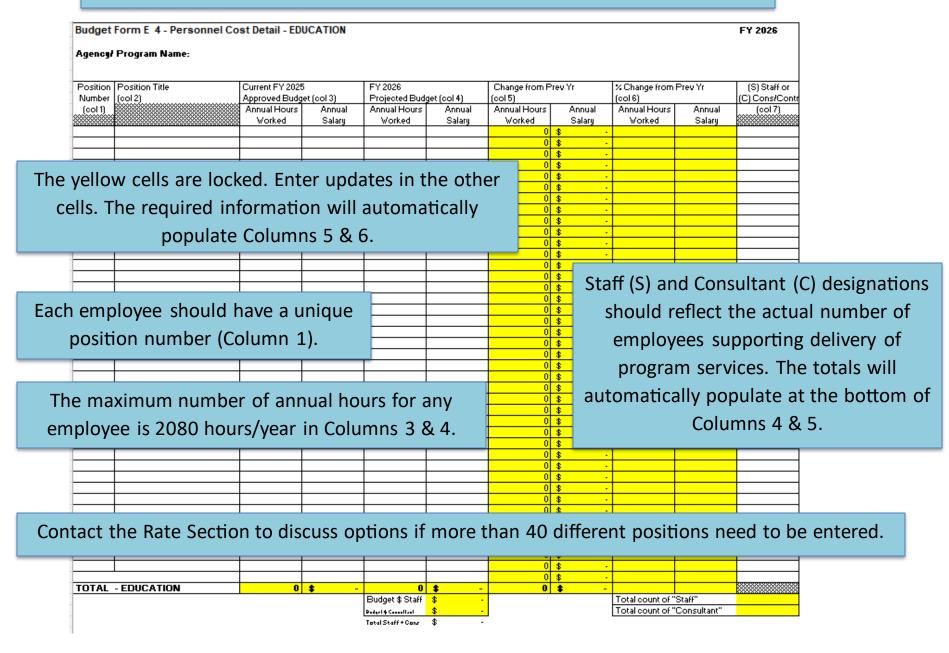
Verify that the amounts correspond with the information entered on Forms E-2-E-6.

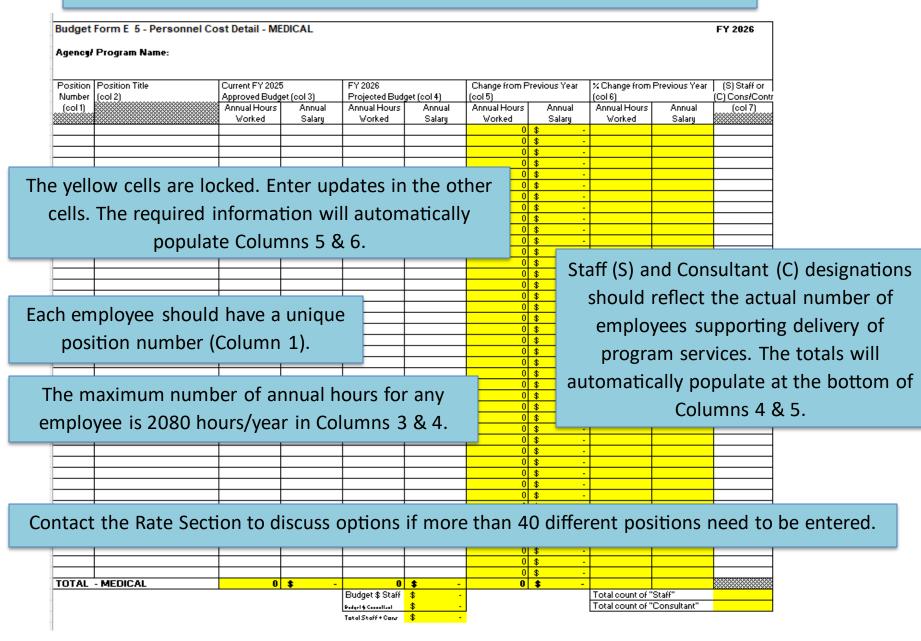
The amounts entered on Forms E-2-E-6 will populate in the yellow cells.

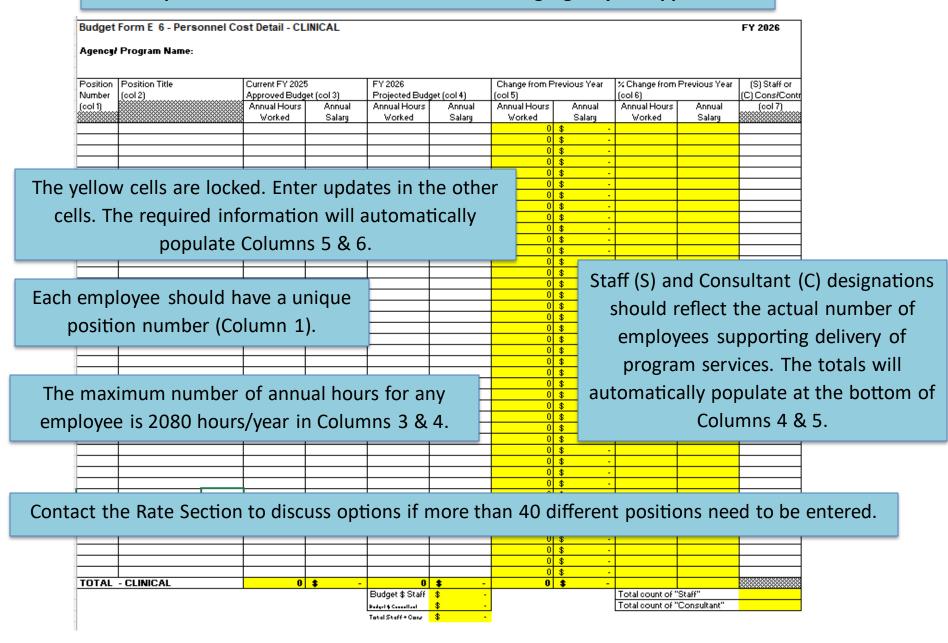
There is no need to manually enter any information.

	Budget Form E 2 - Personnel Cost Detail - MANAGEMENT, GENERAL & FACILITY SUPPORT FY 2026												
	Agency/ Program Name:												
	Position   Position Title (col 2)   Current FY 2025   FY 2026   Change from Previous Year   % Ch												
	Position Number	Position Little (col 2)	Approved Bud		Projected Bu	daet (col 4)	Change from Pre  (col 5)	vious Year	% Change from  (col 6)	(C) Cons/Contr			
	(col 1)		Annual Hours	Annual	Annual Hours	Annual	Annual Hours	Annual	Annual Hours	Annual	(col 7)		
	***********		Worked	Salary	Worked	Salary	Worked 0 \$	Salary	Worked	Salary			
							0 \$						
TI-	11 .						0 \$						
In	e yend	ow cells are lock	ea. Ente	er upda	tes in tr	0 \$							
	colle .	The required info	ormatic	n will a	utomat	ically	0 \$	-					
	cells.	me required init	omiatio	vii vviii a	iutomat	ically	0 \$						
		populate	Column	5586			0 \$						
		populate	Colaiiii	3 3 & 0	•		0 \$						
							0 \$	_	· (C)		11 - 11 /6	\ .1	
							0 \$	Star	t (S) and	d Consu	litant (C	) designations	
							0 \$	ا م	م ساط ہم	floot th	o octua	I number of	
Fac	ch em	ployee should h	2VP 2 III	niaue			0 \$		iouid re	mect th	ie actua	number of	
Lat	on Cili	pioyee siloulu ii	ave a u	ilique			0 \$	employees supporting delivery of					
	nosi <sup>.</sup>	tion number (Co	lumn 1	).									
	PO3.			,.			0 \$		nrogran	n servic	es The	totals will	
							0 \$		program	ii sei vie		totals will	
			<u> </u>		<u> </u>	_	0 \$	- auto	omatica	Idod vII	ulate at	the bottom of	
Т	he m	aximum number	of ann	ual hou	rs for a	nv	0 \$						
						_	0 \$	Columns 4 & 5.					
e	mplov	ee is 2080 hour/	s/vear i	n Colun	nns 3 &	₹4. ⊢	0 \$	_					
	1 1						0 \$						
							0 \$						
						-	0 \$						
							0 \$						
							0 \$						
							0 \$						
					1	1	<u> </u>						
Co	ntact	the Rate Section	n to disc	uss opt	ions if r	more th	an 40 dif	ferent	positio	ns need	d to be e	entered.	
									, , , , , , ,				
							U \$						
	TOTAL	- MANAGEMENT & GENERA	n	<b>\$</b> -	0	\$ -	0 \$						
	TOTAL	FIRMOLFICHT & OCHENA		-	Budget \$ Staff		0 1		Total count of	'Staff"	PVV00000000000000000000000000000000000		
					Lipander & oran	•			1 Ocal Coal K Of				
					Budget \$ Consultant Total Staff + Cons				Total count of				









### "End" tab.

