

**FY 2026 NON-RESIDENTIAL CHECKLIST**  
**(SUBMIT WITH RATE APPLICATION PACKAGE)**

ORGANIZATION:

PROGRAM NAME:

PROGRAM TYPE:

PROGRAM CATEGORY: **NR Non-Residential (DJS Only)**

**ALL NON-RESIDENTIAL PROGRAMS:**

- 1 COPY OF THE BUDGET IDENTIFICATION FORM – SIGNED & DATED
- 1 COPY OF CURRENT STATE AGENCY CONTRACT or EVIDENCED BASED PRACTICE PROGRAM CERTIFICATE
- 1 COPY OF THE LEASE/MORTGAGE SUMMARY FOR PROGRAM FACILITIES AND OFFICE SPACE  
**SUPPORTING DOCUMENTATION FOR EACH ENTRY ON THE FORM MUST BE ATTACHED**
- 1 COPY of the COMPLETED **FY 2026 BUDGET SAVED IN EXCEL 2007**
- 1 COPY OF COMPLETED FY 2026 BUDGET
  - FORM A COVER SHEET – SIGNED AND DATED
  - FORM B-1 OPERATING STATEMENT – INCOME
  - FORM B-2 OPERATING STATEMENT - EXPENSES
  - FORM C RATE COMPUTATION REPORT
  - FORM D ALLOCATION OF EXPENSES
  - FORM E-1 PERSONNEL COST DETAIL SUMMARY FORM
  - FORM E-2 MANAGEMENT, GENERAL, & FACILITY SUPPORT
  - FORM E-3 DIRECT CHILD SERVICES
  - FORM E-4 EDUCATION
  - FORM E-5 MEDICAL
  - FORM E-6 CLINICAL
  - END SUMMARY INFO
  - UNIQUE CONTROL NUMBER ASSIGNED TO EACH POSITION ON FORMS E2-E6
- 1 COPY OF PROGRAM DESCRIPTION FORM
- 1 COPY OF **FY 2024** ANNUAL AUDITED FINANCIAL STATEMENT

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*Signature of Person Authorized by the Corporation to Sign on its Behalf*

*Date*