

North Los Angeles County Regional Center

Vendor Annual Cost Statement

Updated: 09/14/2012

Instructions

IMPORTANT NOTES (PLEASE READ)

- Note #1 If you are reporting actual income and expenses, a copy of your income statement, balance sheet and trial balance for the year that you are reporting must be submitted with this form.
- Note #2 Complete the following Worksheets: Page 1: Vendor Information; Page 2: Salary and Related; Page 3: Operating Expense; Page 4: Management Organizational Costs (if applicable); and Page 5: Units of Service
- Note #3 Please be sure to complete Page 1: vendor information FIRST. Once the data is entered on Page 1, the data will auto-populate the vendor name and information on all of the Worksheets (Pages 1 through 7).

Vendor Information - Page 1

- Vendor Name: Enter your vendor name
- Vendor Number: Enter your vendor number, if one has been assigned by the regional center
- Reporting Period: Enter the 12-month period for which you will be reporting annual costs
- Service Code: Enter the service code that describes the services to be provided
- Service Code Description: Enter the service description of the services to be provided
- Date: Enter the date that the cost statement was prepared
- Contact Person: Enter the first and last name of the contact person for the program
- Phone Number: Enter the phone number of the contact person for the program
- Email: Enter the email of the contact person for the program
- Address: Enter the address of the contact person for the program
- City, State, Zip: Enter the city, state, and zip code of the contact person for the program
- Other Regional Centers Served: Enter the names of other regional centers, besides NLACRC, that the program will serve
- Signature: After cost statement is completed, print the documents and sign the document
- Date: After cost statement is completed, print the documents and date the document was signed

Direct Staff Wages Worksheet - Page 2

- Column A List the job title or job classification of each employee. If multiple employees have the same job title, the same annual salary and the same employment status (full time or part time), they can be listed on the same line, with the number of employees designated in column D.
- Column B Enter the hourly rate for each job classification
- Column C Enter the number of weekly hours each job classification is scheduled to work
- Column D Enter the number of staff that are under the same classification or job title; hourly rate, and scheduled work week.
- Column E Enter the annual salary for each job classification or job title that provides direct services
- Column F Enter the annual salary for each job classification or job title that provides administrative services (Note: if the job classification provides both direct and administrative functions, allocate the appropriate amount of the annual salary between direct and administrative services)

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| Column | G | Do not enter any data in this column. The formula reported in the spreadsheet will compute the annual direct salaries based on the information provided in column D and column E |
| Column | H | Do not enter any data in this column. The formula reported in the spreadsheet will compute the annual administrative salaries based on the information provided in column D and column F |
| Column | I | Do not enter any data in this column. The formula reported in the spreadsheet will compute the annual direct and administrative salaries based on the information provided in column G and column H |
| Line 1 thru 4: | | Do not enter any data in these rows. The formula reported in the spreadsheet will compute the annual payroll and fringe benefits amount. |
| Line 5 thru 18: | | Enter the total annual amount of all payroll taxes and fringe benefits |
| Line 19 thru 21: | | Do not enter any data in these rows. The formula reported in the spreadsheet will compute the fringe benefit rate. |

Annual Operating Expense Worksheet - Page 3

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|------|----|---|
| Line | 1 | Enter annual facilities rental and lease costs. Title 17, Section 57434 (a)(3)(L). |
| Line | 2 | Enter annual facilities maintenance & repairs expense. Title 17, Section 57434 (a)(3)(J). |
| Line | 3 | Enter annual janitorial expense. Title 17, Section 57434 (a)(3)(H) |
| Line | 4 | Enter annual utility costs such as gas, electricity, water, garbage, sewer fees or other utility expenses which occur at the vendored service site. Title 17, Section 57434 (a)(3)(O). |
| Line | 5 | Enter annual equipment rental and lease costs. Title 17, Section 57434 (a)(3)(L). |
| Line | 6 | Enter annual equipment maintenance & repairs expense. Title 17, Section 57434 (a)(3)(J). |
| Line | 7 | Enter annual Vehicle Maintenance & Repairs Expenses |
| Line | 8 | Enter annual communication expense including telephone, telegraph, teletype, Centrex, telepak, postage, message service, facsimiles and TDD. Amounts allocated to direct expense (column XX) must be detailed and explained in the Expense Narrative on Page 5. Title 17, Section 57434 (a)(3)(C). |
| Line | 9 | Enter annual property insurance costs. Title 17, Section 57434 (a)(3)(G). |
| Line | 10 | Enter annual general liability insurance costs. Title 17, Section 57434 (a)(3)(G). |
| Line | 11 | Enter annual other insurance expenses. Title 17, Section 57434 (a)(3)(G). |
| Line | 12 | Enter annual legal fees. Title 17, Section 57434 (a)(3)(I) |
| Line | 13 | Enter annual accounting expense. Amounts allocated to direct expense (column XX) must be detailed and explained in the Expense Narrative on Page 5. Title 17, Section 57434 (a)(3)(A). |
| Line | 14 | Enter annual bank service fees. Amounts allocated to direct expense (column XX) must be detailed and explained in the Expense Narrative on Page 5. Title 17, Section 57434 (a)(3)(B). |
| Line | 15 | Interest Expense on Loans attributed to the vendored service |
| Line | 16 | Enter annual data processing expenses and computer support |
| Line | 17 | Enter annual contractual/consultant expense that do not have a specific expense category. Amounts allocated to direct expense (column XX) must be detailed and explained in the Expense Narrative on Page 5. Title 17, Section 57434 (a)(3)(D). |
| Line | 18 | Enter annual furniture and equipment expense that has a unit acquisition cost of less than \$500 and a normal useful life of less than four years. Title 17, Section 57434 (a)(3)(F)(1). |
| Line | 19 | Enter annual depreciation costs, except for vehicles. May include facilities which have been purchased by the vendor; furniture and equipment which has a unit acquisition cost of at least \$500 and a normal useful life of at least four years; and capital improvements that add value or useful life to the facility or equipment. Must use straight-line depreciation. Title 17, Section 57434 (a)(3)(E). |
| Line | 20 | Enter annual vehicle depreciation costs. Vehicle depreciation costs for owned vehicles shall be calculated by using straight-line depreciation, using the useful life established in Title 17 Title 17, Section 57434 (a)(3)(P). |

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| Line | 21 | Enter annual office and program supply costs for items which are expendable or consumable and are used by or on behalf of the consumers in the vendored service. Food supply items shall only be included for consumers when used to reinforce positive behaviors as a necessary item for instruction only when supported by the program design pursuant to Title 17, Section 56712 or 56762, or as required by the appropriate licensing agency. Title 17, Section 57434 (a)(3)(K). |
| Line | 22 | Enter annual subscriptions expense for periodicals which are used in the operation of the vendored service or for the purpose of staff development. Title 17, Section 57434 (a)(3)(F)(3). |
| Line | 23 | Enter annual staff recruitment and screening costs, such as fingerprinting and physical examinations of prospective employees and other health and safety costs that may be required prior to employment. Title 17, Section 57434 (a)(3)(F)(4). |
| Line | 24 | Enter annual staff training costs for in-service training and employee development which meet the requirements specified in Title 17, Section 56726 or 56744. Title 17, Section 57434 (a)(3)(M). |
| Line | 25 | Enter annual costs related to inoculations or clinical tests of employees, for the employee's or consumer's health and safety. Title 17, Section 57434 (a)(3)(F)(10). |
| Line | 26 | Enter annual fees for licenses, certifications, registrations or permits, if necessary for vendorization or the continued operation of the service subsequent to vendorization. Title 17, Section 57434 (a)(3)(F)(5). |
| Line | 27 | Enter annual travel costs for consumer or staff travel that is part of the program curriculum. Title 17, Section 57434 (a)(3)(N). |
| Line | 28 | Enter annual fuel and oil costs. Title 17, Section 57434 (a)(3)(F)(11). |
| Line | 29 | Enter annual accreditation fees. Title 17, Section 57434 (a)(3)(F)(6). |
| Line | 30 | Enter annual association dues or fees. Title 17, Section 57434 (a)(3)(F)(7). |
| Line | 31 | Enter annual local business taxes or taxes. Title 17, Section 57434 (a)(3)(F)(9). |
| Line | 32 | Enter annual costs for providing and preparing information related to the vendored service which is used as general information to the consumers or to the authorized consumer representatives. Title 17, Section 57434 (a)(3)(F)(8). |
| Line | 33 | Enter another annual expenses that are not listed above. Amounts reported on this line must be described and explained in the Operating Expense Narrative on Page 4 |
| Line | 34 | Do not enter any data in this column. The formula reported in the spreadsheet will compute the annual operating expenses for both direct and administrative based on the information provided in column B and column C |

Narrative of Annual Operating Expense Worksheet- Page 4

- Line 1 thru 33: For those operating expenditures that are allocated to both direct and administrative expenditures, please describe the methodology utilized to allocate costs between direct and administrative.
- Line 33 If expenses are reported under line 33, Other Expenses, an explanation must be provided regarding the expenditures being charged to the program

Annual Management Organization Expense Worksheet - Page 5

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|--------|---|---|
| Column | B | Enter the total annual amount of management organization costs that are being charged to the vendored program for each expenditure listed. Title 17, Section 57434 (a)(4)(C)2. |
| Column | C | Enter the percentage of the annual management organization costs that are allocated to this program |
| Column | D | Do not enter any data in these rows. The formula reported in the spreadsheet will compute the management organizational costs allocated to this program based on information reported in Column B and Column C. |

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Narrative of Annual Management Organization Expense Worksheet- Page 6

Line 1 thru 34:

Please describe the methodology utilized to allocate management organization costs to this program. For each expenditure reported on the Annual Management Organization Expenses Worksheet on Page 5

Line 35:

If expenses are reported under line 33, Other Expenses, an explanation must be provided regarding the expenditures being charged to the program

Annual Other Revenue Worksheet - Page 7

Line 1 thru 10

Provide any revenue the program will generate. DO NOT INCLUDE regional center revenue received from the regional center. The revenue reported will reduce the annual program costs. Please enter the revenue as a "positive number".

Line 11

Do not enter any data in this row. The formula reported in the spreadsheet will compute the total annual revenue based on the information reported in Lines 1 thru 10.

Attendance Worksheet - Page 8

Line 1 thru 4:

Enter "X" next to the type of unit for the services provided. If unit type is Other, please enter a description of the unit type.

Column A

Enter each month of the reporting period on a separate line. Enter the month and year of the reporting period.

Column B

For each month of the reporting period, enter the total number of consumers to be served monthly.

Column C

For each month of the reporting period, enter the number of units that will be provided monthly to each consumer.

Column D

Do not enter any data in these rows. The formula reported in the spreadsheet will compute both the total monthly units of service and the annual units of service based on information reported in Column B and Column C.

Admin Compliance- Page 9

IMPORTANT:: DO NOT ENTER any data on this page. Verify that the program's administrative costs are less than 15% by comparing the percentage computed in Column C, line 5 with 15%. If the program's administrative costs reported in Column C, line 5 are less than or equal to 15% please proceed to Page 9. However, if percentage computed in column C, line 5 is greater than 15%, you must go back and reduce the program's administrative costs.

Rate Determination Worksheet - Page 10

Line 1 thru 8:

provided on Page 2-Salary & Related, Page 3-Operating Expense, and Page 5-Mangement Org Costs; and Page 7-Other Income

Line 9 thru 11

Do not change the data reported in rows 9 thru 11. The rate information is provided to demonstrate how the program's rate was determined.

Line 12:

In accordance with statute, the program's rate will be the lessor of either the statewide median rate, the regional center median rate, or the rate determined thru the cost statement.