

Audit Number _____

Facility: _____ Site Name: _____ MPI Number: _____

Address: _____ Reporting Period: 07/01/21 to 06/30/22

SUMMARY OF STATISTICAL DATA

I. Type of Organization

1. _____ Voluntary, Nonprofit (including Corporations)
2. _____ For Profit
 - A. _____ Individual
 - B. _____ Partnership
 - C. _____ Corporation
 - D. _____ Other: _____
3. _____ Government

II. Total Program Population

| | | | |
|----|----|---|--------|
| 1. | A. | Certified beds available at beginning of period | 20 |
| 1. | B. | Certified beds available at end of period | 16 |
| 2. | | Total certified bed days available for period | 6,570 |
| 3. | | Total actual days (Including private pay days) | 6,430 |
| 4. | | Private Pay Days | 0 |
| 5. | | Percentage of Occupancy | 97.87% |

Note: If Occupancy is below 98% and § 6211.64 criteria have been met, Minimum Occupancy Exception Request Letter may be submitted as part of the transmittal letter.

III. Program Data

1. Program Size _____ Square Feet

IV. Private Pay Rates

Rate: _____ Effective Date: _____
Rate: _____ Effective Date: _____

SUMMARY OF CENSUS RECORDS

| Col. 1 | Col. 2 | Col. 3 | Col. 4 | Col. 5 | Col. 6 | Col. 7 | Col. 8 | Col. 9 | Col. 10 | Col. 11 |
|--------|---------------|--------------------------------------|-----------------------------------|------------------|-----------------|--------------------|----------------|--------|--------------|-------------------------------|
| Month | Resident Days | Therapeutic Leave - Up to Limits (a) | Hospital Leave - Up to Limits (a) | PRIVATE PAY DAYS | TOTAL DAYS | Beginning of Month | Date of Change | Change | End of Month | Calculated Bed Days Available |
| | | | | | (Cols 2 thru 5) | CERTIFIED BEDS | | | | (Cols 7 + 9) |
| Jul | 620 | | | | 620 | 20 | | | 20 | 620 |
| Aug | 620 | | | | 620 | 20 | | | 20 | 620 |
| Sep | 593 | | | | 593 | 20 | | | 20 | 600 |
| Oct | 527 | | | | 527 | 20 | 10/07/21 | (2) | 18 | 570 |
| Nov | 518 | | | | 518 | 18 | | | 18 | 540 |
| Dec | 558 | | | | 558 | 18 | | | 18 | 558 |
| Jan | 550 | | | | 550 | 18 | | | 18 | 558 |
| Feb | 476 | | | | 476 | 18 | 02/18/22 | (1) | 17 | 493 |
| Mar | 527 | | | | 527 | 17 | | | 17 | 527 |
| Apr | 465 | | | | 465 | 17 | 04/29/22 | (1) | 16 | 508 |
| May | 496 | | | | 496 | 16 | | | 16 | 496 |
| Jun | 480 | | | | 480 | 16 | | | 16 | 480 |
| Total | 6,430 | 0 | 0 | 0 | 6,430 | | | | 16 | 6,570 |

(a) - Therapeutic Leave Days and Hospital Leave Days in excess of § 6210.71 are not reported on this form, unless a waiver was granted due to COVID-19 considerations.

SUMMARY OF COSTS

Line 1. FY 12-Month Approved Funding Level (From Schedule 1, Table 2.A) \$ -
Line 2. FY Allowable Costs (From Schedule 1, Table 1.A) \$ -

| BENEFICIARY ACUITY AND STATISTICS | | | | | | | | | | |
|---|---|--|--|--|---|--|---|--|--|--|
| Facility: 0 | | Site Name: 0 | | | MPI Number: 0 | | | Reporting Period: 07/01/21 to 06/30/22 | | |
| Section I: Personal Characteristics (Number of Residents by Classification) | | | | | Section II: Day Program Summary | | | | | |
| A. Ages (from Sec. IV, Col 2) | | B. Level of Functioning (from Sec. IV, Col 3) | | | | | | | | |
| 0 | 0-5 | 0 | 1 - Mild | 0 | | | | | | |
| 0 | 6-18 | 0 | 2 - Moderate | 0 | | | | | | |
| 0 | 19-21 | 0 | 3 - Severe | 0 | | | | | | |
| 0 | 22-45 | 0 | 4 - Profound | 0 | | | | | | |
| 0 | 46-64 | 0 | 5 - ORC | 0 | | | | | | |
| 0 | 65+ | 0 | Total | 0 | | | | | | |
| 0 Total | | | | | \$0 | | | | | |
| Section III: Acuity Summary (NOT APPLICABLE TO FISCAL YEAR 2021-2022 unless the facility has completed SIS and HRST assessments on all residents) | | | | | | | | | | |
| A. Needs Level (SIS Composite Score) (from Sec. IV, Col 4) | | | | | B. HRST (from Sec. IV, Col 5) | | | | | |
| 0 | Facility Average | 0 | | | Facility Average | | | | | |
| #DIV/0! | Standard Deviation | #DIV/0! | | | Standard Deviation | | | | | |
| Section IV: Acuity and Day Program Detail (***All unused rows must be left blank***) (Acuity Detail columns NOT APPLICABLE TO FISCAL YEAR 2021-2022 unless the facility has completed SIS and HRST assessments on all residents) | | | | | | | | | | |
| | | Acuity Detail | | | Day Program Detail | | | | | |
| Col. 1 | Col. 2 | Col. 3 | Col. 4 | Col. 5 | Col. 6 | Col. 7 | Col. 8 | Col. 9 | Col. 10 | Col. 11 |
| Resident | Age Range (as of last day of fiscal year) | Level of Functioning: 1 - Mild 2 - Moderate 3 - Severe 4 - Profound 5 - ORC | Needs Level (SIS Composite Score) N/A for FY 2021-2022 | HRST (0-69+) N/A for FY 2021-2022 | # of Days Resident Attended Day Program Owned/ Operated by the Facility (Not Related Party) (for entire fiscal year) | # of Days Resident Attended Contracted Related Party Day Program (for entire fiscal year) | # of Days Resident Attended Contracted Non-Related Party Day Program (for entire fiscal year) | # of Days Resident Attended Day Program (for entire fiscal year) Col. 6 + Col. 7 + Col. 8 | Relevant Program Fee for HCBS - Total Per Day Based on Highest Level Billed (Applicable to Days in Col. 7 Related Party Day Pgm Only) | Market Rate for Related Party Day Program Costs Col. 7 x Col. 10 |
| 1 | | | | | | | | - | | \$0 |
| 2 | | | | | | | | - | | \$0 |
| 3 | | | | | | | | - | | \$0 |
| 4 | | | | | | | | - | | \$0 |
| 5 | | | | | | | | - | | \$0 |
| 6 | | | | | | | | - | | \$0 |
| 7 | | | | | | | | - | | \$0 |
| 8 | | | | | | | | - | | \$0 |
| 9 | | | | | | | | - | | \$0 |
| 10 | | | | | | | | - | | \$0 |
| 11 | | | | | | | | - | | \$0 |
| 12 | | | | | | | | - | | \$0 |
| 13 | | | | | | | | - | | \$0 |
| 14 | | | | | | | | - | | \$0 |
| 15 | | | | | | | | - | | \$0 |
| 16 | | | | | | | | - | | \$0 |
| 17 | | | | | | | | - | | \$0 |
| 18 | | | | | | | | - | | \$0 |
| 19 | | | | | | | | - | | \$0 |
| 20 | | | | | | | | - | | \$0 |
| 21 | | | | | | | | - | | \$0 |
| 22 | | | | | | | | - | | \$0 |
| 23 | | | | | | | | - | | \$0 |
| 24 | | | | | | | | - | | \$0 |
| 25 | | | | | | | | - | | \$0 |
| 26 | | | | | | | | - | | \$0 |
| 27 | | | | | | | | - | | \$0 |

Enlargement of Beneficiary Acuity Section

Section I: Personal Characteristics (Number of Residents by Classification)

A. Ages (from Sec. IV, Col 2)

| | |
|----------|--------------|
| 0 | 0-5 |
| 0 | 6-18 |
| 0 | 19-21 |
| 0 | 22-45 |
| 0 | 46-64 |
| 0 | 65+ |
| 0 | Total |

B. Level of Functioning (from Sec. IV, Col 3)

| | |
|----------|--------------|
| 0 | 1 - Mild |
| 0 | 2 - Moderate |
| 0 | 3 - Severe |
| 0 | 4 - Profound |
| 0 | 5 - ORC |
| 0 | Total |

Section III: Acuity Summary (NOT APPLICABLE TO FISCAL YEAR 2021-2022 unless

A. Needs Level (SIS Composite Score) (from Sec. IV, Col 4)

| | |
|---------|--------------------|
| 0 | Facility Average |
| #DIV/0! | Standard Deviation |

B. HRST (from Se

| |
|---------|
| 0 |
| #DIV/0! |

Section IV: Acuity and Day Program Detail

(***All unused rows must be left blank***)

(Acuity Detail columns NOT APPLICABLE TO FISCAL YEAR 2021-2022 unless the fac

| Optional <i>Not part of printed Report</i> <i>Resident Initials</i> | Acuity Detail | | | | |
|---|---------------|---|---|--|--|
| | Col. 1 | Col. 2 | Col. 3 | Col. 4 | Col. 5 |
| | Resident | Age Range (as of last day of fiscal year) | <u>Level of Functioning:</u> 1 - Mild 2 - Moderate 3 - Severe 4 - Profound 5 - ORC | Needs Level (SIS Composite Score) N/A for FY 2021-2022 | HRST (0-69+) N/A for FY 2021-2022 |
| | 1 | | | | |
| | 2 | | | | |
| | 3 | | | | |
| | 4 | | | | |
| | 5 | | | | |
| | 6 | | | | |

Completion of these columns
will populate Section I above

Enlargement of Day Program Statistical Detail

| Optional <i>Not part of printed Report</i> <i>Resident Initials</i> | Day Program Detail | | | | | |
|---|---|--|---|--|--|--|
| | Col. 6 | Col. 7 | Col. 8 | Col. 9 | Col. 10 | Col. 11 |
| | # of Days Resident Attended Day Program Owned/ Operated by the Facility (Not Related Party) (for entire fiscal year) | # of Days Resident Attended Contracted Related Party Day Program (for entire fiscal year) | # of Days Resident Attended Contracted Non-Related Party Day Program (for entire fiscal year) | # of Days Resident Attended Day Program (for entire fiscal year) Col. 6 + Col. 7 + Col. 8 | Relevant Program Fee for HCBS - Total Per Day Based on Highest Level Billed (Applicable to Days in Col. 7 Related Party Day Pgm Only) | Market Rate for Related Party Day Program Costs Col. 7 x Col. 10 |
| | | | | - | | \$0 |
| | | | | - | | \$0 |
| | | | | - | | \$0 |
| | | | | - | | \$0 |
| | | | | - | | \$0 |
| | | | | - | | \$0 |
| | | | | - | | \$0 |
| | | | | - | | \$0 |
| | | | | - | | \$0 |

SCHEDULE 1 - PROGRAM EXPENDITURES
Table 1.A - FY Allowable Costs

Facility:
0

Site Name:
0

MPI Number:
0

Reporting Period:
 07/01/21 to 06/30/22

| Objects of Expenditure | Source | Column 1 | Column 2 | Column 3 | Column 4 | Column 5 | Column 6 | Column 7 |
|---|----------------|--------------|-------------|--------------------|---------------|------------|---------------------------------|------------|
| | | Cost Centers | | | | | | |
| | | Room & Board | Health Care | Ancillary Services | General Admin | Other | Depreciation & Capital Interest | Total |
| I. Personnel Costs | | | | | | | | |
| A. Wages/Salaries | Sch 11 | \$0 | \$0 | \$0 | \$0 | | | \$0 |
| B. Employee Benefits | Sch 2 | 0 | 0 | 0 | 0 | | | 0 |
| C. Miscellaneous Personnel Costs | Sch 12 | 0 | 0 | 0 | 0 | | | 0 |
| D. Subtotal - Personnel | | \$0 | \$0 | \$0 | \$0 | | | \$0 |
| II. Operating Costs | | | | | | | | |
| A. Occupancy Costs | input | | | | | | | \$0 |
| B. Communications | input | | | | | | | \$0 |
| C. Insurance | input | | | | | | | \$0 |
| D. Office Supplies | input | | | | | | | \$0 |
| E. Service Supplies | input | | | | | | | \$0 |
| F. Food | input | | | | | | | \$0 |
| G. Purchased Services | input | | | | | | | \$0 |
| H. Clothing | input | | | | | | | \$0 |
| I. Transportation | input | | | | | | | \$0 |
| J. Interest (Non-Capital) | input/Sch14 | | | | | | | \$0 |
| K. Miscellaneous Operating Costs | Sch 3 | \$0 | \$0 | \$0 | \$0 | \$0 | | \$0 |
| L. Subtotal - Operating Costs | | \$0 | \$0 | \$0 | \$0 | \$0 | | \$0 |
| III. Equipment/Other Fixed Assets | | | | | | | | |
| A. Purchase-Non Depr Assets | input | | | | | | | \$0 |
| B. Repairs | input | | | | | | | \$0 |
| C. Subtotal-Equip/Other Fixed Assets | | \$0 | \$0 | \$0 | \$0 | | | \$0 |
| IV. Depreciation/Interest | | | | | | | | |
| A. Depreciation | Sch 6 | | | | | | \$0 | \$0 |
| B. Capital Interest | Sch 14 | | | | | | \$0 | \$0 |
| C. Subtotal-Depreciation/Interest | | | | | | | \$0 | \$0 |
| V. Apportioned Costs | | | | | | | | |
| A. Individuals w/ Compensation >\$283,200 | input/Sch11-GA | New line | | | | | | \$0 |
| B. All Other Apportioned Costs | input | | | | | | | \$0 |
| C. Subtotal-Apportioned Costs | | \$0 | \$0 | \$0 | \$0 | \$0 | | \$0 |
| VI. Computation of Allowable Costs | | | | | | | | |
| A. Subtotal | sum \$'s I-V | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| B. Income Offsets to Allow. Costs | input/Sch 4 | | | | | | | \$0 |
| C. Total Allowable Costs | Line A-B | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |

SCHEDULE 1 - PROGRAM EXPENDITURES

Table 1.B - FY Unallowable Costs

(previously on Schedule 5)

Facility:

0

Site Name:

0

MPI Number:

0

Reporting Period:

07/01/21 to 06/30/22

| Objects of Expenditure | Source | Column 1 | Column 2 | Column 3 | Column 4 | Column 5 | Column 6 | Column 7 |
|---|----------------|--------------|-------------|--------------------|---------------|------------|---------------------------------|------------|
| | | Cost Centers | | | | | | Total |
| | | Room & Board | Health Care | Ancillary Services | General Admin | Other | Depreciation & Capital Interest | |
| I. Personnel Costs | | | | | | | | |
| A. Wages/Salaries | Sch 11 | \$0 | \$0 | \$0 | \$0 | | | \$0 |
| B. Employee Benefits | Sch 2 | 0 | 0 | 0 | 0 | | | 0 |
| C. Miscellaneous Personnel Costs | Sch 12 | 0 | 0 | 0 | 0 | | | 0 |
| D. Subtotal - Personnel | | \$0 | \$0 | \$0 | \$0 | | | \$0 |
| II. Operating Costs | | | | | | | | |
| A. Occupancy Costs | input | | | | | | | \$0 |
| B. Communications | input | | | | | | | \$0 |
| C. Insurance | input | | | | | | | \$0 |
| D. Office Supplies | input | | | | | | | \$0 |
| E. Service Supplies | input | | | | | | | \$0 |
| F. Food | input | | | | | | | \$0 |
| G. Purchased Services | input | | | | | | | \$0 |
| H. Clothing | input | | | | | | | \$0 |
| I. Transportation | input | | | | | | | \$0 |
| J. Interest (Non-Capital) | input/Sch14 | | | | | | | \$0 |
| K. Miscellaneous Operating Costs | Sch 3 | \$0 | \$0 | \$0 | \$0 | \$0 | | \$0 |
| L. Subtotal - Operating Costs | | \$0 | \$0 | \$0 | \$0 | \$0 | | \$0 |
| III. Equipment/Other Fixed Assets | | | | | | | | |
| A. Purchase-Non Depr Assets | input | | | | | | | \$0 |
| B. Repairs | input | | | | | | | \$0 |
| C. Subtotal-Equip/Other Fixed Assets | | \$0 | \$0 | \$0 | \$0 | | | \$0 |
| IV. Depreciation/Interest | | | | | | | | |
| A. Depreciation | Sch 6 | | | | | | \$0 | \$0 |
| B. Capital Interest | Sch 14 | | | | | | \$0 | \$0 |
| C. Subtotal-Depreciation/Interest | | | | | | | \$0 | \$0 |
| V. Apportioned Costs | | | | | | | | |
| A. Individuals w/ Compensation >\$283,200 | input/Sch11-GA | | | | | | | \$0 |
| B. All Other Apportioned Costs | input | | | | | | | \$0 |
| C. Subtotal-Apportioned Costs | | \$0 | \$0 | \$0 | \$0 | \$0 | | \$0 |
| VI. Computation of Unallowable Costs | | | | | | | | |
| A. Total Unallowable Costs | | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |

SCHEDULE 1 - PROGRAM EXPENDITURES
Table 1.B - FY Unallowable Costs

Facility:
0

Site Name:
0

Reporting Period:
 07/01/21 to 06/30/22

| Objects of Expenditure | Column 8 |
|---|--|
| | Enter description of the adjustment(s) required to convert booked expenses to allowable costs |
| I. Personnel Costs | |
| A. Wages/Salaries | |
| B. Employee Benefits | |
| C. Miscellaneous Personnel Costs | |
| D. Subtotal - Personnel | |
| II. Operating Costs | |
| A. Occupancy Costs | |
| B. Communications | |
| C. Insurance | |
| D. Office Supplies | |
| E. Service Supplies | |
| F. Food | |
| G. Purchased Services | |
| H. Clothing | |
| I. Transportation | |
| J. Interest (Non-Capital) | |
| K. Miscellaneous Operating Costs | |
| L. Subtotal - Operating Costs | |
| III. Equipment/Other Fixed Assets | |
| A. Purchase-Non Depr Assets | |
| B. Repairs | |
| C. Subtotal-Equip/Other Fixed Assets | |
| IV. Depreciation/Interest | |
| A. Depreciation | |
| B. Capital Interest | |
| C. Subtotal-Depreciation/Interest | |
| V. Apportioned Costs | |
| A. Individuals w/ Compensation >\$283,200 | Description in Schedule 11-GA |
| B. All Other Apportioned Costs | |
| C. Subtotal-Apportioned Costs | |
| VI. Computation of Unallowable Costs | |
| A. Total Unallowable Costs | |

SCHEDULE 1 - PROGRAM EXPENDITURES
Table 1.C - FY Total Allowable & Unallowable Costs
(Table 1.A Plus Table 1.B)

Facility:
0

Site Name:
0

MPI Number:
0

Reporting Period:
07/01/21 to 06/30/22

| Objects of Expenditure | Column 1 | Column 2 | Column 3 | Column 4 | Column 5 | Column 6 | Column 7 |
|---|--------------|-------------|--------------------|---------------|------------|---------------------------------|------------|
| | Cost Centers | | | | | | Total |
| | Room & Board | Health Care | Ancillary Services | General Admin | Other | Depreciation & Capital Interest | |
| I. Personnel Costs | | | | | | | |
| A. Wages/Salaries | \$0 | \$0 | \$0 | \$0 | | | \$0 |
| B. Employee Benefits | 0 | 0 | 0 | 0 | | | 0 |
| C. Miscellaneous Personnel Costs | 0 | 0 | 0 | 0 | | | 0 |
| C. Subtotal - Personnel | \$0 | \$0 | \$0 | \$0 | | | \$0 |
| II. Operating Costs | | | | | | | |
| A. Occupancy Costs | 0 | 0 | 0 | 0 | 0 | | \$0 |
| B. Communications | 0 | 0 | 0 | 0 | | | \$0 |
| C. Insurance | 0 | 0 | 0 | 0 | | | \$0 |
| D. Office Supplies | 0 | 0 | 0 | 0 | | | \$0 |
| E. Service Supplies | 0 | 0 | 0 | 0 | | | \$0 |
| F. Food | 0 | 0 | 0 | 0 | | | \$0 |
| G. Purchased Services | 0 | 0 | 0 | 0 | | | \$0 |
| H. Clothing | 0 | 0 | 0 | 0 | | | \$0 |
| I. Transportation | 0 | 0 | 0 | 0 | | | \$0 |
| J. Interest (Non-Capital) | 0 | 0 | 0 | 0 | 0 | | \$0 |
| K. Miscellaneous Operating Costs | 0 | 0 | 0 | 0 | 0 | | \$0 |
| L. Subtotal - Operating Costs | \$0 | \$0 | \$0 | \$0 | \$0 | | \$0 |
| III. Equipment/Other Fixed Assets | | | | | | | |
| A. Purchase-Non Depr Assets | 0 | 0 | 0 | 0 | | | \$0 |
| B. Repairs | 0 | 0 | 0 | 0 | | | \$0 |
| C. Subtotal-Equip/Other Fixed Assets | \$0 | \$0 | \$0 | \$0 | | | \$0 |
| IV. Depreciation/Interest | | | | | | | |
| A. Depreciation | | | | | | 0 | \$0 |
| B. Capital Interest | | | | | | 0 | \$0 |
| C. Subtotal-Depreciation/Interest | | | | | | \$0 | \$0 |
| V. Apportioned Costs | | | | | | | |
| A. Individuals w/ Compensation >\$283,200 | 0 | 0 | 0 | 0 | 0 | | \$0 |
| B. All Other Apportioned Costs | 0 | 0 | 0 | 0 | 0 | | \$0 |
| C. Subtotal-Apportioned Costs | \$0 | \$0 | \$0 | \$0 | \$0 | | \$0 |
| VI. Computation of Total Costs | | | | | | | |
| A. Total Costs - Per General Ledger | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |

SCHEDULE 1 - PROGRAM EXPENDITURES

Table 2.A - FY 12-Month Approved Funding Level (from ID-47)

| | | | | | | | |
|---|------------------------|-------------------------|--|---------------|----------|---------------------|----------|
| <u>Facility:</u> 0 | <u>Site Name:</u> 0 | <u>MPI Number:</u> 0 | <u>Reporting Period:</u> 07/01/21 to 06/30/22 | | | | |
| Objects of Expenditure | Column 1 | Column 2 | Column 3 | Column 4 | Column 5 | Column 6 | Column 7 |
| | Cost Centers | | | | | | |
| | Room & Board | Health Care | Ancillary Services | General Admin | Other | Depr & Cap Interest | Total |
| I. Personnel Costs | | | | | | | |
| A. Wages/Salaries | | | | | | | \$0 |
| B. Employee Benefits | | | | | | | 0 |
| C. Miscellaneous Personnel Costs | | | | | | | 0 |
| D. Subtotal - Personnel | \$0 | \$0 | \$0 | \$0 | | | \$0 |
| II. Operating Costs | | | | | | | |
| A. Occupancy Costs | | | | | | | \$0 |
| B. Communications | | | | | | | 0 |
| C. Insurance | | | | | | | 0 |
| D. Office Supplies | | | | | | | 0 |
| E. Service Supplies | | | | | | | 0 |
| F. Food | | | | | | | 0 |
| G. Purchased Services | | | | | | | 0 |
| H. Clothing | | | | | | | 0 |
| I. Transportation | | | | | | | 0 |
| J. Interest (Non-Capital) | | | | | | | 0 |
| K. Miscellaneous Operating Costs | | | | | | | 0 |
| L. Subtotal - Operating Costs | \$0 | \$0 | \$0 | \$0 | \$0 | | \$0 |
| III. Equipment/Other Fixed Assets | | | | | | | |
| A. Purchase-Non Depr Assets | | | | | | | 0 |
| B. Repairs | | | | | | | 0 |
| C. Subtotal-Equip/Other Fixed Assets | \$0 | \$0 | \$0 | \$0 | | | \$0 |
| IV. Depreciation/Interest | | | | | | | |
| A. Depreciation | | | | | | | \$0 |
| B. Capital Interest | | | | | | | 0 |
| C. Subtotal-Depreciation/Interest | | | | | | \$0 | \$0 |
| V. Apportioned Costs | | | | | | | |
| A. Individuals w/ Compensation >\$283,200 | | | | | | | \$0 |
| B. All Other Apportioned Costs | | | | | | | \$0 |
| C. Subtotal-Apportioned Costs | \$0 | \$0 | \$0 | \$0 | \$0 | | \$0 |
| VI. Computation of Allowable Costs | | | | | | | |
| A. Subtotal | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| B. Income Offsets to Allow. Costs | | | | | | | 0 |
| C. Total Allowable Costs | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |

SCHEDULE 1 - PROGRAM EXPENDITURES

Table 4.A - Allowable Costs in Excess of 110% of Approved Funding

(Table 1.A Less 110% of Table 2.A)

| | | | |
|------------------------------|-------------------------------|--------------------------------|--|
| <u>Facility:</u> 0 | <u>Site Name:</u> 0 | <u>MPI Number:</u> 0 | <u>Reporting Period:</u> 07/01/21 to 06/30/22 |
|------------------------------|-------------------------------|--------------------------------|--|

| | Column 1 | Column 2 | Column 3 | Column 4 | Column 5 | Column 6 | Column 7 |
|---|--------------|-------------|--------------------|---------------|----------|---------------------------------|----------|
| | Cost Centers | | | | | | |
| Objects of Expenditure | Room & Board | Health Care | Ancillary Services | General Admin | Other | Depreciation & Capital Interest | Total |
| I. Personnel Costs | | | | | | | |
| A. Wages/Salaries | | | | | | | |
| B. Employee Benefits | | | | | | | |
| C. Miscellaneous Personnel Costs | | | | | | | |
| D. Subtotal - Personnel | \$0 | \$0 | \$0 | \$0 | | | \$0 |
| II. Operating Costs | | | | | | | |
| A. Occupancy Costs | | | | | | | |
| B. Communications | | | | | | | |
| C. Insurance | | | | | | | |
| D. Office Supplies | | | | | | | |
| E. Service Supplies | | | | | | | |
| F. Food | | | | | | | |
| G. Purchased Services | | | | | | | |
| H. Clothing | | | | | | | |
| I. Transportation | | | | | | | |
| J. Interest (Non-Capital) | | | | | | | |
| K. Miscellaneous Operating Costs | | | | | | | |
| L. Subtotal - Operating Costs | \$0 | \$0 | \$0 | \$0 | \$0 | | \$0 |
| III. Equipment/Other Fixed Assets | | | | | | | |
| A. Purchase-Non Depr Assets | | | | | | | |
| B. Repairs | | | | | | | |
| C. Subtotal-Equip/Other Fixed Assets | \$0 | \$0 | \$0 | \$0 | | | \$0 |
| IV. Depreciation/Interest | | | | | | | |
| A. Depreciation | | | | | | | |
| B. Capital Interest | | | | | | | |
| C. Subtotal-Depreciation/Interest | | | | | | \$0 | \$0 |
| V. Apportioned Costs | | | | | | | |
| A. Individuals w/ Compensation >\$283,200 | | | | | | | |
| B. All Other Apportioned Costs | | | | | | | |
| C. Subtotal-Apportioned Costs | \$0 | \$0 | \$0 | \$0 | \$0 | | \$0 |
| VI. Computation of Allowable Costs | | | | | | | |
| A. Subtotal | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| B. Income Offsets to Allow. Costs | | | | | | | |
| C. Total Allowable Costs | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |