

NYC ADMINISTRATION FOR CHILDREN'S SERVICES
ON GOING NSP Program Budget
BUDGET SUMMARY PAGE
ONE FACILITY PER BUDGET

AGENCY NAME:			
AGENCY ADDRESS:			
PROGRAM NAME:			
PROGRAM TYPE:			
BUDGET PERIOD:			
NSP Program Rate	\$400	Census:	Value:
Education add on Rate:		Census:	Value:
Facility Rate:		Census:	Value:
Total Rate:			
Total ACS Revenue:		Total Revenue (Including Other Funding):	

	ACS PROGRAM BUDGET AMOUNT	PERCENTAGES
CATEGORY		
SALARY		
FRINGE BENEFITS		#DIV/0!
PS SUBTOTAL	\$ -	
CONSULTANT		
FACILITY		
OTHER OTPS		
OTPS SUBTOTAL	\$ -	
PS & OTPS SUBTOTAL	\$ -	
OVERHEAD		#DIV/0!
GRAND TOTAL	\$ -	

Description/ Comments: (please attach additional sheets if necessary)

NYC ADMINISTRATION FOR CHILDREN'S SERVICES
ON GOING NSP Program Budget
SALARY

AGENCY:

PROGRAM NAME:

FACILITY NAME:

MAILING ADDRESS:

[illegible]

	# of Staff	Total Annual Salaries	Total ACS Program Budgeted	Percentage of ACS Program Budgeted
Total Direct Salaries				#DIV/0!
Total Indirect Salaries				#DIV/0!
Grand Total	0	\$0.00	\$0.00	#DIV/0!

AGENCY:
PROGRAM NAME:
FACILITY NAME:
MAILING ADDRESS:

NSP On Going Budget Template Attachment D.xls

**NYC ADMINISTRATION FOR CHILDREN'S SERVICES
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CONSULTANTS**

AGENCY:

PROGRAM NAME:

FACILITY NAME:

MAILING ADDRESS:

PSYCHIATRISTS

PROGRAM	AMOUNT PER HOUR	TOTAL
NAME		

PSYCHOLOGISTS

PROGRAM	AMOUNT PER HOUR	TOTAL
NAME		

OTHER (SPECIFY)

PROGRAM	TOTAL NUMBER OF PERSONS	AMOUNT PER HOUR	TOTAL
NAME			

TOTAL - CONSULTANTS			\$0.00
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Names of Consultants are required.

NYC ADMINISTRATION FOR CHILDREN'S SERVICES
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FACILITY

AGENCY:

PROGRAM NAME:

FACILITY NAME:

MAILING ADDRESS:

TERM OF LEASE:

LEASE RENEWAL:	YES	NO
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FLOOR AND ROOM NUMBER:	
COST PER SQ. FT.:	
LANDLORD'S NAME:	
LANDLORD'S ADDRESS:	

[illegible]

**NYC ADMINISTRATION FOR CHILDREN'S SERVICES
ON GOING NSP Program Budget
OTPS**

AGENCY:

PROGRAM NAME:

FACILITY NAME:

MAILING ADDRESS:

CATEGORY	ACS PROGRAM BUDGET AMOUNT
AUDIT FEES	
OTHER INSURANCE	
EQUIPMENT	
SERVICES TO YOUTH: (Itemize)	
OTHER OTPS:	
TOTAL	

Non-Allowable Expenses, e.g. Miscellaneous and Dues

AGENCY:
PROGRAM NAME:
FACILITY NAME:
MAILING ADDRESS:

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