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NYC ADMINISTRATION FOR CHILDREN'S SERVICES YEAR ONE NSP Program & Start Up Budget Start up may be two Month Maximum of The Budget

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 (Inclu	ding 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)	
NCP year one Budget Ten	anlote Attachment C. vi

SALARY

GENCY:	
ROGRAM NAME:	
ACILITY NAME:	
AILING ADDRESS:	
Two Month Maximum of The Budget	

Indicate "D" for Direct Staff and "I" for Indirect Staff	TITLE	NUMBER OF INDIVIDUALS IN TITLE	FULL TIME EQUIVALENT POSITION	ANNUAL SALARY	ACS PROGRAM BUDGET AMOUNT
TC	TAL - SALARY BY	TITLE		\$0	\$0

	# 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!

FRINGE BENEFITS

AGENCY:	
PROGRAM NAME:	
FACILITY NAME:	
MAILING ADDRESS:	

DESCRIPTION	RATE	TOTAL SALARIES	ACS PROGRAM BUDGET AMOUNT
TOTAL - FRINGE BENEFITS	0.00%		\$0.00

CONSULTANTS

AGENCY:			
PROGRAM NAME:			
FACILITY NAME:			
MAILING ADDRESS:			
PSYCHIATRISTS			
PROGRAM		AMOUNT PER HOUR	TOTAL
NAME			
PSYCHOLOGISTS			
PROGRAM		AMOUNT PER HOUR	TOTAL
NAME			
NAME			
OTHER (SPECIFY)			
PROGRAM	TOTAL NUMBER OF PERSONS	AMOUNT PER HOUR	TOTAL
NAME			
NAME			
		1	
		<u> </u>	
TOTAL - CONSULTANTS			\$0.00

Names of Consultants are required.

FACILITY

AGENCY:
PROGRAM NAME:
FACILITY NAME:
MAILING ADDRESS:
TERM OF LEASE:
LEASE RENEWAL:YESNO
FLOOR AND ROOM NUMBER:
COST PER SQ. FT.:
LANDLORD'S NAME:
LANDLORD'S ADDRESS:

ltem	ACS Program Budget Amount
Rent	
Facility Cost - Mortgage	
Utilities	
Site Maintenance/ Fence Construction	
Repairs/ Maintenance - Building	
Repairs/ Maintenance - Subcontractors	
Repairs/ Maintenance - Plant	
Interest - debt service	
Insurance - Property	
Insurance - General Liability	
Fire Inspection/ Protection	
Property Rental Costs	

OTPS

AGENCY:	
PROGRAM NAME:	
FACILITY NAME:	
MAILING ADDRESS:	
	ACS PROGRAM
CATEGORY	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:	
	ACS PROGRAM
CATEGORY	BUDGET AMOUNT
TOTAL	