

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 (Including Other Funding):	

CATEGORY	ACS PROGRAM BUDGET AMOUNT	PERCENTAGES
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)

SALARY

MAILING ADDRESS:

[illegible]NSP year one Budget Template Attachment C.xls

FRINGE BENEFITS

MAILING ADDRESS:

NSP year one Budget Template Attachment C.xls

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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.

FACILITY

PROGRAM NAME:

FACILITY NAME:

MAILING ADDRESS:

TERM OF LEASE:

LEASE RENEWAL: ☐ YES ☐ NO

FLOOR AND ROOM NUMBER:
COST PER SQ. FT.:
LANDLORD'S NAME:
LANDLORD'S ADDRESS:

[illegible]

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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

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AGENCY:

PROGRAM NAME:

FACILITY NAME:

MAILING ADDRESS:

[illegible]