

Coastal Regional Commission Area Agency On Aging

Uniform Cost Methodology

November 12, 2015

Presenter:

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Why Uniform Cost Methodology was developed....

- Federal and state agencies looking for measurable results and outcomes
- Reporting requirements changed for federal, state, Area Agencies on Aging and aging network providers
- Georgia aging network needed data to manage programs efficiently and effectively

History of Development

- 1998-1999 KPMG, consulting firm, developed methodology through direction from Georgia's aging network
- KPMG then created a training manual, Excel spreadsheet, and provided training statewide
- 2004-2006 UCM Challengers Work Team created new training manual, Excel spreadsheet, and provided AAA's with Train-the-Trainer materials for their staff and providers statewide

Purpose of UCM in Georgia

- All providers calculate costs in the same fashion-treating cost in a consistent manner
- Determine full cost of programs-regardless of fund source
- Knowledge of total costs helps agency to manage programs more effectively
- Advocacy based on true cost of programs
- Reimbursement for performance (unit cost) where feasible

Who has to do the UCM Spreadsheet?

- Applicants and/or current providers as a part of the Request for Proposal to obtain contracts with AAAs for provision of aging services
- Financial & aging program staff who have contracts with AAA for aging services
- UCM spreadsheet and other budget forms completed annually to determine total costs of aging services – regardless of fund source

Services Reimbursed by Unit Cost

- Adult Day Care
- Assisted Transportation
- Congregate Meals
- Counseling
- Emergency Response
- Home Delivered Meals
- Home Health
- Homemaker
- Nutrition Counseling
- Nutrition Education
- Nutrition Screening
- Personal Care
- Respite Care
- Transportation

Services Reimbursed by Line Item Budget

- Care Coordination
- Elderly Legal Assistance
- Georgia Cares Program
- Home Modification/Repair
- Material Assistance/Material Aide
- Outreach

Sections of UCM Spreadsheet

- Personnel – time and cost
- Support – all other cash costs
- Cost Pool Section – enter only requested information
- Donated Personnel or Non-Cash Match

Personnel Section

Documents and data to collect:

- Holiday and leave time – deduct from total work hours to determine productive work time
- Staff titles, # of positions, base wages and % of benefits for each staff position
- Salaried Staff - % of work time allocated to cost pools or assigned directly to a service
- Direct Service Staff – billable hours for Homemaker, Personal Care, and In-Home Respite

Functional Activities	Available Work Hours
Total Work Hours per Year	2,080 Hours
Holidays	72 Hours
Annual Leave	96 Hours
Sick Leave	96 Hours
Breaks & Other “non-productive” Time	94 Hours
Non-service Related Activities	100 Hours
Net Available Hours	1,622 Hours

Exhibit A - Personnel Cost Flow Worksheet

										#1			#2				#3						
										Nut./Wellness - Congregate Meals Management Only			Nut./Wellness - Congregate Meals Costs Only				Nut./Wellness - Home-De Meals Management C						
										TOTAL	Billable Hours	% OF	W & B	TOTAL	Billable Hours	% OF	W & B	TOTAL	Billable Hours	% OF			
										HOURS (Auto-populates)	(Direct Service Staff Only)	(Enter % of staff time)	COST (Auto-populates)	HOURS (Auto-populates)	(Direct Service Staff Only)	(Enter % of staff time)	COST (Auto-populates)	HOURS (Auto-populates)	(Direct Service Staff Only)	(Enter % of staff time)			
STAFF LIST (Paid staff only - do not include volunteers or other donated)	Number of Staff Positions (Enter number per staff title)	Base Wages (Enter base amount with no benefits included)	Fringe Benefit Rate (Enter benefit costs by % only)	Fringe Benefit Dollars (Auto-populates)	Total Wages and Benefits (Auto-populates)	Productive Hours (Enter annual productive hours)	General Admin (Enter % of staff time in admin)	Admin Hours (Auto-populates)	General Admin Costs (Auto-populates)	Staff for Building Maintenance (Enter % of staff time)	Shared Building Space Hours (Auto-populates)	Shared Building Space (Auto-populates)	HOURS (Auto-populates)	Billable Hours (Direct Service Staff Only)	(Enter % of staff time)	COST (Auto-populates)	HOURS (Auto-populates)	Billable Hours (Direct Service Staff Only)	(Enter % of staff time)	COST (Auto-populates)	HOURS (Auto-populates)	Billable Hours (Direct Service Staff Only)	(Enter % of staff time)
1 Enter Provider Name:																							
2																							
3																							
4																							
6 Director	1	\$ 48,000	30%	\$14,400	\$ 62,400	1,840	100%	1840	\$62,400	0%	0	\$0	0	0	0%	\$0	0	0	0%	\$0	0	0	0%
7 Admin/Bookkeeper	1	\$ 25,000	30%	\$7,500	\$ 32,500	1,840	100%	1840	\$32,500	0%	0	\$0	0	0	0%	\$0	0	0	0%	\$0	0	0	0%
8 Senior Center Director	1	\$ 30,000	30%	\$9,000	\$ 39,000	1,840	0%	0	\$0	0%	0	\$0	920	50%	\$19,500	0	0	0%	\$0	920	50%	0	50%
9 Activities Director	1	\$ 20,000	25%	\$5,000	\$ 25,000	1,610	0%	0	\$0	0%	0	\$0	1610	100%	\$25,000	0	0	0%	\$0	0	0	0	0%
10 Volunteer Coordinator	1	\$ 15,000	20%	\$3,000	\$ 18,000	1,380	0%	0	\$0	0%	0	\$0	345	25%	\$4,500	0	0	0%	\$0	1035	75%	0	75%
11 Homemaker Supervisor	1	\$ 30,000	30%	\$9,000	\$ 39,000	1,840	0%	0	\$0	0%	0	\$0	0	0	0%	\$0	0	0	0%	\$0	0	0	0%
12 Homemakers	5	\$ 72,500	30%	\$21,750	\$ 94,250	7,150	0%	0	\$0	0%	0	\$0	0	0	0%	\$0	0	0	0%	\$0	0	0	0%
13 Janitor	1	\$ 7,500	15%	\$1,125	\$ 8,625	920	0%	0	\$0	100%	920	\$8,625	0	0	0%	\$0	0	0	0%	\$0	0	0	0%
14 Staff title	1	\$ -	40%	\$0	\$ -	0	0%	0	\$0	0%	0	\$0	0	0	0%	\$0	0	0	0%	\$0	0	0	0%
31 Client/Meal Transportation Cost Pool Section Only																\$0							
32 Van Driver	0	\$ 18,000	30%	\$5,400	\$ 23,400	1,840	0%	0	\$0	0%	0	\$0	0	0	0%	\$0	1472	80%	\$18,720	0	0	0	0%
33 Enter Driver Title/Name Here	0	\$ -	0%	\$0	\$ -	0	0%	0	\$0	0%	0	\$0	0	0	0%	\$0	0	0	0%	\$0	0	0	0%
34 Enter Driver Title/Name Here	0	\$ -	0%	\$0	\$ -	0	0%	0	\$0	0%	0	\$0	0	0	0%	\$0	0	0	0%	\$0	0	0	0%
35 Enter Driver Title/Name Here	0	\$ -	0%	\$0	\$ -	0	0%	0	\$0	0%	0	\$0	0	0	0%	\$0	0	0	0%	\$0	0	0	0%
36 Enter Driver Title/Name Here	0	\$ -	0%	\$0	\$ -	0	0%	0	\$0	0%	0	\$0	0	0	0%	\$0	0	0	0%	\$0	0	0	0%
37 Enter Driver Title/Name Here	0	\$ -	0%	\$0	\$ -	0	0%	0	\$0	0%	0	\$0	0	0	0%	\$0	0	0	0%	\$0	0	0	0%
38 Driver	0	\$ -	0%	\$0	\$ -	0	0%	0	\$0	0%	0	\$0	0	0	0%	\$0	0	0	0%	\$0	0	0	0%
39 Driver	0	\$ -	0%	\$0	\$ -	0	0%	0	\$0	0%	0	\$0	0	0	0%	\$0	0	0	0%	\$0	0	0	0%
40 Driver	0	\$ -	0%	\$0	\$ -	0	0%	0	\$0	0%	0	\$0	0	0	0%	\$0	0	0	0%	\$0	0	0	0%
41 Driver	0	\$ -	0%	\$0	\$ -	0	0%	0	\$0	0%	0	\$0	0	0	0%	\$0	0	0	0%	\$0	0	0	0%
(The following data calculates automatically - do not enter)																							
42 Total Wages and Benefits	13	\$266,000			\$342,175				\$94,900			\$8,625				\$49,000				\$18,720			
43 Percent of Total Wages and Benefits					100.00%				27.73%			2.52%			14.32%					5.47%			
44 Total Hours						20,260		3,680			920			2,875					1,472			1,955	
45 Unit of Service														1.00					1.00			1.00	
46 Percent of Total Hours						100.00%		18.16%			4.54%			14.19%					7.27%			9.65%	

Allocation of Time

- **Administrative-General Administration Cost Pool**
- **Van Driver-Transportation Cost Pool**
- **Building Space Salary-Space Cost Pool**
- **Direct Service-assign to specific service**
- **All Other-wages not associated with aging services**

Support Section

Documents and data to collect:

- Staff travel expenses
- Vehicle Operating expenses
- Building expenses
- Computer operation expenses
- Capital Equipment expenses
- Supply expenses
- Service contracts
- Meal expenses
- Other operating costs

Exhibit B - Support Cost Flow Worksheet

	A	B	D	E	F	G	H	I	J	K	L	R
1		File is..										
2		In Balance					#1	#2	#3	#4	#5	All Other
3												
4												
5	Enter Provider Name:											
6	PROPOSED ANNUAL EXPENSES <i>(Select Line Item from DAS Chart of Accounts)</i>		General Administration COST POOL	Shared Building Space COST POOL	Client/Meal Transportation COST POOL	Support COST POOL	Nut./Wellness Congregate Meals Management Only	Nut./Wellness Congregate Meals Costs Only	Nut./Wellness Home-Delivered Meals Management Only	Nut./Wellness Home-Delivered Meals Cost Only	HCBS - Homemaker - Ind	All Other
7												
8	WAGES & BENEFITS <i>(Auto-populates)</i>	\$342,175	\$94,900	\$8,625			\$49,000	\$18,720	\$33,000	\$4,680	\$133,250	\$0
9	<i>Auto-populates % of Wages and Benefits from Personnel Spreadsheet(1)</i>	100.00%	27.73%	2.52%			14.32%	5.47%	9.64%	1.37%	38.94%	0.00%
10	<i>Auto-populates % of Hours from Personnel Spreadsheet (1)</i>	100.00%	18.16%	4.54%			14.19%	7.27%	9.65%	1.82%	44.37%	0.00%
11												
12	STAFF TRAVEL EXPENSES <i>(Auto-populates)</i>	\$10,500										
13	Staff Mileage/Per Diem Reimbursement	\$8,500	\$500				\$0	\$500	\$0	\$0	\$7,500	\$0
14	Volunteer Mileage/Per Diem Reimbursement	\$2,000	\$0				\$0	\$0	\$0	\$2,000	\$0	\$0
15	Other Staff Travel Expenses	\$0	\$0				\$0	\$0	\$0	\$0	\$0	\$0
16												
17	VEHICLE OPERATING EXPENSES <i>(Auto-populates)</i>	\$6,500										
18	Vehicle Gas & Oil	\$2,000			\$2,000		\$0	\$0	\$0	\$0	\$0	\$0
19	Vehicle Insurance	\$1,500			\$1,500		\$0	\$0	\$0	\$0	\$0	\$0
20	Vehicle Maintenance	\$3,000			\$3,000		\$0	\$0	\$0	\$0	\$0	\$0
21	Other Vehicle Operating Expenses	\$0			\$0		\$0	\$0	\$0	\$0	\$0	\$0
22												
23	BUILDING EXPENSES <i>(Auto-populates)</i>	\$15,500										
24	Building Depreciation	\$0		\$0			\$0	\$0	\$0	\$0	\$0	\$0
25	Building Insurance	\$2,500		\$2,500			\$0	\$0	\$0	\$0	\$0	\$0
26	Building Maintenance/Janitorial	\$0		\$0			\$0	\$0	\$0	\$0	\$0	\$0
27	Building Repairs	\$3,000		\$3,000			\$0	\$0	\$0	\$0	\$0	\$0
28	Rent	\$0		\$0			\$0	\$0	\$0	\$0	\$0	\$0
29	Utilities	\$10,000		\$10,000			\$0	\$0	\$0	\$0	\$0	\$0
30	Other Space Expenses	\$0		\$0			\$0	\$0	\$0	\$0	\$0	\$0
31												
32	COMPUTER OPERATION EXPENSES <i>(Auto-populates)</i>	\$2,100										
33	Computer Purchase	\$1,000	\$1,000				\$0	\$0	\$0	\$0	\$0	\$0
34	Computer Maintenance	\$0	\$0				\$0	\$0	\$0	\$0	\$0	\$0
35	Computer Supplies	\$600	\$600				\$0	\$0	\$0	\$0	\$0	\$0
36	Computer Training	\$500	\$500				\$0	\$0	\$0	\$0	\$0	\$0
37	Other Computer Operation Expenses	\$0	\$0				\$0	\$0	\$0	\$0	\$0	\$0
38												
39	CAPITAL EQUIPMENT EXPENSES <i>(Auto-populates)</i>	\$300										
40	Capital Equipment Depreciation/Usage Fee	\$0	\$0				\$0	\$0	\$0	\$0	\$0	\$0
41	Equipment Maintenance	\$300	\$300				\$0	\$0	\$0	\$0	\$0	\$0
42	Other Equipment Expenses	\$0	\$0				\$0	\$0	\$0	\$0	\$0	\$0

Exhibit B - Support Cost Flow Worksheet

	A	B	D	E	F	G	H	I	J	K	L	R
1		File is..										
2		In Balance					#1	#2	#3	#4	#5	All Other
3												
4												
5	Enter Provider Name:											
6	PROPOSED ANNUAL EXPENSES <i>(Select Line Item from DAS Chart of Accounts)</i>		General Administration COST POOL	Shared Building Space COST POOL	Client/Meal Transportation COST POOL	Support COST POOL	Nut./Wellness - Congregate Meals Management Only	Nut./Wellness - Congregate Meals Costs Only	Nut./Wellness - Home-Delivered Meals Management Only	Nut./Wellness - Home-Delivered Meals Meal Cost Only	HCBS - Homemaker - Ind	All Other
89	OTHER OPERATING COSTS <i>(Auto-populate)</i>	\$2,000										
90	Agency Indirect (Federal Cognizant Agency Only)	\$0					\$0	\$0	\$0	\$0	\$0	\$0
91	Audit/Legal Fees	\$2,000	\$2,000				\$0	\$0	\$0	\$0	\$0	\$0
92	Profit/Surplus Margin	\$0	\$0				\$0	\$0	\$0	\$0	\$0	\$0
93	Other Misc. Operating Costs	\$0	\$0				\$0	\$0	\$0	\$0	\$0	\$0
94												
95												
96	Spreadsheet Check <i>(Auto-populates)</i>	\$508,350										
97	TOTAL ALLOWABLE COSTS <i>(Auto-populates)</i>	\$508,350	\$99,800	\$24,125	\$6,500	\$5,900	\$50,500	\$66,095	\$33,000	\$81,680	\$140,750	\$0
98												
99	COST POOL SECTION:											
100												
101	Service Subcontract Allowance (per contract) <i>Contracts over \$50,000 Only - Enter Service Subcontract Adjustment (Contract Amount minus \$25,000)</i>						\$25,000	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000
102							\$0	\$21,875	\$0	\$50,000	\$0	\$0
103												
104	Reallocate Shared Building Space <i>Enter Square Footage Occupied (In Bed Only)</i>	3000	\$4,021 500	(\$24,125)			\$12,063 1500	\$0 0	\$4,021 500	\$0 0	\$4,021 500	\$0 0
105												
106												
107	Reallocate Client Transportation Costs <i>Auto-populates % of Driver Time Per Program from Personnel</i>			(\$6,500)			\$0	\$5,200	\$0	\$1,300	\$0	\$0
108							0.00%	80.00%	0.00%	20.00%	0.00%	0.00%
109												
110	Reallocate Support Costs <i>Auto-populates based on Percent of Total Staff Hours from Personnel</i>		\$1,072	\$268		(\$5,900)	\$837	\$429	\$569	\$107	\$2,618	\$0
111			18.16%	4.54%			14.19%	7.27%	9.65%	1.82%	44.37%	0.00%
112												
113	Reallocate General Administration Costs <i>Auto-populates based on Modified Total Direct Costs</i>		(\$104,893)				\$17,648	\$15,453	\$11,532	\$11,071	\$49,187	\$0
114							\$50,500	\$44,220	\$33,000	\$31,680	\$140,750	\$0
115												
116	TOTAL ACTUAL COSTS BY SERVICE	\$508,350		\$268			\$81,048	\$87,177	\$49,123	\$94,158	\$196,576	\$0
117	Enter Number of Billing Units						25,000	25,000	37,500	37,500	7,150	0
118	ACTUAL COST PER UNIT OF SERVICE						\$3.24	\$3.49	\$1.31	\$2.51	\$27.49	\$0.00
119												
120	DONATED PERSONNEL OR NON-CASH MATCH SECTION											
121												

Cost Pool Section

- **Service Subcontract Allowance**
- **Shared Building Space Cost**
- **Transportation Cost**
- **Support Cost**
- **General Administrative Costs**

Exhibit B - Support Cost Flow Worksheet (Cost Pool Section)

	A	B	D	E	F	G	H	I	J	K	L	R
1		File is..										
2		In Balance					#1	#2	#3	#4	#5	All Other
3												
4												
5	Enter Provider Name:						Nut./Wellness - Congregate Meals Management Only	Nut./Wellness - Congregate Meals Costs Only	Nut./Wellness - Home-Delivered Meals Management Only	Nut./Wellness - Home-Delivered Meals Meal Cost Only	HCBS - Homemaker - Ind	All Other
6	PROPOSED ANNUAL EXPENSES <i>(Select Line Item from D&S Chart of Accounts)</i>		General Administration COST POOL	Shared Building Space COST POOL	Client/Meal Transportation COST POOL	Support COST POOL						All Other
89												
90	OTHER OPERATING COSTS <i>(Auto-populate)</i>	\$2,000										
91	Agency Indirect (Federal Cognizant Agency Only)	\$0					\$0	\$0	\$0	\$0	\$0	\$0
92	Audit/Legal Fees	\$2,000	\$2,000				\$0	\$0	\$0	\$0	\$0	\$0
93	Profit/Surplus Margin	\$0	\$0				\$0	\$0	\$0	\$0	\$0	\$0
94	Other Misc. Operating Costs	\$0	\$0				\$0	\$0	\$0	\$0	\$0	\$0
95												
96	Spreadsheet Check <i>(Auto-populates)</i>	\$508,350										
97	TOTAL ALLOWABLE COSTS <i>(Auto-populates)</i>	\$508,350	\$99,800	\$24,125	\$6,500	\$5,900	\$50,500	\$66,095	\$33,000	\$81,680	\$140,750	\$0
98												
99	COST POOL SECTION:											
100												
101	Service Subcontract Allowance (per contract) <i>Contracts over \$50,000 Only - Enter Service Subcontract Adjustment (Contract Amount minus \$25,000)</i>						\$25,000	\$25,000	\$25,000	\$25,000	\$25,000	\$25,000
102							\$0	\$21,875	\$0	\$50,000	\$0	\$0
103												
104	Reallocate Shared Building Space <i>Enter Square Footage Occupied (In Bed Only)</i>	3000	\$4,021 500	(\$24,125)			\$12,063 1500	\$0 0	\$4,021 500	\$0 0	\$4,021 500	\$0 0
105												
106												
107	Reallocate Client Transportation Costs <i>Auto-populates % of Driver Time Per Program from Personnel</i>				(\$6,500)		\$0	\$5,200	\$0	\$1,300	\$0	\$0
108							0.00%	80.00%	0.00%	20.00%	0.00%	0.00%
109												
110	Reallocate Support Costs <i>Auto-populates based on Percent of Total Staff Hours from Personnel</i>		\$1,072	\$268		(\$5,900)	\$837	\$429	\$569	\$107	\$2,618	\$0
111			18.16%	4.54%			14.19%	7.27%	9.65%	1.82%	44.37%	0.00%
112												
113	Reallocate General Administration Costs <i>Auto-populates based on Modified Total Direct Costs</i>		(\$104,893)				\$17,648	\$15,453	\$11,532	\$11,071	\$49,187	\$0
114							\$50,500	\$44,220	\$33,000	\$31,680	\$140,750	\$0
115												
116	TOTAL ACTUAL COSTS BY SERVICE	\$508,350		\$268			\$81,048	\$87,177	\$49,123	\$94,158	\$196,576	\$0
117	<i>Enter Number of Billing Units</i>						25,000	25,000	37,500	37,500	7,150	0
118	ACTUAL COST PER UNIT OF SERVICE						\$3.24	\$3.49	\$1.31	\$2.51	\$27.49	\$0.00
119												
120	DONATED PERSONNEL OR NON-CASH MATCH SECTION											
121												

Donated Personnel or Non-Cash Match

- Isolates **POTENTIAL** cost of service
- **Personnel/Volunteer Non-Cash Match**
- **Non-Personnel Non-Cash Match**

Donated Travel

Building Space

Communication/Utilities

Exhibit B - Support Cost Flow Worksheet (Donated Cost Pool Section)

	A	B	D	E	F	G	H	I	J	K	L	R
1		File is..										
2		In Balance					#1	#2	#3	#4	#5	All Other
3												
4												
5	Enter Provider Name:											
6	PROPOSED ANNUAL EXPENSES <i>(Select Line Item from DAS Chart of Accounts)</i>		General Administration COST POOL	Shared Building Space COST POOL	Client/Meal Transportation COST POOL	Support COST POOL	Nut./Wellness Congregate Meals Management Only	Nut./Wellness Congregate Meals Costs Only	Nut./Wellness Home-Delivered Meals Management Only	Nut./Wellness Home-Delivered Meals Meal Cost Only	HCBS - Homemaker - Ind	All Other
119	DONATED PERSONNEL OR NON-CASH MATCH SECTION											
120												
121												
122	<i>Bent</i>	\$15,000	\$0	\$15,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
124	<i>HDM Volunteer Travel Reimbursement</i>	\$3,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3,000	\$0	\$0
125	<i>Volunteer Hours</i>	\$20,600	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$20,600	\$0	\$0
126	<i>Enter description (Column A) and then \$ value (Column B)</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
127	<i>Enter description (Column A) and then \$ value (Column B)</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
128	<i>Enter description (Column A) and then \$ value (Column B)</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
129	<i>Enter description (Column A) and then \$ value (Column B)</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
130	<i>Enter description (Column A) and then \$ value (Column B)</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
131	<i>Enter description (Column A) and then \$ value (Column B)</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
132	<i>Enter description (Column A) and then \$ value (Column B)</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
133												
134	Donated Cost Pool Section:			\$15,000	\$0							
135												
136	Reallocate Donated Building Space <i>(Auto-populates from Cost Pool Section above)</i>		\$2,500	\$0			\$7,500	\$0	\$2,500	\$0	\$2,500	\$0
137			500				1,500	0	500	0	500	0
138												
139	Reallocate Donated Client Transportation Costs <i>(Auto-populates from Cost Pool Section above)</i>				\$0		\$0	\$0	\$0	\$0	\$0	\$0
140							0.00%	80.00%	0.00%	20.00%	0.00%	0.00%
141												
142			\$2,500									
143	Reallocate Donated General Administration <i>(Auto-Populates from Cost Pool Section above)</i>		(\$2,500)				\$421	\$368	\$275	\$264	\$1,172	\$0
144							\$50,500	\$44,220	\$33,000	\$31,680	\$140,750	\$0
145	Spreadsheet Check <i>(Auto-populates)</i>	\$546,950										
146	TOTAL COSTS (Plus Donated/Non-Cash Match)	\$546,950		\$268			\$88,968	\$87,545	\$51,897	\$118,022	\$200,249	\$0
147	Number of Billing Units <i>(Auto-populates from Cost Pool Section above)</i>						25,000	25,000	37,500	37,500	7,150	-
148	POTENTIAL UNIT COST						\$3.56	\$3.50	\$1.38	\$3.15	\$28.01	\$0.00

Non-Unit Cost Budget Form

- Identify Services
- Identify Funding Sources
- Total Revenues **MUST** equal Total Costs

Annex I - Revenue Plan

COASTAL REGIONAL COMMISSION												
Revenue Plan and Units/Persons Allocations												
FY2015-Planning												
Provider Name: Can Do Agency			Revenue Plan and Local Funds Leveraged							Units	Persons	Unit Cost
Proposed County to be Served	Service Being Proposed (check all that apply)	Name of Fund Source (Offeror must specify other fund sources)	Federal \$ Allocation	State \$ Allocation	Minimum Required Match \$ or In-Kind Donations	Projected Voluntary Client Contribution	Projected Cost Share for Service	Additional Local Funds Supporting Service	Total Budget	# of Units	Projected # of Persons to be Served	Unit Cost or Line Item
Chatham	<input type="checkbox"/> Congregate Meals	AoA NSIP	\$5,965	\$-	\$-		\$ -	\$ -	\$5,965	888	4	\$ 6.72
		OAA Title III C1	\$19,154	\$1,127	\$2,253		\$ -		\$22,534	3,353	14	\$ 6.72
		SSBG-Remediation Funds	\$4,039	\$ -	\$0		\$ -		\$4,039	601	3	\$ 6.72
		Other Local	\$ -	\$ -	\$ -	\$ 1,000	\$ -	\$ 134,459	\$135,459	20,158	81	\$ 6.72
		TOTAL CM	\$29,158	\$1,127	\$2,253	\$1,000	\$0	\$134,459	\$167,997	25,000	102	
	<input type="checkbox"/> Home Delivered Meals	AoA NSIP	\$8,720	\$-	\$-				\$8,720	2,277	10	\$ 3.83
		CBS-HCBS	\$-	\$27,231	\$-				\$27,231	7,110	29	\$ 3.83
		ITCO		\$822					\$822	215	1	\$ 3.83
		OAA Title III C2	\$39,142	\$2,302	\$4,605				\$46,049	12,023	49	\$ 3.83
		SSBG-Remediation Funds	\$12,022	\$-	\$0				\$12,022	3,139	13	\$ 3.83
Other Local		\$ -	\$ -	\$ -	\$ 1,500		\$ 37,197	\$38,697	10,104	41	\$ 3.83	
AoA NSIP (State)			\$ 10,085					\$10,085	2,633	11	\$ 3.83	
TOTAL HDM	\$59,884	\$40,440	\$4,605	\$1,500	\$0	\$37,197	\$143,626	37,500	154			
Total CM & HDM									\$311,623			
Chatham	<input checked="" type="checkbox"/> Homemaker	CBS-HCBS		\$ 30,000				\$ 30,000	1,091	7	\$ 27.49	
		Title IIIB	\$ 34,000	\$ 2,000	\$ 4,000			\$ 40,000	1,455	10	\$ 27.49	
		Other Local						\$ 126,564	\$ 126,564	4,604	30	\$ 27.49
		TOTAL Homemaker	\$ 34,000	\$ 32,000	\$ 4,000	\$ -	\$ -	\$ 126,564	\$ 196,564	7,150	47	

Helpful Hints

- Cells with instructions are highlighted in **BLUE FONT**
- Cells which require/permit data entry are highlighted in **RED FONT**
- Cells that **DO NOT** require/permit data entry are in **BLACK FONT**. Cells with black font automatically calculate. **DO NOT** type over the formula!!!

Questions?

Questions?

- Direct written questions to Dionne Lovett, Director Aging Services, before noon November 19, 2015
- E-mail: dlovett@crc.ga.gov
- Answers to written questions posted to www.crc.ga.gov 5:00 PM November 20, 2015

Thank you for attending!

