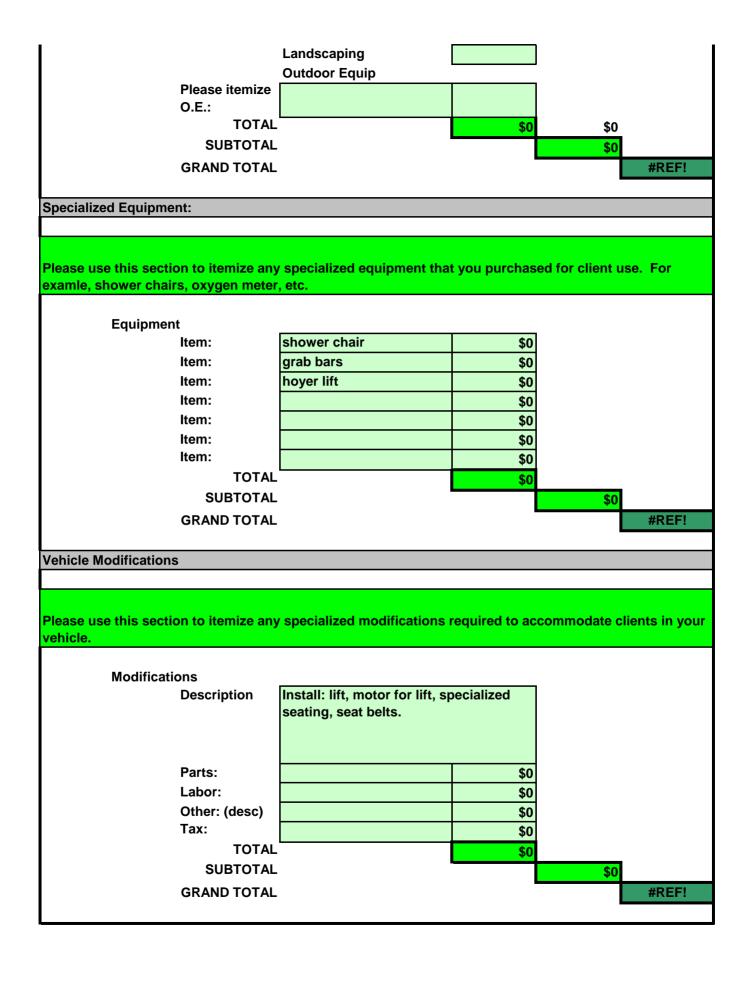## INSTRUCTIONS

Please use the following worksheets to estimate your start-up expenses. SDRC will ask that you complete this form prior to the receipt of start-up funding. In addition, SDRC will ask that you provide an update version, with real data, once your project has reached completion.   Please note that you must retain and submit all receipts for purchases using SDRC funds.

As you will see, there are four (4) sections to complete, and a "totals" page. Note that you may not need to complete each section, depending on the details of your start-up contract for allowable expenses. Please complete all sections indicated by a light-green cell. The total page will automatically be populated based on the information that you provide in the three worksheets.
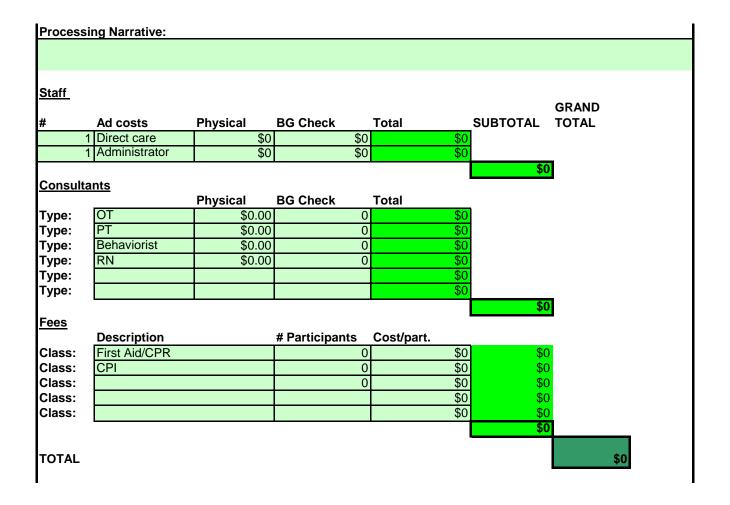
HOME FURNISHING WORKSHEET

Home Furnishings:

Please use this section to itemize your total home furnishings for the home. Please be sure to complete all of the green boxes if you have expenses in that category. If you utilize a category which is not indicated here, please use the "other" line and specify the item/service in the green box.

Computer

	Hardware	
	Software	
Other:		
TOTAL		$0	$0

Dining Room

	Table/Chairs	
Other:		$0
TOTAL		$0	$0

Living Room

	Table & Seating	
Other:		$0
TOTAL		$0	$0

Den / Activity Room

Other:		
Other:		
TOTAL		$0	$0

Bedrooms

	Beds	
	Dressers/Wardrobe	
Other:		
TOTAL		$0	$0

Kitchen

	Large Appliances	
Please itemize L.A.:		
	Small Appliances	
Please itemize S.A.:		
TOTAL		$0	$0

Yard

Labor	

	Landscaping		
	Outdoor Equip		
Please itemize O.E.:			
TOTAL		$0	$0
SUBTOTAL			$0
GRAND TOTAL			#REF!

Specialized Equipment:

Please use this section to itemize any specialized equipment that you purchased for client use. For examle, shower chairs, oxygen meter, etc.

Equipment			
Item:	shower chair	$0	
Item:	grab bars	$0	
Item:	hoyer lift	$0	
Item:		$0	
Item:		$0	
Item:		$0	
Item:		$0	
TOTAL		$0	
SUBTOTAL			$0
GRAND TOTAL			#REF!

Vehicle Modifications

Please use this section to itemize any specialized modifications required to accommodate clients in your vehicle.

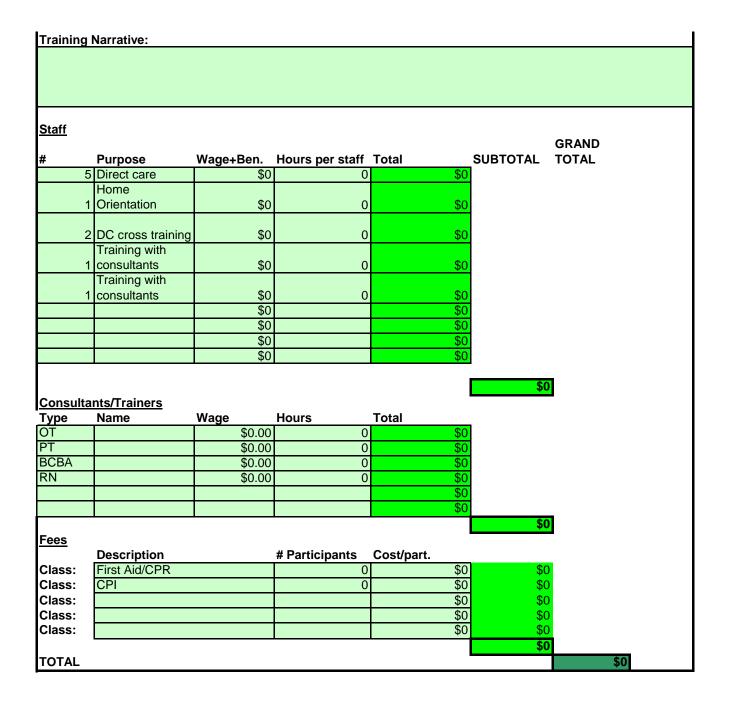| Modifications			
Description	Install: lift, motor for lift, specialized seating, seat belts.		
Parts:		$0	
Labor:		$0	
Other: (desc)		$0	
Tax:		$0	
TOTAL		$0	
SUBTOTAL			$0
GRAND TOTAL			#REF!

STAFF RECRUITMENT:

Please use this space to both describe the activities and itemize the process and costs for staff recruitment. Add a recruiting bonus amount only if this your agency policy.
Narrative:

Staff

#	Ad costs	Ad Costs Per Person	Recruiting Bonus PP	Total	SUBTOTAL	GRAND TOTAL
1	Direct care	$0	$0	$0		
1	Administrator	$0	$0	$0		
					$0	
						$0

STAFF PROCESSING AND TRAINING:

Please use this space to describe the new staff processing and training activities. Below, itemize the processing and costs for consultant and staff background checks, physicals, and any fees for having consultants or staff CPR or CPI trained. Under Training Narrative include the hours for staff preservice training and consultant hours that may be used in providing some of this training.

Processing Narrative:

Staff

#	Ad costs	Physical	BG Check	Total	SUBTOTAL	GRAND TOTAL
1	Direct care	$0	$0	$0		
1	Administrator	$0	$0	$0		
					$0	

Consultants

		Physical	BG Check	Total		
Type:	OT	$0.00	0	$0		
Type:	PT	$0.00	0	$0		
Type:	Behaviorist	$0.00	0	$0		
Type:	RN	$0.00	0	$0		
Type:				$0		
Type:				$0		
					$0	

Fees

	Description	# Participants	Cost/part.			
Class:	First Aid/CPR	0	$0		$0	
Class:	CPI	0	$0		$0	
Class:		0	$0		$0	
Class:			$0		$0	
Class:			$0		$0	
					$0	

TOTAL | | | | | | $0

Training Narrative:

Staff

#	Purpose	Wage+Ben.	Hours per staff	Total	SUBTOTAL	GRAND TOTAL
5	Direct care	$0	0	$0		
1	Home Orientation	$0	0	$0		
2	DC cross training	$0	0	$0		
1	Training with consultants	$0	0	$0		
1	Training with consultants	$0	0	$0		
		$0		$0		
		$0		$0		
		$0		$0		
		$0		$0		
					$0	

Consultants/Trainers

Type	Name	Wage	Hours	Total		
OT		$0.00	0	$0		
PT		$0.00	0	$0		
BCBA		$0.00	0	$0		
RN		$0.00	0	$0		
				$0		
				$0		
					$0	

Fees

	Description	# Participants	Cost/part.			
Class:	First Aid/CPR	0	$0	$0		
Class:	CPI	0	$0	$0		
Class:			$0	$0		
Class:			$0	$0		
Class:			$0	$0		
				$0		
TOTAL						$0

Lease Payments

Please use this section to provide information regarding lease payments. Please include costs to include lease, tax, and insurance. SCIHLP will allow no more than six (6) months of lease payments to be made with CPP start-up funds. SCIHLP does allow lease payments, *but not mortgage payments.*
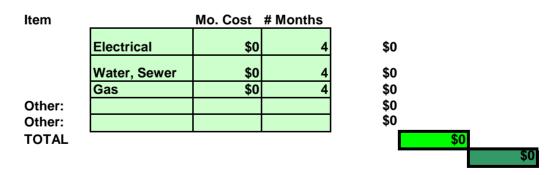
	COST	RUNNING TOTAL	GRAND TOTAL
Monthly Lease			
Number of months		$0	
TOTAL		$0	
			$0

CCL Licensing Fees

Please use this section to provide information regarding Community Care Licensing Costs.

	COST	RUNNING TOTAL	GRAND TOTAL
Licensing Fee	$0		
TOTAL		$0	
			$0

Utilities Costs

Please use this section to provide information regarding utilities costs for up to 6 months including electricity, gas, water, sewer, and trash disposal.

Item		Mo. Cost	# Months	
	Electrical	$0	4	$0
	Water, Sewer	$0	4	$0
	Gas	$0	4	$0
Other:				$0
Other:				$0
TOTAL				$0
				$0

Food, Linens, Household Supplies

Please use this section to provide information regarding costs to set up the household, including food supplies for licensing walkthrough.

Food	$0
Linens	$0
Supplies	$0
Other:	$0
Other:	$0
Total	$0

TOTAL $0

OFFICE LEASE, DEVELOPMENT, AND FURNISHING WORKSHEET

For providers new to the area, who do not yet have a home office (i.e., the location used for vendorization purposes), RC's may allow a portion of the start up funding for this purpose. If, through your discussions with a SDRC resource developer, you have funds identified for this purpose, please use this "Office" tab and the worksheet below. Please provide us with a brief narrative of your plans to develop an office space to support your operations.

Narrative:

Lease Payments

Please use this section to provide information regarding lease payments. Please include costs to include lease, tax, and insurance and utilities. SDRC will allow no more than six (6) months of lease payments to be made with CPP start-up funds. SDRC does allow lease payments, but not mortgage payments.

	COST	RUNNING TOTAL	GRAND TOTAL
Monthly Lease			
Number of months		$0	
		$0.00	
TOTAL			$0

Office Remodelling:

Please provide us with a brief narrative of the work, if any, that you plan to perform in order to retrofit the office to provide support for your services.

Labor
Architecture	$0.00	
Contractor(s)	$0.00	
Painter(s)	$0.00	
Other:	$0.00	
TOTAL	$0.00	$0.00

Materials
Paint	$0.00
Concrete	$0.00

Flooring	$0.00	
Electrical	$0.00	
HVAC	$0.00	
Other:	$0.00	
TOTAL	$0.00	$0.00
SUBTOTAL		$0.00
GRAND TOTAL		$0

Office Equipment and Furnishings:

Please use this section to itemize your total office furnishings. Please be sure to complete all of the green boxes. If you utilize a category which is not indicated here, please use the "other" line and specify the item/service in the green box.

Computer

Hardware	$0.00	
Software	$0.00	
Other:	$0.00	
TOTAL	$0.00	$0.00

Office Furn

Table/Chairs	$0.00	
Other:	$0.00	
Other:	$0.00	
TOTAL	$0.00	$0.00
SUBTOTAL		$0
GRAND TOTAL		$0.00

TOTALS

There is only one section to complete on this page. Most all of the information is automatically generated from the other pages.

	TOTAL	%
Furnishings, Vehicle		
Furnishings	$0	
Equipment	$0	
Vehicle	$0	
	$0	#DIV/0!
Staff Training		
Staff	$0	
Consultants	$0	
Fees	$0	
	$0	#DIV/0!
Lease		
Lease	$0	
Licensing	$0	
Utilities	$0	
Food / Supplies	$0	
	$0	#DIV/0!
Office Costs		
Lease	$0	
Remodelling	$0	
Equip/Furn	$0	
	$0	#DIV/0!
TOTAL	$0	#DIV/0!

TOTAL Start-up	
Remainder	$0
Service Provider Contribution	
Sufficient Funding Available?	

SDRC RESOURCE DEVELOPER APPROVAL: _____

SDRC DIRECTOR APPROVAL: _____