

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

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

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

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





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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			

<b>TOTAL - CONSULTANTS</b>			<b>\$0.00</b>
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Names of Consultants are required.



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

**AGENCY:**

**PROGRAM NAME:**

**FACILITY NAME:**

**MAILING ADDRESS:**

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

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

