Attachment D Page 1 of 7

NYC ADMINISTRATION FOR CHILDREN'S SERVICES ON GOING NSP Program Budget BUDGET SUMMARY PAGE

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	uding 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)
NSP On Going Budget Template Attachment D xl

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

AGENCY:	
PROGRAM NAME:	
FACILITY NAME:	
MAILING ADDRESS:	

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
	TOTAL - 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!

NYC ADMINISTRATION FOR CHILDREN'S SERVICES ON GOING NSP Program Budget FRINGE BENEFITS

AGENCY:		
PROGRAM NAME:		
FACILITY NAME:		
MAILING ADDRESS:		

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

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

AGENCY:			
PROGRAM NAME:			
FACILITY NAME:			
MAILING ADDRESS:			
PSYCHIATRISTS			
PROGRAM		AMOUNT PER HOUR	TOTAL
NAME			
- 10 un -			
PSYCHOLOGISTS			
PROGRAM		AMOUNT PER HOUR	TOTAL
NAME			
17 1712			
OTHER (SPECIFY)			
PROGRAM	TOTAL NUMBER OF PERSONS	AMOUNT PER HOUR	TOTAL
NAME			
	1		
TOTAL - CONSULTANTS			\$0.00

Names of Consultants are required.

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

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

AGENCY:	
PROGRAM NAME:	
FACILITY NAME:	
MAILING ADDRESS:	
	ACS PROGRAM
CATEGORY	BUDGET AMOUNT
AUDIT FEES	
OTHER INSURANCE	
EQUIPMENT	
OFFICE TO VOLUTE (IC. of a)	
SERVICES TO YOUTH: (Itemize)	
	+
OTHER OTPS:	
	<u> </u>
ITOTAL	

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

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

AGENCY:		
PROGRAM NAME:		
FACILITY NAME:		
MAILING ADDRESS:		
		ACS PROGRAM
CATEGORY	1	BUDGET AMOUNT

TOTAL