

**RFP NO. 2005-158**

**RFP FOR TREATMENT ALTERNATIVE TO  
INCARCERATION PROGRAM (TAIP)  
SUBSTANCE ABUSE TREATMENT SERVICES**

**ATTACHMENT "C"**

**VENDOR BUDGET FORM & INSTRUCTIONS**

**Appendix I  
COVER PAGE**

All proposals must include this cover page as the first page

**Proposal to Perform Substance Abuse Treatment Services**

PROPOSALS DUE: _____	_____ COUNTY CSCD	Treatment Alternatives to Incarceration Program
Subject of Proposal		
Proposer's Legal Name	Headquarters' Address	Taxpayer ID
Address (for <b>each TAIP</b> Service / Treatment location) (Use separate pages if needed)	<i>Submit <b>both</b> the billing address and the physical addresses for <b>each</b> location where services will be delivered.</i>	
Telephone Numbers, Fax <i>and E-mail Address</i>	phone	e-mail <span style="float: right;">fax</span>
<b>Service Type</b>	<b>Rate</b>	<b>Exceptions</b>
Detoxification		
<i>Day Treatment</i>		
<i>Intensive Residential</i>		
<i>Residential</i>		
<i>Intensive Outpatient</i>		
<i>Transitional Outpatient</i>		
<i>Transitional Residential</i>		
<i>Other</i>		
Printed Name of Authorized Agent or official authorized to submit proposal or execute contracts.	Name	Title
<b>SIGNATURE</b>		

**Appendix II**  
**Vendor Budget Form Instructions**  
**FY 2003-2004**  
**TAIP SUBSTANCE ABUSE TREATMENT SERVICES**

TDCJ-CJAD will review requests for residential and outpatient substance abuse treatment programs and services to be funded from the CSCD's TAIP funds. As a part of TDCJ-CJAD's funding process, vendor budgets will be reviewed to establish an allowable funding rate (e.g., bed-days, client hours) for programs, facility operations, and contracted placements. The TDCJ-CJAD approved vendor budget will become a part of the contract (as a binding attachment) between the CSCD and the Vendor. Proper completion of the attached budget forms is imperative to establish a rate per unit and, thus, to receive funding. Please follow the instructions to facilitate the assignment of rates.

**General Information:**

1. Vendors must comply with the Residential Substance Abuse Treatment Standards as established by TDCJ-CJAD and with TDHS-SAS guidelines where applicable.
2. SATF vendors must comply with the TDCJ-CJAD SATF guidelines.
3. For SATFs and CRTCs, vendors must comply with TDCJ Substance Abuse Standards.
4. A separate vendor budget must be submitted for each facility operated by the vendor where applicable.
5. The cost justification must be established and rates set separately for each facility operated by the vendor.
6. Any costs paid directly by the CSCD facility should not be included in the vendor budget. Billings from the vendor to the CSCD for contract placements must be based on **actual bed use**, not on a lump sum amount each month. Vendors may charge for the day a defendant/resident is admitted to the facility, but may not charge for the day of release from the facility.
7. Establishment of a daily rate is the main purpose of the vendor budget. Items included in the vendor budget must be reasonable, allowable, and necessary for program operations.
8. Vendor must comply with the attached list of unallowable expenditure items.
9. Depreciation schedules **must be attached** to the vendor budget for any equipment items budgeted for this program.
10. Requirement for indirect and/or overhead allocation **attachment, either:**
  - Indirect and/or overhead cost allocation plan, including explanation of allocation method, expenditure items included, total indirect and/or overhead amount to be allocated to all vendor programs, number of programs to which allocated, and percentage allocated to the CSCD's program;

OR,

  - A certified statement (or copy of approval letter) that the vendor's allocation plan has been approved by another state or federal agency.
11. The vendor must maintain a separate accounting system for the CSCD's program, and submit financial information to the CSCD and/or TDCJ-CJAD upon request regarding requested financial reports, fund balance information at the end of the fiscal year, etc.
12. All records on vendor expenditures must be maintained for auditing purposes, and any expenditure not properly documented may be disallowed.
13. The rate is to be based on projected outputs. **The outputs should be expressed as Total Costs divided by Residential Bed-Days** (residential bed-days is calculated as number of beds x 365).

## Expenditure Lines

**1) Personnel Salaries:**

Please use the most logical and concise manner to convey the personnel cost of each program. Each person participating in the provision of services should be listed with the annual salary and the percent of time allocated to the program. Example:

<u>Position Title</u>	<u>Staff Name</u>	<u>Annual Salary</u>	<u>% Time</u>	<u>Total</u>
Supervisor	Jones, Bill	\$30,000	80%	\$24,000

**2) Personnel Fringe Benefits:**

FICA, SUTA, Medicare, medical, dental, retirement, workers compensation, and unemployment tax are considered fringe benefits. There may be others specific to your agency. Please list as appropriate. Some items may be carried as indirect costs under the Other expenditure line.

**3) Personnel Training:**

These costs are those associated with maintaining credentials and licenses, including registration fees and in-service training. In agencies that receive funding from multiple sources, please do not assign all training to this budget. Instead, use an assignment based on the percentage of time employees receiving training are dedicated to the CSCD's residential facility.

**4) Personnel Travel:**

This expenditure line item should include only travel by personnel in the performance of CSCD residential program related business and include staff mileage reimbursement (at no more than the IRS rate per mile), per diem meals, lodging, and public transportation costs. Travel costs for residents or personal travel is not allowable in this category. Travel to training should also be included. (Expenses for agency vehicles used to transport staff and residents should be listed under the Transportation expenditure line.)

**5) Equipment:**

This expenditure line item may include leased equipment, insurance, and annual depreciation of equipment used in this program. For any vendor-owned equipment associated with the program, appropriate percentages may be depreciated and charged as an indirect cost in the Other expenditure line. Appropriate depreciation schedules must be attached with indication of total indirect costs and the percentage charged to the CSCD program.

**6) Transportation:**

Transportation costs, such as gasoline, parking, etc., of transporting residents to and from facilities or related program activities are to be placed in this line item. Mileage logs will be required for audit purposes. Transportation costs associated with CSCD-owned vehicles will be paid from the CSCD facility budget.

**7) Consumable Supplies:**

This expenditure line includes office supplies, tests, educational supplies, posters, food for residents, housekeeping costs, postage, linens, resident medical supplies, urinalysis testing supplies, etc.

**8) Other:**

Included in this expenditure line are profit, professional services (specify type of service), insurance, pest control service, janitorial, and miscellaneous indirect costs (please specify and attach an explanation of the allocation method and expenditure items included for indirect costs, along with the percentage applicable to the CSCD program).

**9) Facility:**

This line item includes items such as building rental, maintenance, insurance (content and liability), utilities, building depreciation or use allowance (attach schedule). Purchase or lease-purchase payments for facilities are not allowable expenditures from State funds.

**All expenditures must be reasonable and allowable and related to the program. All records on vendor expenditures must be maintained for auditing purposes, and any expenditure not properly documented may be disallowed. Vendors must maintain an accounting system in accordance with the line item categorization as outlined in the Vendor Program Budget (Request for Funding) for the CSCD-funded program.**

**REQUIRED ATTACHMENTS:**

1. Depreciation schedule for any equipment items or building that are budgeted in this program budget.
2. "Use allowance" documentation applicable for equipment or buildings if included in this budget.
3. **Either:**
  - Indirect and/or overhead cost allocation plan, including explanation of allocation method, expenditure items included, total indirect and/or overhead amount to be allocated to all of vendor's programs, number of vendor programs to which allocated, and percentage allocated to the CSCD's program;

**OR,**

  - A certified statement (or copy of approval letter) that the vendor's allocation plan that has been approved by another state or federal agency.

## UNALLOWABLE COSTS

The following items are not to be included in the vendor's budget for rate justification and are not to be paid from funds received from the CSCD:

- Any item unallowable by State or any authorized agency, statute, policy, or procedure including, but not limited to, CSCD Substance Abuse Standards, TDCJ-CJAD Contract Guidelines, TDHS-SAS Requirements, U. S. Office of Management and Budget Circulars and other federal guidelines for the operation of for-profit and not-for-profit entities;
- Alcoholic beverages;
- Bad debts;
- Building or Land purchase, rental-purchase, lease-purchase, renovation;
- Cash payments to intended recipients of services;
- Equipment items exceeding \$1,000 (CPU, Monitor and Keyboard are one unit) counted as a direct expense toward the program. Such items may be charged to the program only through an approved depreciation methodology;
- Expenses or reimbursements to or on behalf of vendor-related entities for allowable indirect costs;
- Expenses or costs reimbursed to vendor by other funds with respect to amounts paid by CSCD for vendor services;
- Fines and Penalties;
- Firearms, Firearm components, and Ammunition;
- Fundraising; Marketing; and Advertising (Advertising is allowable only for personnel vacancies or procurement of goods and services only);
- Legislative expenses or payment to any elected official from funds received from the CSCD;
- Lobbying;
- Payments to or on behalf of individuals related to principals of any vendor-affiliated organization(s) or to their employees, unless as allowable indirect costs or unless specific approval is received from the CSCD; and
- Tobacco Products.

# Vendor Request for Funding

FISCAL YEARS 2002-2003

VENDOR NAME (Name as Incorporated)

STREET ADDRESS CITY STATE ZIP

List any D.B.A. or A.K.A.'S

E-MAIL ADDRESS

CONTACT PERSON

TITLE

TELEPHONE

FAX

BUSINESS FORM of Vendor (Check applicable):

For Profit Corporation \_\_\_\_\_ Non-Profit Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Other \_\_\_\_\_

State where incorporated or formed: \_\_\_\_\_ Date of Incorporation or formation: \_\_\_\_\_

TYPE OF RESIDENTIAL FACILITY:

INDICATE ALL THAT ARE APPLICABLE: Total Number of Beds: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

SPECIFIC NAME, PHYSICAL LOCATION, PHONE NUMBER AND NUMBER OF BEDS BY GENDER FOR **EACH FACILITY OPERATED BY VENDOR**:

*Facility Name:* \_\_\_\_\_ *Location:* \_\_\_\_\_ *Male Beds:* \_\_\_\_\_ *Female Beds:* \_\_\_\_\_

INSURANCE PROVIDER (S): \_\_\_\_\_

I certify that all information contained in this application, including all attachments and supporting materials, is true and correct to the best of my knowledge.

Signature of Authorized Official

Title

Date

# Summary Budget for Purchase of Services

FISCAL YEAR 2002-2003

Vendor: \_\_\_\_\_

City: \_\_\_\_\_

Contract Period: \_\_\_\_\_

<b>COST CATEGORY</b>	<b>COST</b>
Personnel – Salaries	\$
Personnel – Fringe Benefits	\$
Personnel – Training	\$
Personnel – Travel	\$
Equipment	\$
Transportation	\$
Consumable Supplies	\$
Other	\$
Facility	\$
<b>TOTAL</b>	\$

Total Units Service Per Year (example: Bed days per year):

Cost Per Unit:

Show Computation:



**BUDGET JUSTIFICATION**

**1. Personnel Salaries**

Vendor: \_\_\_\_\_

Personnel--Salaries

Position or Title	Staff <input type="checkbox"/> Vacant <input type="checkbox"/>	Name or	Annual Salary	% Time for Job	Total
TOTAL					

Note: Use as many additional pages as needed

BUDGET JUSTIFICATION

## 2. Personnel Fringe Benefits

Vendor:

Fringe Benefits Based on Salaries Paid:	Total
FICA	\$
SUTA	
WORKMAN'S COMP.	
MEDICAL BENEFITS	
OTHER: (Describe)	
TOTAL FRINGE BENEFITS	\$

**BUDGET JUSTIFICATION**

## 3. Personnel Training

Vendor:
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Purpose (List Conference Fees, Describe In-Service Training Costs)	Total
	\$
<b>TOTAL PERSONNEL TRAINING</b>	\$

**BUDGET JUSTIFICATION**

**4. Personnel Travel**

Vendor:
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Purpose (List Staff Mileage and rate used, Per Diem and rate, Public Transport)	Total
	\$
<b>TOTAL PERSONNEL TRAVEL</b>	<b>\$</b>





**BUDGET JUSTIFICATION**

## 7. Consumable Supplies

Vendor:
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Purpose (List All Consumable Supplies with Brief Description)	Total
	\$
<b>TOTAL CONSUMABLE SUPPLIES</b>	<b>\$</b>

## BUDGET JUSTIFICATION

### 8. Other

Vendor:
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Purpose (List All Other Costs with Brief Description)	Total
	\$
TOTAL OTHER COSTS	\$



**BUDGET JUSTIFICATION**

**9. Facility Costs**

Vendor:

Purpose (List All Facility Costs with Brief Description)	Total
	\$
TOTAL FACILITY COSTS	\$