

All MH/ID/EI Providers are required to submit the following form(s) for budget submission:

MH/ID 17-A	Report of Expenditures
MH/ID 15-A	Roster of Personnel
MH/ID 18	Revenue Report
MH/ID 16	Fee for Service Schedule
MH/ID 19	Equipment Purchases
County Form	An Organization-wide Wage & Salary Cost Allocation Plan (Note: The Cost Allocation plan should be representative of <u>all</u> employee wages and the distribution across the appropriate service centers, inclusive of salaries from the administrative cost allocation plan)
County Form	Administrative Cost Center Allocation Plan (see form)
County Form	Site Listing Report This report will provide a listing of all Fayette County service sites inclusive of services sites funded by counties other than Fayette but located with in Fayette County.
County Form	Property Listing This supplemental report is to indicate by site, if the site is rented or owned, as well as the monthly/yearly costs.
	Note 1: All ODP funded service providers must utilize the forms required by ODP for Fiscal Year 2008-2009 rate setting purposes. Soft copies of these forms are available by contacting Jamie Legarsky at jamielegarsky@fcbha.org .