

Budget Form A - Residential Child Care Operating Budget

FY2011

SECTION I: General

(Enter data beginning in column G)

Federal ID Number: _____
 Parent Organization: _____
 Program Name: _____
 Program Location(s): Attach one copy of the license issued to each facility/location.
 Mailing Address - Street Address: _____
 Mailing Address - P.O. Box, Suite or Floor (if applicable): _____
 Mailing Address - City: _____
 Mailing Address - State: _____
 Mailing Address - Zip Code: _____
 Telephone Number : _____
 Fax Number: _____
 Chief Administrative Officer: _____
 Chief Financial Officer: _____
 Budget Preparer: _____
 Type of Organization: Non-Profit or For Profit _____
 Licensing Agency/Approval Agency: _____

SECTION II: Census Information

(Enter data beginning in column G)

Licensed Capacity (**attach copy of license(s)**): _____
 Actual Census (Budget Form C - Line 10 Total): _____ 0.00
 If the program operates less than a full year,
 enter the dates of operation: from (month/yr) to (month/yr): _____
 Projected Average Daily Census (Budget Form C - Line 6): _____ 0.00 Occupancy
 Number of Days School is in Session:
(for educational programs only) _____

SECTION III: Rates

Rates Data:	Per Year	Per Month	Per Day
Current Approved Rate (Form C, Item # 9):	\$ _____ -	\$ _____ -	\$ _____ -
Projected Rate (Form C, Item #8):	_____	#VALUE!	_____
% Change			

I hereby certify that the revenue and expenses identified herein are correct and justified in the amounts stated and represent actual and necessary costs associated with the administration of the program.

 Program Administrator: Signature, Title and Date

For filing instructions see:

Provider Instructions FY 2011