**ORGANIZATION: Type Name of Organization**

**PROGRAM NAME: Type Name of Program**

**PROGRAM TYPE: Select Program Type**

**PROGRAM CATEGORY: NR Non-Residential (DJS Only)**

**ALL NON-RESIDENTIAL PROGRAMS:**

1 COPY OF THE BUDGET IDENTIFICATION FORM – SIGNED & DATED

1 COPY OF CURRENT STATE AGENCY CONTRACT or EVIDENCED BASED PRACTICE PROGRAM CERTIFICATE

1 COPY OF THE LEASE/MORTGAGE SUMMARY FOR PROGRAM FACILITIES AND OFFICE SPACE

**SUPPORTING DOCUMENTATION FOR EACH ENTRY ON THE FORM MUST BE ATTACHED**

1 Thumb Drive COPY (NO DISKETTE/CD) OF THE COMPLETED **FY 2025** BUDGET **SAVED IN EXCEL 2007**

1 COPY OF COMPLETED **FY 2025** BUDGET

FORM A COVER SHEET – SIGNED AND DATED

FORM B-1 OPERATING STATEMENT – INCOME

FORM B-2 OPERATING STATEMENT - EXPENSES

FORM C RATE COMPUTATION REPORT

FORM D ALLOCATION OF EXPENSES

FORM E-1 PERSONNEL COST DETAIL SUMMARY FORM

FORM E-2 MANAGEMENT AND GENERAL

FORM E-3 DIRECT CHILD SERVICES & FACILITY SUPPORT (Contact DJS if line items entered)

FORM E-4 EDUCATION

FORM E-5 MEDICAL (Contact DJS if line items entered)

FORM E-6 CLINICAL

END SUMMARY INFO

UNIQUE CONTROL NUMBER ASSIGNED TO EACH POSITION ON FORMS E2-E6

1 COPY OF STAFFING PATTERN GRID

1 COPY OF PROGRAM DESCRIPTION FORM

1 COPY OF **FY 2023** ANNUAL AUDITED FINANCIAL STATEMENT

***Signature of Person Authorized by the Corporation to Sign on its Behalf Date***