

Redwood Coast Regional Center

FINANCIAL/BALANCE STATEMENT and COST STATEMENT

NEW APPLICANT ?
(yes or no)

APPLICANT/VENDOR NAME _____

VENDOR # (if available) _____

SERVICE ADDRESS STREET _____

CITY _____ STATE _____ ZIP _____

MAILING ADDRESS STREET _____

CITY _____ STATE _____ ZIP _____

TELEPHONE NUMBER _____

FAX NUMBER _____

EMAIL ADDRESS _____

SERVICE CONTACT NAME _____

PHONE _____

FAX _____

EMAIL _____

FINANCIAL CONTACT NAME _____

PHONE _____

FAX _____

EMAIL _____

SERVICE CATEGORY CODE _____ DESCRIPTION _____

COMPLETED STATEMENTS ATTACHED:

ACCOUNTING BASIS:	ACCRUAL		
	CASH		
	TAX		
	OTHER	<i>DESCRIBE</i>	

FINANCIAL/BALANCE STMT AS OF: _____ (DATE) _____

ACTUAL _____ PRO-FORMA (New Applicants Only) _____

COST STATEMENT FOR THE 12 MONTH PERIOD:

BEG. DATE: _____ END DATE: _____

ACTUAL _____ PRO-FORMA (New Applicants Only) _____

FINANCIAL / BALANCE STATEMENT

VENDOR NUMBER (if known)/NAME: _____
AS OF (Date): _____

ASSETS

CASH ON HAND	_____	
CASH IN NON-INTEREST BEARING COMMERCIAL ACCOUNTS	_____	
CASH IN INTEREST BEARING COMMERCIAL ACCOUNTS	_____	
STOCKS AND BONDS	_____	
OTHER SHORT-TERM INVESTMENTS	_____	
NOTES AND RECEIVABLES	_____	
INVENTORY	_____	
LIFE INSURANCE (cash value)	_____	
OTHER CURRENT ASSETS	_____	
TOTAL CURRENT ASSETS	_____	<u>0.00</u>
LAND	_____	
BUILDINGS & IMPROVEMENTS	_____	
EQUIPMENT, FURNITURE & FURNISHINGS	_____	
INTANGIBLE ASSETS	_____	
ACCUMULATED DEPRECIATION/AMORTIZATION	_____	
OTHER LONG-TERM ASSETS	_____	
TOTAL LONG-TERM ASSETS	_____	<u>0.00</u>
A. TOTAL ASSETS	_____	<u><u>0.00</u></u>

LIABILITIES

ACCOUNTS PAYABLE (include installment contracts)	_____	
SALARIES AND WAGES PAYABLE	_____	
PAYROLL TAXES PAYABLE	_____	
REAL ESTATE TAXES PAYABLE	_____	
NOTES PAYABLE (include personal notes) - SHORT-TERM PORTION	_____	
REAL ESTATE LOANS OR MORTGAGES - SHORT-TERM PORTION	_____	
OTHER CURRENT LIABILITIES	_____	
TOTAL CURRENT LIABILITIES	_____	<u>0.00</u>
NOTES PAYABLE (include personal notes) - LONG-TERM PORTION	_____	
REAL ESTATE LOANS OR MORTGAGES - LONG-TERM PORTION	_____	
OTHER LONG-TERM LIABILITIES	_____	
TOTAL LONG-TERM LIABILITIES	_____	<u>0.00</u>
B. TOTAL LIABILITIES	_____	<u><u>0.00</u></u>

OWNERSHIP (EQUITY)

C. TOTAL OWNERSHIP (DIFFERENCE BETWEEN A & B)	<u><u>0.00</u></u>
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I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS ON THIS FORM AND ANY ACCOMPANYING ATTACHMENTS ARE TRUE & CORRECT TO THE BEST OF MY KNOWLEDGE.

COMPLETED BY (signature):	TITLE:	DATE:
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COST STATEMENT

VENDOR NUMBER (if known)/NAME: 0
 12 MONTH PERIOD COVERED: BEG: _____ END: _____

	ADMIN	DIRECT SUPPORT	TOTAL
SALARIES & WAGES (from 2nd page)	0.00	0.00	0.00
BENEFITS & PAYROLL TAXES (from 2nd page)	0.00	0.00	0.00
TOTAL PAYROLL EXPENSES	0.00	0.00	0.00
AUDIT AND ACCOUNTING EXPENSE			0.00
BANK CHARGES			0.00
BUILDING/FACILITY MAINTENANCE			0.00
BUILDING/FACILITY RENT			0.00
CONSUMER ACTIVITIES			0.00
COMMUNICATIONS			0.00
CONSULTANTS (should equal total on 2nd page)			0.00
DEPRECIATION			0.00
EQUIPMENT MAINTENANCE			0.00
EQUIPMENT PURCHASE/LEASE			0.00
EXPENDABLE EQUIPMENT			0.00
FINGERPRINTING			0.00
FOOD (LICENSED RESIDENTIAL ONLY)			0.00
INSURANCE AND BONDS			0.00
LEGAL AND OTHER PROFESSIONAL FEES			0.00
LICENSES AND PERMITS			0.00
MISCELLANEOUS EXPENSES			0.00
OFFICE SUPPLIES			0.00
PRINTING AND COPYING			0.00
POSTAGE			0.00
PROGRAM SUPPLIES			0.00
STAFF RECRUITING COSTS			0.00
STAFF TRAINING AND PROGRAM DEVELOPMENT			0.00
TAXES			0.00
TRAVEL/MEALS/MILEAGE REIMB			0.00
UTILITIES			0.00
VEHICLE DEPRECIATION			0.00
VEHICLE LEASE/PURCHASE			0.00
VEHICLE MAINTENANCE			0.00
OTHER			0.00
OTHER			0.00
OTHER			0.00
TOTAL OPERATING EXPENSES	0.00	0.00	0.00
TOTAL ALL EXPENSES	0.00	0.00	0.00
PERCENTAGE (note- will show error until numbers are entered)	#DIV/0!	#DIV/0!	#DIV/0!

I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS ON THIS FORM AND ANY ACCOMPANYING ATTACHMENTS ARE TRUE & CORRECT TO THE BEST OF MY KNOWLEDGE.

COMPLETED BY (signature):	TITLE:	DATE:
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COST STATEMENT

VENDOR NUMBER (if known)/NAME: 0

LINE ITEM DESCRIPTIONS FOR:

A. ADMINISTRATION

1. SALARY & WAGES \$ 0.00

TITLE	#	FTE	RATE	Cost

2. BENEFITS & PAYROLL TAXES \$ 0.00

PAYROLL TAX EXPENSE (FICA/SUI/FUTA) _____

WORKERS COMPENSATION _____

RETIREMENT (If provided) _____

HEALTH, DENTAL & LIFE INSURANCE (If provided) _____

OTHER FRINGE BENEFITS (If provided) _____

B. DIRECT SERVICES

1. SALARY & WAGES \$ 0.00

TITLE	#	FTE	RATE	Cost

2. BENEFITS & PAYROLL TAXES \$ 0.00

PAYROLL TAX EXPENSE (FICA/SUI/FUTA) _____

WORKERS COMPENSATION _____

RETIREMENT (If provided) _____

HEALTH, DENTAL & LIFE INSURANCE (If provided) _____

OTHER FRINGE BENEFITS (If provided) _____

C. CONSULTANTS

\$ 0.00

TITLE	#	# of hrs/mo	Rate	Cost