

# 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	DESCRIBE	

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	_____	
<b>TOTAL CURRENT ASSETS</b>		_____
LAND	_____	
BUILDINGS & IMPROVEMENTS	_____	
EQUIPMENT, FURNITURE & FURNISHINGS	_____	
INTANGIBLE ASSETS	_____	
ACCUMULATED DEPRECIATION/AMORTIZATION	_____	
OTHER LONG-TERM ASSETS	_____	
<b>TOTAL LONG-TERM ASSETS</b>		_____
<b>A. TOTAL ASSETS</b>		_____

**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	_____	
<b>TOTAL CURRENT LIABILITIES</b>		_____
NOTES PAYABLE (include personal notes) - LONG-TERM PORTION	_____	
REAL ESTATE LOANS OR MORTGAGES - LONG-TERM PORTION	_____	
OTHER LONG-TERM LIABILITIES	_____	
<b>TOTAL LONG-TERM LIABILITIES</b>		_____
<b>B. TOTAL LIABILITIES</b>		_____

**OWNERSHIP (EQUITY)**

**C. TOTAL OWNERSHIP (DIFFERENCE BETWEEN A & B)** \_\_\_\_\_

*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.*

<b>COMPLETED BY (signature):</b>	<b>TITLE:</b>	<b>DATE:</b>
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# COST STATEMENT

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

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

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<b>COMPLETED BY (signature):</b>	<b>TITLE:</b>	<b>DATE:</b>
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## COST STATEMENT

VENDOR NUMBER (if known)/NAME: \_\_\_\_\_

LINE ITEM DESCRIPTIONS FOR: \_\_\_\_\_

### A. ADMINISTRATION

**1. SALARY & WAGES** \$ \_\_\_\_\_

TITLE	#	FTE	RATE	Cost

**2. BENEFITS & PAYROLL TAXES** \$ \_\_\_\_\_

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** \$ \_\_\_\_\_

TITLE	#	FTE	RATE	Cost

**2. BENEFITS & PAYROLL TAXES** \$ \_\_\_\_\_

PAYROLL TAX EXPENSE (FICA/SUI/FUTA)	_____	
WORKERS COMPENSATION	_____	
RETIREMENT (If provided)	_____	
HEALTH, DENTAL & LIFE INSURANCE (If provided)	_____	
OTHER FRINGE BENEFITS (If provided)	_____	

### C. CONSULTANTS

TITLE	#	# of hrs/mo	Rate	Cost