COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

NEGOTIATION PACKAGE

PART III

BUDGET SECTION

FISCAL YEAR (S) ____________, ____________, ____________

(This copy of the Negotiation Package is designed to accommodate up to 16 separate program budgets. The Contractor will need to expand the number of columns on this Microsoft Excel spreadsheet if it proposes to operate more than 16 programs.

Checklist for Part III Budget Section Schedules:

✓ Check each of the following after completion:
  Complete (if applicable):
  ______ Schedule 1: Legal Entity Budget
  ______ Schedule 2: Service Provider Budget at Program Detail
  ______ Schedule 2-A: Line Item Budget: Personnel- Administrative/Support Staff Costs Incurred at the Provider Number Level
  ______ Schedule 2-B: Line Item Budget: Personnel – Treatment Staff Costs Incurred at the Provider Number Level
  ______ Schedule 2-B1 Personnel – Treatment Staff Languages Represented at the Provider Number Level
  ______ Schedule 2-C: Personnel Cost Back-Up Detail for Schedule 2-A and 2-B
  ______ Schedule 2-D: Line Item Budget: Services and Supplies Incurred at the Provider Number Level
  ______ Schedule 3: Line Item Budget: Administrative Costs Incurred at the Legal Entity Level (not all service providers may have central office or related organization costs)
  ______ Schedule 4: Covered Services/Activities, Provisional Reimbursement Rates and Projected Units of Service Schedule