

ADP 100134

**DRIVING-UNDER-THE-INFLUENCE PROGRAM
LICENSE APPLICATION PACKET**

for the

**FIRST OFFENDER PROGRAM,
18-MONTH PROGRAM,
AND 30-MONTH PROGRAM**

State of California
Health and Human Services Agency
DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS

DRIVING-UNDER-THE-INFLUENCE PROGRAM BRANCH
1700 K Street, Sacramento, CA 95811-4037
(916) 322-2964

March 2009

SUBMISSION AND PROCESSING OF APPLICATION

License Application Fee

The Department of Alcohol and Drug Programs charges a one-time \$400 application processing fee. This fee is not refundable. Any application received without the processing fee will be returned to the County Alcohol Program Administrator or directly to the applicant (when applicable).

County Board of Supervisors

The County Board of Supervisors must recommend an applicant for licensing. This recommendation must be submitted with the application. Any application received without the County Board of Supervisors' recommendation will be returned to the County Alcohol Program Administrator or directly to the applicant (if applicable).

Application Forms

The application consists of submission of complete and accurate forms as directed and applicable and all requested information.

Application Processing

Submit the license application fee, board of supervisors recommendation and completed application to:

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS
Driving-Under-the-Influence Program Branch
1700 K Street, Fifth Floor
Sacramento, California 95811

Applications will be processed in the order received. Applications will be immediately returned to the applicant or county (if applicable) for the following reasons:

1. \$400 license application fee not submitted.
2. Recommendation of the county board of supervisors not submitted.
3. Required application materials or other information not submitted.

NOTE: THE PROGRAM SHALL NOT ENROLL PARTICIPANTS NOR PROVIDE SERVICES PRIOR TO THE EFFECTIVE DATE OF THE LICENSE.

Contact the Driving-Under-the-Influence Program Branch at (916) 322-2964 for information on completion, submission and processing of the application. Applicant should retain a copy of all application documents submitted. The Department of Alcohol and Drug Programs will not make available copies of any portion of the application.

Applicant Name: _____ County: _____ Date: _____

**DRIVING-UNDER-THE-INFLUENCE PROGRAM LICENSE
APPLICATION CHECKLIST**

INSTRUCTIONS: Use the applicant column below to ensure that all required forms, documents and information are completed and submitted to the Department of Alcohol and Drug Programs. Please include the completed checklist with the application submitted to the Department. The applicant may use the forms provided in the license application packet or facsimiles of the forms containing the same information.

PART I - DEPARTMENT FORMS TO BE COMPLETED BY THE APPLICANT

APPLICANT		NOT APPROVED		
APPLICANT	APPROVED	NOT APPROVED	APPROVED	
				1. APPLICATION FOR LICENSURE (FORM ADP 7785) <i>[This form identifies the applicant, program, program address and applicable information for licensure.]</i>
				2. ADMINISTRATIVE INFORMATION (FORM ADP 7790) <i>[This form identifies the entity applying for licensure.]</i>
				3. DESIGNATION OF ADMINISTRATIVE RESPONSIBILITY (FORM ADP 7795) <i>[This form identifies the program director/administrator responsible for the operation of the program.]</i>
				4. ADMINISTRATOR/DIRECTOR INFORMATION (FORM ADP 7800) <i>[This form identifies and verifies the qualifications of the Program Director/Administrator.]</i>
				5. STAFF INFORMATION (FORM ADP 7805) <i>[This form identifies and verifies qualifications of program staff (group leader/counselor/facilitator) who will be providing services at the program.]</i>
				6. FINANCIAL STATEMENT (FORM ADP 7815) <i>[This form provides a summary of the applicant's assets and liabilities.]</i>
				7. STATEMENT OF COMPLIANCE/NONDISCRIMINATION/TRUTH (FORM ADP 7810) <i>[This form provides assurances of compliance and adherence to Title 9, Chapter 3 of the California Code of Regulations (CCR).]</i>
				8. BUDGET (FORMS ADP 7820, 7825, 7830, 7835 AND 7840) <i>[These forms provide a proposed summary of revenue and expenditures.]</i>

PART 2 - GENERAL INFORMATION TO BE SUBMITTED BY THE APPLICANT

APPLICANT		NOT APPROVED		
APPLICANT	APPROVED	NOT APPROVED	APPROVED	
				1. BOARD OF SUPERVISORS RECOMMENDATION FOR LICENSURE <i>[Provide a copy of the Board of Supervisors' approval of the selection of the applicant to operate within the county upon licensure by the Department.]</i>
				2. ALCOHOL ADVISORY BOARD RECOMMENDATION <i>[Provide a copy of the Alcohol Advisory Board's recommendation to the Board of Supervisors regarding the application for licensure.]</i>
				3. COPY OF OPERATING AGREEMENT BETWEEN COUNTY AND APPLICANT <i>[Provide a copy of the contract, memorandum of understanding, or any other operating agreement between the applicant and the county, if applicable.]</i>
				4. ADMINISTRATIVE ORGANIZATION <i>[Provide an organizational chart identifying positions and names of proposed incumbents, if known.]</i>

PART 3 - LICENSE APPLICATION FEE

	APPLICANT RECEIVED	NOT RECEIVED	
			1. \$400 LICENSE APPLICATION PROCESSING FEE <i>[A one-time \$400 license application fee is charged to each applicant requesting licensure to operate a driving-under-the-influence program. This fee must be submitted with the application in order for the review of the application to commence.]</i>

PART 4 - PROGRAM INFORMATION

	APPLICANT APPROVED	NOT APPROVED	
			1. INTAKE INTERVIEW PROCESS <i>[Describe the procedures for intake interviews. Please refer to Title 9, Section 9848 of the CCR for specific requirements.]</i>
			2. PARTICIPANT CONTRACT <i>[Provide a copy of the participant contract to be used by the applicant. Please refer to Title 9, Section 9848 of the CCR for requirements.]</i>
			3. INTERPROGRAM TRANSFERS <i>[Describe the procedures for transferring participants to and receiving participants who transfer from another state-license DUI Program. The description must address both the transfer in and transfer out process. Please refer to Title 9, Section 9884 of the CCR for requirements.]</i>
			4. PARTICIPANT DISMISSAL POLICY <i>[Describe the policy and procedures for dismissing a participant. Please refer to Title 9, Section 9886 of the CCR for requirements.]</i>
			5. FACE-TO-FACE INTERVIEWS <i>[Describe how face-to-face interviews will be conducted, include the topics to be covered, the length of interviews to be provided, and how documentation of such will be made. Please refer to Title 9, Section 9858 of the CCR for requirements.]</i>
			6. EDUCATIONAL SESSIONS <i>[Identify number of education hours to be provided, curriculum outline, proposed schedule and length of service hours, and number of participants per session. Please refer to Title 9, Section 9852 of the CCR for requirements.]</i>
			7. GROUP COUNSELING SESSIONS <i>[Identify number of group counseling hours to be provided, process to be used, topics to be covered, proposed schedule and length of service hours, and number of participants per session. Please refer to Title 9, Section 9854 of the CCR for requirements.]</i>
			8. PROGRAM FEE REQUIREMENTS <i>[Identify the program fee and any additional fees; provide a cost per unit of service analysis for each service provided (i.e. enrollment, group counseling session, face-to-face interview, etc.). For each additional fee requested, identify the service provided, the unit cost breakdown including associated tasks and responsible staff. Describe how fees will be assessed and collected. Specify the income level for waiving the program fee (e.g., county general assistance benefit level), the county's median family income level and the income level at which participants will be allowed to make extended payments. Include a copy of the "Standardized Payment Schedule", the procedures and forms for conducting financial assessments and the refund policy. (The Department has developed sample forms for conducting the financial assessment and fee collection; these are available upon request.) Please refer to Title 9, Sections 9878 and 9879 of the CCR for requirements.]</i>

PART 5 - DOCUMENTS TO BE SUBMITTED FOR 30-MONTH PROGRAM ONLY

APPLICANT APPROVED ^{NOT} APPROVED

			<p>COMPENDIUM OF PROBATIVE EVIDENCE INCLUDE DESCRIPTION OF THE FOLLOWING: <i>[Describe how provisions will be made for a participant to voluntarily enter a licensed chemical dependency recovery hospital or residential treatment program. The description must address the following: types of referral agencies to be used; approval to be obtained from the referring court; cost of services to be paid by participant; monitoring of the participant's progress during the course of treatment; Documentation of the treatment in the participant's file]</i></p>
			1. METHOD OF REVIEW OF PARTICIPANT COMPLIANCE
			2. SCHEDULE OF COMPLIANCE REVIEW BY PROGRAM STAFF
			3. COMMUNITY SERVICE REQUIREMENTS
			4. PROVISIONS FOR PARTICIPANTS WHO ENTER LICENSED CHEMICAL DEPENDENCY PROGRAMS

APPLICATION FOR LICENSURE

County _____	<p align="center">FOR ADP USE ONLY</p> Appl. Rec'd _____ Fee Paid _____ Analyst _____ Lic. Issued _____
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APPLICANT INFORMATION

Applicant(s) Name: _____ Telephone: _____

Application Filed By:

<input type="checkbox"/> Individual Ownership	<input type="checkbox"/> Corporation	<input type="checkbox"/> County Operated
<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Non Profit --Profit	<input type="checkbox"/> Other

Applicant Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Name(s) and location(s) of other licensed DUI programs owned or operated by the applicant(s) within the last five years:

PROGRAM INFORMATION

Program Type: First Offender 18-Month 30-Month

Program Name: _____

Program Address: _____

City: _____ State: _____ Zip Code: _____

Program Director: _____ Telephone: _____

Proposed Annual Number of Participants: _____

Signed: _____	Date: _____
Signed: _____	Date: _____

ADMINISTRATIVE INFORMATION

This form is for corporations only. Public agencies, partnerships, and other associations use back sheet.

INSTRUCTIONS: This form must be updated and submitted to the Department of Alcohol and Drug Programs each time there is a change in officers or change in the corporation.

(Attach a copy of approved incorporation papers from the Secretary of State)

CORPORATION

Name (as listed with the Secretary of State) _____ Chief Executive Officer _____

Incorporation Date _____ Place of Incorporation _____

Principal office of business: _____

Address _____

City _____ State _____ Zip Code _____ Telephone _____

Contact Person _____ Title _____ Telephone _____

Names and addresses of all persons who own ten per cent (10%) or more of stock in corporation.

Governing Board of Directors
 a. Number of Board Members _____ b. Term of Office _____
 c. Frequency of Meetings _____ d. Method of Selection _____

Board Officers and Members USE A SEPARATE SHEET FOR ADDITIONAL NAMES

Office	Name	Business Address & City & Zip Code	Telephone #	Term Expiration
President				
Vice-President				
Secretary				
Treasurer				
Other				

County: _____

Date: _____

PUBLIC AGENCY

(This form is for public agencies, partnerships, and other associations.)

1. Check type of public agency: County City Other, specify below

2. Agency providing service

Name _____

Address _____

City _____ State _____ Zip Code _____

Contact Person _____ Title _____ Telephone _____

3. Attach a copy of Resolution or other legal document authorizing this application

PARTNERSHIPS

1. Attach a copy of the partnership agreement

2. Partners Type of Partnership Name Business Address & City & Zip Code

Partners	Type of Partnership	Name	Business Address & City & Zip Code
1st Partner	<input type="checkbox"/> General <input type="checkbox"/> Limited		
2nd Partner	<input type="checkbox"/> General <input type="checkbox"/> Limited		
3rd Partner	<input type="checkbox"/> General <input type="checkbox"/> Limited		
4th Partner	<input type="checkbox"/> General <input type="checkbox"/> Limited		

Contact Person _____ Title _____ Telephone _____

OTHER ASSOCIATIONS

Other associations must also provide a list of all persons legally responsible for the organization, the contact person, and appropriate legal documents which set forth legal responsibility of the organization and accountability for opening the program.

USE THIS SPACE OR ATTACH A SEPARATE SHEET

DESIGNATION OF ADMINISTRATIVE RESPONSIBILITY

Applicants/licensees who are corporations shall attach board resolutions authorizing a delegation to the Program Director/Administrator or other appropriate staff.

1. Applicant Name: _____

2. Program Name: _____

3. Program Address: _____

4. City: _____ County: _____ Zip Code: _____

5. Telephone: (____) _____

6. _____

(Name of person(s) authorized by applicant/licensee)

is hereby designated as administrator, program manager, or agent of the above-named program and is authorized to receive at the above-named program on my behalf, any documents including reports of inspections and consultations, accusations, and civil and administrative processes.

I WILL NOTIFY THE DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS, IN WRITING, WITHIN 10 DAYS OF ANY CHANGE IN THE ABOVE AUTHORIZATION.

7. _____

Signature of applicant(s)/licensee(s)

8. Title: _____

9. Address: _____

10. City: _____ County: _____ Zip Code: _____

ADMINISTRATOR/DIRECTOR INFORMATION

NAME _____

TITLE **Executive Director** TELEPHONE NUMBER **(530) 541-4594**

ADDRESS _____

OTHER NAME(S) USED BY ADMINISTRATOR/DIRECTOR
None

EDUCATION CIRCLE THE HIGHEST GRADE YOU COMPLETED HIGH SCHOOL GRADUATE YES NO
1 2 3 4 5 6 7 8 9 10 11 **12** GED HIGH SCHOOL EQUIVALENCY TEST YES

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	COURSE OF STUDY	COMPLETED		DEGREE OBTAINED	DATE COMPLETED
		SEMESTER UNITS	QUARTER UNITS		

MANAGEMENT EXPERIENCE

Type	Title	Date Started	Date Ended	Reason for Leaving

DO YOU HAVE A PROFESSIONAL LICENSE OR CERTIFICATE? YES NO IF YES, COMPLETE THE FOLLOWING

Type	Period Held	Issuing Agency

WORK EXPERIENCE – BEGIN WITH YOU MOST RECENT WORK EXPERIENCE. LIST ALL EXPERIENCES AND PERIODS OF EMPLOYMENT IN THE LAST SEVEN YEARS. INCLUDE WORK EXPERIENCE FROM MORE THAN SEVEN YEARS IF NECESSARY (HIGHLIGHT EXPERIENCE IN ALCOHOL/DRUG FIELD).

DATES	Name and Address of Employer	Duties	Reason for Leaving
FROM			
TO			
Present			
FROM			
TO			
FROM			
TO			

Completed by _____ Date _____

STAFF INFORMATION

NAME _____

TITLE _____ TELEPHONE NUMBER () _____

ADDRESS _____

OTHER NAME(S) USED _____

EDUCATION CIRCLE THE HIGHEST GRADE YOU COMPLETED HIGH SCHOOL GRADUATE YES NO
 1 2 3 4 5 6 7 8 9 10 11 **12** GED HIGH SCHOOL EQUIVALENCY TEST YES

NAME AND LOCATION OF COLLEGE OR UNIVERSITY	COURSE OF STUDY	COMPLETED		DEGREE OBTAINED	DATE COMPLETED
		SEMESTER UNITS	QUARTER UNITS		

WORK EXPERIENCE – BEGIN WITH YOU MOST RECENT WORK EXPERIENCE. LIST ALL EXPERIENCES AND PERIODS OF EMPLOYMENT IN THE LAST SEVEN YEARS. INCLUDE WORK EXPERIENCE FROM MORE THAN SEVEN YEARS IF NECESSARY (HIGHLIGHT EXPERIENCE IN ALCOHOL/DRUG FIELD).

DATES	Name and Address of Employer	Duties	Reason for Leaving
FROM			
TO			
FROM			
TO			
FROM			
TO			

Completed by: _____ County Where Signed _____ Date: _____

FINANCIAL STATEMENT

As of _____, 2014

PROGRAM NAME

ASSETS

Cash on hand	\$ _____
Checking accounts	\$ _____
Savings accounts	\$ _____
Time deposits	\$ _____
Notes and receivables (identify source)	\$ _____
Inventory	\$ _____
Real Estate (at market value):	\$ _____
Land	\$ _____
Buildings and Improvement	\$ _____
Equipment, Furniture and Furnishings	\$ _____
Other Investments or Assets (describe):	\$ _____
_____	\$ _____
_____	\$ _____
A. Total Assets	\$ _____

LIABILITIES

Accounts Payable (include installment contracts and balance due)	\$ _____
Salaries and Wages Payable	\$ _____
Payroll Taxes Payable	\$ _____
Notes Payable (include personal notes). Show source and balance due.	
_____	\$ _____
_____	\$ _____
Real Estate Loans or Mortgages (balance due):	
_____	\$ _____
Other debts (describe):	
_____	\$ _____
B. Total Liabilities	\$ _____

OWNERSHIP (Equity)

C. Total Ownership (difference between A and B) \$ _____

COMPLETED BY	TITLE	DATE
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DRIVING-UNDER-THE-INFLUENCE PROGRAM**STATEMENT OF COMPLIANCE/NONDISCRIMINATION/TRUTH**

_____ has the capability and agrees to comply with the following
(Name of Applicant)
Driving-Under-The-Influence (DUI) Program service requirements.

1. The program will provide the court, the Department of Motor Vehicles, and the participant with an immediate report of any failure of the participant to comply with the program's rules and policies.
2. The program will be self-supporting from participant fees.
3. The program will not use program fees for any purpose other than the operation of the program pursuant to Section 11837.4 (b)(2) of the Health and Safety Code.
4. The program will provide services to ethnic minorities, women, youth or any other group that has particular needs relating to the program.
5. The program will pay State licensing fees in accordance with instructions issued by the Department of Alcohol and Drug Programs.
6. The undersigned assures that the licensee and/or program will not discriminate in employment practices and provision of services on the basis of ethnic group identification, religion, age, sex, color, or disability pursuant to Title VI of the Civil Rights Act of 1964, (Section 2000d, Title 42, United States Code); the Americans with Disabilities Act of 1990 (Section 12132, Title 42, United States Code); Section 11135 of the California Government Code; and for recipients of financial assistance, the Rehabilitation Act of 1973 (Section 794, Title 29, United States Code) and Chapter 6 (commencing with Section 10800) Division 4, Title 9 of the California Code of Regulations.
7. The program will forward all substantive program changes, or changes to this application to the county alcohol and drug program administrator (CADPA) for review and to the Department of Alcohol and Drug Programs (ADP) for approval.
8. The program will provide the CADPA and representatives from ADP with access to all programmatic and fiscal records necessary to conduct county monitoring and State licensing activities, including evaluation, provided that such access does not conflict with any State or federal confidentiality regulations as stated in Title 9, Section 9866 (c) of the CCR.
9. The program will comply with all laws and regulations governing DUI programs.
10. The program will maintain services in accordance with its approved application per licensure and any amendments thereto.

Statement of Compliance/Nondiscrimination/Truth

11. The program will not accept any participant until licensure is granted to the program by the Department of Alcohol and Drug Programs as stated in Title 9, Section 9802 of the CCR.
12. The program will maintain participant files including completed copies of all required forms and records, for a minimum of 48 months after completion of services as stated in Title 9, Section 9866 of the CCR.
13. The program shall employ staff who meet the minimum qualifications as stated in Title 9, Section 9846 of the CCR.
14. The program will maintain confidentiality of participant records and information in accordance with Title 42, Code of Federal Regulations. A copy of the above regulations will be available at each program facility as stated in Title 9, Section 9866 (c), of the CCR.

The applicant declares under penalty of perjury that all information submitted to the Department of Alcohol and Drug Programs for the purpose of licensure is true and correct to the best of the applicant's knowledge.

Type or Print Name of Authorized Representative and Title

Signature

Date

**DRIVING-UNDER-THE-INFLUENCE PROGRAM
BUDGET SUMMARY**

DATE: _____

COUNTY: _____

Driving-Under-the-Influence Program Name: _____ License #: _____

Address: _____

Corporate Name: _____

Fiscal Year: _____

	A	B	C	D
1) PROJECTED FEE ANALYSIS	NO FEE	INCOMPLETE FEE	FULL FEE	TOTAL
2) Number of Clients				
3) % of Total Clients				
4) Total Amount to be Collected				
5) Average Fee to be Collected				
6) ESTIMATED GROSS REVENUE			\$	_____

Cost Summary:

Amounts

7) PERSONAL SERVICES (from line 5, ADP 7825) \$ _____

8) OPERATING EXPENSES (from ADP 7830) \$ _____

9) EQUIPMENT DEPRECIATION (from line 2, ADP 7835) \$ _____

10) FACILITY DEPRECIATION (from line 4, ADP 7835) \$ _____

11) ESTIMATED GROSS BUDGET \$ _____

12) Profit/Surplus \$ _____

=====

Bookkeeper: _____

Auditor: _____

Telephone: _____

Telephone: _____

Accountant: _____

Telephone: _____

DRIVING-UNDER-THE-INFLUENCE PROGRAM BUDGET
REQUIREMENTS AND INSTRUCTIONS

GENERAL REQUIREMENTS

The Department of Alcohol and Drug Programs is responsible for reviewing annual program budgets and cost reports, reference Title 9, Section 9878(h) of the CCR. The Department must ensure program fees are (1) set at an amount sufficient to cover the cost of administering and providing the required services, and (2) used only for the purpose set forth in Chapter 9, Section 11837.4(b)(2), of the Health and Safety Code. Therefore, a budget and standardized fee schedule are required to be submitted to the Department with the application.

If the Driving-Under-the-Influence (DUI) Program facility is multiservice (e.g., residential, nonresidential, prevention, etc.), a separate budget shall be prepared for the DUI Program portion.

DUI Programs are not required to provide separate budgets for first offender, 18-month and 30-month programs that operate at the same location/facility. However, if a single license has been issued for programs that operate at different locations/facilities, a separate budget is required for each location/facility.

GENERAL GUIDELINES

1. Complete forms ADP 7825, 7830, 7835, 7840, and then transfer this information to form ADP 7820.
2. Round off all amounts to the nearest dollar.
3. The budget forms are used to report projected costs and revenue.
4. The budget submitted with the application must be for a 12-month period and coincide with the state fiscal year of July through June.

BUDGET SUMMARY

1. Projected Fee Analysis - Enter the following information for the projected year in the proper corresponding columns.
2. Number of Clients
 - A. No Fee: Enter the projected number of clients who will not pay any fees on Line 2A.
 - B. Incomplete Fee: Enter the projected number of clients who will pay only a partial fee due to termination or transfer on line 2B.
 - C. Full Fees: Enter the projected number of clients who will pay the full fee on Line 2C.
 - D. Total: Add lines 2A, 2B, and 2C and enter on line 2D.
3. Enter the percentage of total clients that will pay no fees on line 3A, Incomplete Fees on line 3B, full fee on line 3C and Total on line 3D.
4. Enter the total projected amount to be collected for Incomplete fees on line 4B, Full Fees on line 4C, and Total on line 4D.
5. Enter the projected average fee to be collected for Incomplete Fees on line 5B, Full Fees on line 5C, and Total on line 5D.
6. **Estimated Gross Revenue** - Enter the amount from line 4D.
7. Personal Services - Enter the amount from line 5, Form ADP 7825, Personal Services.

8. Operating Expenses - Enter the amount of Total Operating Expenses from Form ADP 7830, Operating Expenses.
9. Equipment Depreciation - Enter the amount from line 2, Form ADP 7835, Equipment and Facility Depreciation Schedule.
10. Facilities Depreciation - Enter the amount from line 4, Form ADP 7835, Equipment and Facility Depreciation Schedule.
11. **Estimated Gross Budget** - Enter the sum of lines 7, 8, 9, and 10.
12. **Profit/Surplus** - Subtract line 11 from line 6 and enter the amount.

Bookkeeper: Your in-house person who sorts bills, decides what type of expense each bill represents, and so forth.

Accountant: The person who is responsible for closing your books, preparing your financial statements and budgets.

Auditor: The independent, outside CPA who audits your accounting records. A CPA who can certify his/her statements is required.

**DRIVING-UNDER-THE-INFLUENCE PROGRAM
PERSONAL SERVICES BUDGET**

1) PERSONAL SERVICES:

A	B	C	D	E	F
POSITION CLASSIFICATION	SALARY RANGE	# OF MONTH/ WEEKS/HOURS	ANNUAL SALARY	DUI PROGRAM PERCENT OF TIME	DUI PROGRAM ANNUAL SALARY
	\$ _____ - \$ _____				
	\$ _____ - \$ _____				
	\$ _____ - \$ _____				
	\$ _____ - \$ _____				
	\$ _____ - \$ _____				
	\$ _____ - \$ _____				
	\$ _____ - \$ _____				
	\$ _____ - \$ _____				
2) TOTAL SALARIES			\$ 99,767 _____		

3) STAFF BENEFITS

BENEFIT COSTS

- a) Social Security (OASDI)
- b) Unemployment Insurance
- c) Health Insurance
- d) Worker's Compensation
- e) Other (specify)

\$ _____
 \$ _____
 \$ _____
 \$ _____
 \$ _____

4) TOTAL STAFF BENEFITS

(please indicate the %, if used) _____ %

\$ _____

5) TOTAL PERSONAL SERVICES

\$ _____
 (Enter on ADP 7820, Line 7)

NOTE: LINE ITEMS LISTED FOR STAFF BENEFITS ARE SAMPLES ONLY. APPLICANT IS TO LIST ONLY THE APPLICABLE STAFF BENEFITS.

PERSONAL SERVICES

1. Personnel Services

- A. Position Classification - Enter **all** positions relative to the driving-under-the-influence (DUI) program in column A.
 - B. Salary Range - For each position listed in column A, specify the salary range in column B. A salary range shall be shown to include anticipated wage increases for the reporting year.
 - C. Number of Months/Weeks or Hours - List the number of months/weeks or hours each position will be filled in column C.
 - D. Annual Salary - For each position itemized in column A, enter the total actual salary or the amount of budgeted salary in column D.
 - E. DUI Program Percent of Time - Enter the percentage of salary time each position will devote to the DUI program in column E.
 - F. DUI Program Annual Salary - Show the total actual DUI Program salary or the amount of budgeted salary for each position itemized under the Position Classification in column F. If DUI Program staff provide services to other programs, personal services costs shall be prorated based on the amount of time spent in each program to determine the amount attributable to the DUI Program.
2. **Total Salaries** - Enter the sum of all salaries shown in column F.
3. **Staff Benefits** - Enter total staff benefits for a) OASDI, b) Unemployment, c) Health Insurance, d) Worker's Compensation or e) any other benefits under Benefit Costs.
4. **Total Staff Benefits** - Enter the sum of 3a, b, c, d, and e on line 4. A percentage figure may be used in projecting staff benefits budgeted.
5. **Total Personal Services** - Enter the sum of lines 2 and 4 on line 5.

**DRIVING-UNDER-THE-INFLUENCE PROGRAM
OPERATING EXPENSES BUDGET**

ANNUAL COST

Rental of Space = \$ _____ /sq. ft. x _____ sq. ft. x _____ (time) (If owned, use Depreciation Schedule instead)	\$ _____
Utilities (Gas, Elec., Water, Scavenger)	\$ _____
Telephone	\$ _____
Insurance	\$ _____
Overhead	\$ _____
Maintenance & Repair of Buildings (Routine)	\$ _____
Maintenance & Repair Office Equipment	\$ _____
Maintenance of Automobile Equipment	\$ _____
Maintenance & Repair other Equipment	\$ _____
Cleaning & Janitorial Supplies/Services	\$ _____
Contractor: _____	\$ _____
Service : _____	\$ _____
Contractor: _____	\$ _____
Service : _____	\$ _____
Printing & Reproduction Services	\$ _____
Postage	\$ _____
Stationery & Office Supplies	\$ _____
Rental of Equipment	\$ _____
Educational Materials	\$ _____
Travel	\$ _____
Staff Education/Training	\$ _____
Professional Services (Legal, CPA, Med., Consulting Fees)	\$ _____
County Program Monitor Costs	\$ _____
State Program Monitor/Approval Costs	\$ _____
Interest Paid	\$ _____
Property Taxes	\$ _____
Other Taxes (specify)	\$ _____
Other (specify)	\$ _____

TOTAL OPERATING EXPENSES:

\$ _____
(enter on ADP 7820, line 8)

OPERATING EXPENSES

Operating expenses shall include all other direct cost line items, such as rent, mortgage interest, travel and subsistence, supplies, insurance, contractors, etc. A line item for rent must identify the number of square feet to be utilized for the driving-under-the-influence program, and the cost per square foot. A line item for equipment rental must identify the type of rental equipment. If rental of space is shared, show the prorated amounts and explain the basis of the allocation of costs on ADP 7840 (Budget Justification).

Under Contracts, list only those contracts for direct services. Contractor's cost must be fully explained and justified, including the cost per hour and number of hours on ADP 7840, Budget Justification.

Staff Education/Training/Travel includes reimbursement for local mileage, tuition, etc. You may break this out into separate categories.

You may charge off interest on loans taken out to cover operating expenses or meet payrolls. Please show loan expense under titled "Interest Paid" operating costs. You may pay for professional association/organizational memberships and professional periodical subscriptions related to alcohol and drug programs.

NOTE: LINE ITEMS LISTED ARE SAMPLES ONLY. APPLICANT IS TO LIST ONLY THE APPLICABLE OPERATING EXPENSES.

EQUIPMENT AND FACILITY DEPRECIATION SCHEDULE

1. Equipment - Providers must depreciate equipment. Definition of Equipment: Nonexpendable personal property, each item of which has (A) a useful life of at least four years, and (B) a unit acquisition cost of at least \$500 (e.g., four identical assets which cost \$300 each, for a \$1200 total, would not meet the requirement). Further, an item/unit of equipment is defined as equipment which in itself is whole and complete and not an element or component of such and includes any modification, attachment, accessory, or auxiliary apparatus necessary to perform the overall purpose of the whole or complete equipment.

If the item in question does not meet this test for the definition of equipment, then it does not have to be recaptured through depreciation and can be claimed as a reimbursable expense. Any loan charges for equipment should be included under "Interest Paid" on ADP 7830. Equipment may be recorded as an expense if purchased from profit.

2. **Total Equipment Costs** - Enter the sum of column H on this line.
3. Facility Depreciation - Facility depreciation is an allowable expense (expenditures for remodeling are capitalized and depreciated).
4. **Total Facility (Depreciation) Costs** - Enter the sum of column G on this line.

DRIVING-UNDER-THE-INFLUENCE PROGRAM BUDGET JUSTIFICATION

All line items must be fully explained and justified. This section should explain why individual line items are being charged to the driving-under-the-influence program and justify the reasonableness of the cost of each line item including a formula for how the cost was determined. The budget justification will be evaluated on reasonableness in comparison to services, adequacy and appropriateness of the cost information.

If more than one program (i.e., residential, non-residential, prevention, etc.) is provided within the facility, shared costs should be prorated, using an appropriate statistical basis (i.e., square footage, time used), to determine the costs attributable to the DUI Program. If DUI Program staff provide services to other programs, personal services costs should be prorated based on the amount of time spent in each program to determine the amount attributable to the DUI Program. If the DUI Program is part of a larger organization, administrative costs of that organization may be charged to the DUI Program using one or more appropriate allocation bases (i.e., total direct costs, full time equivalents, square footage, and number of transactions). Statements should be in summary or outline format with calculations. Avoid Narrative.

Please reference all comments on this page to the appropriate ADP form and section title.

Budget summary was computed by extrapolating fiscal data from our current Outpatient office . The operating expenses budget was based on current fiscal data running in the outpatient office (ADP 7830). ADP 7835: Equipment facility depreciation are not applicable due to leasing the facility and the equipment already being depreciated. Item cost: estimated gross budget/ projected number of clients:
\$158,411/80 clients = \$1930.13

\$2,836 per month for fixed costs/172 hours in a month = \$16.50 per hour for monthly expenditures.

\$20.50 per hour on average for counseling personnel

\$23.00 for administrative personnel

All costs = \$60.00 per hour

Additional Fees:

Missed Activity: \$40.00 = progress notes and documentation (15 min) + administrative personnel (20 minutes) + expenditures = \$40

Rescheduling: \$25.00 = Administrative personnel (25 minutes) + expenditures = \$25

Transfer Out: \$67.50 = Counseling personnel (90 min) + administrative (30 min) + expenditures = \$67.50

Transfer In: \$67.50 = Counseling personnel (90 min) + administrative (30 min) + expenditures = \$67.50

Reinstatement: \$50.00 = Counseling personnel (60 min) + administrative (30 min) + expenditures = \$50

Duplicate DL 101: \$15.00 = Counseling personnel (20 min) + expenditures = \$15

Leave of Absence: \$25.00 = Counseling personnel (60 min) + expenditures = \$25

Late Payment: \$25.00 = Administrative personnel (40 min)+ expenditures = \$25

Drug Testing: \$30.00 = Counseling personnel (15 min)+ expenditures + lab fee (\$15)= \$30

Face-to-Face: \$15.00 for 15 minutes (\$60 per hour/4= \$15 for 15 minutes of face-to-face)

Group Education: \$35.00/2 hours = Counseling personnel (120 min)+ expenditures = \$35

Group Counseling: \$40.00/2 hours = Counseling personnel (120) + expenditures = \$40

Intake: \$55.00/1.5 hours = Counseling personnel (90 minutes) + expenditures = \$55