

## **SCHEDULE 1 and 2 INSTRUCTIONS**

### **SCHEDULE 1 – ALTERNATE FUNDING SOURCES**

Please complete the data requested on each schedule.

Be sure the same volume methodology is used compared to prior years.

Describe how volume is determined.

If your agency receives funds from other sources, identify the source, and the amount of the distribution in total, the cost per service/visit/encounter, the amount received per service/visit/encounter, and percentage of your total revenue. In determining cost per service please explain all components included in cost

### **SCHEDULE 2 - FINANCIAL AND DATA SCHEDULES**

- 2A. HISTORICAL FUNDING / FINANCIAL INFORMATION
- 2B. PROJECTED CURRENT FY AND REQUESTED YEAR
- 2C. VOLUME INFORMATION HISTORICAL AND PROJECTED
- 2D. INDIGENT QUALIFIED INFORMATION

**SCHEDULE 1**

**ALTERNATE FUNDING SOURCES**

If your agency receives revenues (for a service funded by the IRCHD), from other grants, reimbursement, etc., identify the source, the amount of the distribution in total, the cost per service/visit/encounter and the amount received per service/visit/encounter. In determining cost per service please explain all components included in cost. Calculate the percentage of the total program cost met by each funding source. State the general allocation or purpose for these funds. (ie. capital investment, start up, capitalization, operating expenses, etc.).

**Program Name:** \_\_\_\_\_

<b>Revenue Source</b>	<b>Projected Funding</b>	<b>Cost Per Service</b>	<b>Reimbursement per Service</b>	<b>Percentage of Total Budget</b>

Total Revenue

100%

