<u>Directions for Completing the 732a-ADS Projected Revenues Sheet (Revenue Sheet)</u>

<u>If using the 732a-ADS from the web site, the formulas should be in place to calculate the figures entered into the spreadsheet by the program.</u>

This sheet is used to capture a program's revenue from all the sources the program plans to receive funding from in order to operate the program.

<u>**Adult Day Services Program:**</u> Enter the name of the program here.

<u>**County:**</u> Enter the County where the program is located here.

<u>**Budget Period:**</u> Enter the beginning of the time frame that this budget covers here **<u>through</u>** the end of the time frame that this budget covers here.

For Example: *July 1, 2012 through June 30, 2013*

<u>A. Fed/State Funding From the Division of Aging and Adult Services</u>

Home and Community Care Block Grant (HCCBG)- DAAS administers this fund and allocates funds to the 17 regional Area Agencies on Aging (AAA). The program should have a contract with the AAA or the lead HCCBG agency in the county where the program operates indicating what amount of funding they will receive as well as what and how the required **<u>10% required minimum match</u>** will be paid. *It is important to include the required minimum match for this funding source in Section B where this is information is requested on this form.*

State Adult Day Care Fund (SADCF)- DAAS administers this fund and allocates funds to county Departments of Social Services (DSS). The program should have a contract with each county DSS the program receives funding from indicating what amount of funding they will receive as well as what and how the required **<u>12.5% required minimum match</u>** will be paid. *It is important to include the required minimum match for this funding source in Section B where this is information is requested on this form.*

Family Caregiver Support (FCSP)- DAAS administers this fund and allocates funds to the 17 regional AAAs. There is **<u>no required minimum match</u>** for this funding source. The program should have a contract with the AAA they are contracted with to provide services indicating how much the daily reimbursement rate will be.

<u>B. Required Minimum Match (Cash or In-Kind) Paid by Center or County</u>

Home and Community Care Block Grant (HCCBG)- *<u>10% required minimum match</u>*

State Adult Day Care Fund (SADCF)- *<u>12.5% required minimum match</u>*

Family Caregiver Support (FCSP)- **<u>no required minimum match</u>**

Section C. Total Fed/State Funding and Required Match

If using computerized or on-line version of the form, this figure will calculate automatically using the formula in the Excel Spreadsheet. If not, then add together the figure in the Total box for Sections A and B and enter that figure here.

Section D. Local Cash, Non-Match

This section is to record funding that does not require a minimum match from the county or program and is not a DAAS administered funding source.

Enter the amounts the program projects it will receive from sources such as:
- Fundraising Events (e.g., the program has an annual yard sale, bake sale, flower/plant sale, etc that's proceeds are used to support the program- the amount of money the program anticipates the yard sale will raise would be entered here);
- Donations, Memorials, etc (e.g., a former participant's family requests that contributions in his/her memory be made to the program after he/she dies; a person in the community makes a cash donation to the program, etc);
- Grants/Foundations (e.g., the program applies for a grant from a foundation such as: United Way, Easter Seals, The Robert Wood Johnson Foundation, The Kate B. Reynolds Charitable Trust, The Brookdale Foundation, etc and receives the grant to support the program or a foundation awards the program a cash donation, etc.);
- The 2 other lines are left blank- Please indicate the funding source here for other funding sources that are local that are not administered by DAAS or another entity (e.g., the program offers bathing services and charges a fee for this service, this income would be recorded here and would need to be identified – "Bathing Services- Private Pay"). There could also be local county funding for this service.

Total Local Cash, Non-Match- If using computerized or on-line version of the form, this figure will calculate automatically using the formula in the Excel Spreadsheet. If not, then add together all figures recorded in Section D and enter in this space.

Section E. Other Revenues, Non-Match

This section is to record other funding sources that do not have a required minimum match but are not locally administered and/or obtained funds such as the Community Alternatives Program administered by the Division of Medical Assistance, private pay participants for daily care and/or transportation and NC Sales Tax Refund. The Other line item might include private pay for ancillary services such as funding a program receives from a Local Management Entity (LME). Whatever funding source falls into the "other" category should be spelled out in the line item.

Total Other Revenues, Non-Match- If using computerized or on-line version of the form, this figure will calculate automatically using the formula in the Excel Spreadsheet. If not, then add together all figures recorded in Section E and enter that figure in this space.

Section F. Client Cost Sharing (Consumer Contribution)

This section only applies to HCCBG funded programs. Consumer Contribution is a component of this funding source which requires HCCBG funded programs to discuss Consumer Contributions with participants and/or families and participants and/or families may participate or not. The Consumer Contribution is completely voluntary, but HCCBG funded programs are required to discuss this with participants and/or families. This section is used to record any funds the program has received from participants and/or their families in the form of Consumer Contributions.

Total Projected Revenues- If using computerized or on-line version of the form, this figure will calculate automatically using the formula in the Excel Spreadsheet. If not, then add the totals recorded in Sections C, D, E and F together and enter this figure in this space.

For Example- Add the following figures together to calculate the Total Projected Revenues:

- **$100,000** (C- Total Federal/State Funding and Required Minimum Match)

- **$50,000** (D- Total Local Cash, Non-Match)

- **$25,000** (E- Other Revenues Non-Match)

- **$500** (F- Consumer Contributions)

    - **EQUALS**

- **$175,500** (Total Projected Revenues)