

Developmental Disabilities Resource Board 2007-2008

Individual/Unit Costs - Application For Funds (AFF)

Agency Name: _____

Program Name: _____

Submitted by: _____

	Total Program			DDRDB Share/St. Charles Co.		
	7/06-6/07	7/07-6/08	% Change	7/06-6/07	7/07-6/08	% Change
A. Total Expenses	0	0	#DIV/0!	0	0	#DIV/0!
B. # of Individuals			#DIV/0!			#DIV/0!
C. # of Units (applies only to those requesting POS)			#DIV/0!			#DIV/0!
Total Cost/Individual (A divided by B)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Total Cost/Unit (A divided by C) (applies only to those requesting POS)	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

One Unit of Service = _____
(applies only to those requesting POS)

Most Recent Audited Unit Cost: _____
(applies only to those requesting POS)

If Unit Cost Rate Shared with DMH, indicate DMH Unit Cost Share: _____
(applies only to those requesting POS)

For each program, provide the number of (unduplicated) total and St. Charles County residents currently being served and projected for 2007-2008. (Individuals included must have actually received services in the year reported.)

**** DDRB Purchase of Service Rate Requested for FY08 Application**

