

TRANSPORTATION COST STATEMENT

DS 2 (7/91)

1. Vendor Name		Telephone Number ()		
2. Vendor Identification Number	Service Code	Subcode		
3. Business Address	Street	City	State	Zip
4. Mailing Address	Street	City	State	Zip
5. Management Organization				
6. (Contact Person)		Telephone Number ()		

REGIONAL CENTER INFORMATION

7. Name of Vendoring Regional Center: _____

8. Name of Contracting Regional Centers: _____

9. Effective Date of Service: _____, 19 _____

RATE CALCULATIONS

	Proposed Cost
10. Salaries and Wages	
11. Fringe Benefits	
12. Operating Expense	
13. Insurance	
14. Maintenance	
15. Vehicle Depreciation	
16. Management Organization	
17. Subtotal	\$
18. Vendor Income	\$
19. Net Cost	\$

TRANSPORTATION COST STATEMENT

Section A

Vendor Income

Name of Vendor Income Source	Duration of Income	Amount
_____	_____	\$ _____
_____	_____	_____
_____	_____	_____
Total.....(to page 1, line 18)		\$ _____

Section B

Projected Annual Route Miles

Instructions: Complete this section based on the total proposed cost as listed on page 1 and the total estimate number of miles in the vendor's proposed route.

Annual Net Cost	÷	Projected Annual Route Miles	=	Proposed Rate
\$ _____ <i>(from page 1, line 19)</i>		_____		\$ _____

Section C

Cost for Transportation Aide Service

Instructions: See page 2 of Instructions.

Hourly Salaries and Wages	+	Hourly Fringe Benefits	+	Hourly Training Costs	=	Hourly Rate
\$ _____		\$ _____		\$ _____		\$ _____

I hereby certify to the best of my knowledge and belief that this cost statement is true and correct, that allocation of management organization costs, if applicable, does not exceed 100%, and that it complies with the requirements of Title 17, Subchapter 8, California Code of Regulations.

Signature

Date

TRANSPORTATION COST STATEMENT - Page 1 Instructions

INSTRUCTIONS

<u>Line</u>	<u>Reference</u>
1. Enter the vendor name and telephone number.	58542 (a)(1)(a)(2)
2. Enter vendor identification number, service code and subcode.	58542 (a)(1)(a)(4)
3. Enter the address where the service is located.	58542 (a)(5)
4. Enter the mailing address of the service.	58542 (a)(5)
5. Enter the management organization name if the service is affiliated with an organization.	58542 (a)(6)
6. Enter the name and telephone number of contact person.	58542 (a)(7)
7. Enter the name of the vendoring regional center.	58542 (a)(8)
8. Enter the names of the contracting regional centers for which you provide services.	58542 (a)(8)
9. Enter the effective date of service.	58542 (a)(9)
10. On line 10, enter the proposed cost for this item.	58543 (a)(1)
11-16 Repeat the steps explained in line 10 above for line items 11-16	58543 (a) (2) through (a)(7)
17. To determine the subtotal, add all proposed costs for line items 10-17.	58545 (a)
18. Enter the total amount of projected vendor income from page 2 on the cost statement.	58545 (a)
19. To determine the proposed net cost, subtract the total vendor income, if any (line 18) from the subtotal of the costs (line 17). Enter this total on page 2, line 19 of the cost statement.	58545 (c)

INSTRUCTIONS

<u>Section</u>		<u>Reference</u>
A	<i>Enter the information on vendor income received, including name of each source, duration of income, and amount of income received from each source. Add these amounts, and enter the total on page 1, line 18.</i>	58533
B	<i>To establish the proposed rate of payment, divide the annual net cost by the projected number of annual route miles anticipated to be driven. The quotient shall be the proposed rate of payment.</i>	58554 (a)(4)
C	<i>To determine the hourly rate of pay for Transportation Aides, add the hourly salaries and wages, hourly fringe benefits and hourly training cost.</i>	58555 (a) through (b)