FORM 1 - 2009 PROGRAM VOLUME DATA AND UNIT COST CALCULATION
Program funded by Site must include separate form for each Site

AGENCY NAME

NAME & ADDRESS OF PROGRAM SITE

AGENCY FEDERAL TAX ID NUMBER

DHHS DIVISION

PROGRAM NAME
(SELECT FROM TABLE OF CONTENTS)   **2009 Prgm No.**

NUMBER OF DAYS PROGRAM OPERATES PER WEEK

NUMBER HOURS PROGRAM OPERATES PER DAY

NUMBER OF CASES TO BE SERVED PER YEAR *

TYPE OF UNIT: __ Month ____ Day   ___ Hour   ___ 1/4 Hour

Other: (Specify)

COST CALCULATIONS:	TOTAL PROGRAM UNITS (A)	PROGRAM COST BY FUNDING SOURCE (B)	COST PER UNIT (C)
1. DHHS Program's Units and Costs			
2. Other Funding Source's Units and Costs			
3. Total			
4. 2008 Budgeted Units and Costs			
5. 2007 Actual Units and Costs			

* THIS SAME FIGURE IS TO BE USED AS THE "TOTAL" ON THE CLIENT CHARACTERISTICS CHART
A Form 1 must be completed for each site (address) if the agency is reimbursed by site.

Rev. 7/08   DATE SUBMITTED: _____