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REPORT OF REVENUE BY FUNCTIONAL PROGRAM		Agency Name:				City of Departm
Year Ended _____		Address:				
Sources of Revenue		Total All Functions				
60	Federal Government					
61	Title I					
62	Title II					
63	Title XIX					
64	Title XX					
65	Other Federal (Specify)					
66						
67						
68						
69						
70						
71	State Government (Specify)					
72						
73						
74	Phila. DHS					
75	Phila. DHS Comm. Block Grants					
76	Other Counties (Specify)					
77						
78						
79						
80	Board of Education					
81	C.O.O.D.A.P.					
82	MH/MR					
83	Other (Specify)					
84						
85	Private Fund Raising					
86	Investment Income					
87						
88	Rental Income					
89	Endowment Funds					
90	Foundations					
91	United Way					
92	Program Income					
93	Client Fee					
94						
95	Grand total					

Notes per multiple year funding. Use the following codes:

- Last year B - 2nd year C - 3rd year

Accounting Method Used _____

REPORT OF FUNCTIONAL EXPENDITURES		Agency Name:				City of
Year Ended		Address:				Departm
Objects of Expense		Total All Functions				
	Salaries & Wages					
1	Administration					
2	Professional					
3	Clerical					
4	Maintenance & Services					
5	Child Care & Activities					
6	F.I.C.A. (Employer's Share)					
7	Unemployment Compensation					
8	Workmen's Compensation					
9	Employee Benefits					
10	Other (Specify)					
11	Total Social Services & Child Care					
12	MH/MR Salaries					
13	MH/MR F.I.C.A. (Employer's Share)					
14	MH/MR Unemployment Comp.					
15	MH/MR Workmen's Comp.					
16	MH/MR Employee Benefits					
17	Total MH/MR					
18	Educational Salaries					
19	Educational F.I.C.A. (Emp. Share)					
20	Educational Unemployment Comp.					
21	Educational Workmen's Comp.					
22	Educational Employee Benefits					
23	Total Educational					
24	Medical Salaries					
25	Medical F.I.C.A. (Employer's Share)					
26	Medical Unemployment Comp.					
27	Medical Workmen's Comp.					
28	Medical Employee Benefits					
29	Total Medical					
30	TOTAL SALARIES & WAGES					

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REPORT OF FUNCTIONAL EXPENDITURES		Agency Name:				City of
Year Ended		Address:				Departm
		Total All Functions				
	OPERATING EXPENSE & ADMIN.					
31	Prof. Fees & Contract Payments					
32	Supplies					
33	Telephone					
34	Postage & Shipping					
35	Local Transportation					
36	Outside Printing, Artwork Etc.					
37	Conferences, Conventions & Mtgs.					
38	Subscriptions, Publications					
39	Membership Dues					
40	Awards & Grants					
41	Equip. Furn & Mtr. Vehicles Rental					
42	Equip. Furn & Mtr. Vehicle Use Allow.					
43	Fund Raising					
44	Other (Specify)					
45	Total Social Services & Child Care					
46	Operating Expense - MH/MR					
47	Operating Expense - Educational					
48	Operating Expense - Medical					
49	TOTAL OPER. EXP. & ADMIN.					
	OCCUPANCY					
50	Office Rent					
51	Bldg. & Bldg. Equip. Ins.					
52	Bldg. & Grounds Maint. & Repairs					
53	Utilities					
54						
55						
56						
57	Other (Specify)					
58	Total Social Services & Child Care					
59	Occupancy Expense - MH/MR					
60	Occupancy - Educational					
61	Occupancy Expense - Medical					

62	TOTAL OCCUPANCY EXPENSE					
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REPORT OF FUNCTIONAL EXPENDITURES		Agency Name:				City of
Year Ended		Address:				Departm
		Total All Functions				
	CHILDREN'S DIRECT EXPENSE					
63	Food or Board Payments					
64	Subsidy Payments to Foster Par.					
65	Clothing, Cleaning & Repairing					
66	Activities, Recreation, Camp					
67	Personal Expenses					
68	Transportation					
69	Med. & Dental Fees & Supplies					
70	Other (Specify)					
71	Total Social Services & Child Care					
72	Children's Direct Exp. - MH/MR					
73	Children's Direct Exp. - Educ.					
74	Children's Direct Exp. - Medical					
75	TOTAL CHILDREN'S DIRECT EXP.					
	GRAND TOTAL EXPENSES					
76	Child Care & Social Services					
77	MH/MR					
78	Educational					
79	Medical					
80	Non-Allowable Expenses					
81	GRAND TOTAL ALL EXPENSES					
	TOTAL DAYS OF CARE ALL CHILDREN					
	TOTAL DAYS OF CARE DHS CHILDREN					
	CAPACITY OF ALL FACILITIES					

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