

STATE OF CALIFORNIA  
 CALIFORNIA DEPARTMENT OF AGING  
**ADHC/CBAS OPERATING BUDGET**  
 CDA IMS 37 (REV 02/2024)



For the Period: \_\_\_\_\_ To: \_\_\_\_\_  
 Licensee Name: \_\_\_\_\_  
 Center Name: \_\_\_\_\_

	ADHC/CBAS	Other	Monthly Total	Yearly Total
<b>Revenues</b>				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
<b>Gross Revenues</b>	_____	_____	_____	_____
<b>Expenditures</b>				
<b><u>Administration</u></b>				
Salaries	_____	_____	_____	_____
Staff Benefits	_____	_____	_____	_____
Equipment	_____	_____	_____	_____
Consultation	_____	_____	_____	_____
Contracts	_____	_____	_____	_____
Training	_____	_____	_____	_____
Travel	_____	_____	_____	_____
Office Supplies	_____	_____	_____	_____
Postage	_____	_____	_____	_____
Furniture & Fixtures	_____	_____	_____	_____
Publication & Printing	_____	_____	_____	_____
Liability Insurance	_____	_____	_____	_____
Telephone & Telegraph	_____	_____	_____	_____
Reproduction	_____	_____	_____	_____
Legal & Accounting	_____	_____	_____	_____
Depreciation – F&F	_____	_____	_____	_____
Leasehold Improvements	_____	_____	_____	_____
<b><u>Space</u></b>				
Rent or Mortgage Payment	_____	_____	_____	_____
Depreciation – Building	_____	_____	_____	_____
Facility Insurance	_____	_____	_____	_____
Utilities	_____	_____	_____	_____
Housekeeping	_____	_____	_____	_____
Repairs & Maintenance	_____	_____	_____	_____
License Fees	_____	_____	_____	_____
<b><u>Medical &amp; Nurses</u></b>				
Salaries	_____	_____	_____	_____
Staff Benefits	_____	_____	_____	_____
Equipment	_____	_____	_____	_____
Travel	_____	_____	_____	_____

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	ADHC/CBAS	Other	Monthly Total	Yearly Total
<b>Expenditures Continued</b>				
<b><u>Physical Therapy</u></b>				
Salaries				
Staff Benefits				
Equipment				
Travel				
<b><u>Occupational Therapy</u></b>				
Salaries				
Staff Benefits				
Equipment				
Travel				
<b><u>Speech Therapy</u></b>				
Salaries				
Staff Benefits				
Equipment				
Travel				
<b><u>Psycho-Social Services</u></b>				
Salaries				
Staff Benefits				
Equipment				
Travel				
<b><u>Nutrition</u></b>				
Salaries				
Staff Benefits				
Equipment				
Travel				
<b><u>Supportive Services</u></b>				
Salaries				
Staff Benefits				
Recreation				
<b><u>Transportation</u></b>				
Insurance				
Storage				
License Fees				
Purchased Transportation				
Supplies				
Repairs & Maintenance				

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	ADHC/CBAS	Other	Monthly Total	Yearly Total
<b>Expenditures Continued</b>				
<u>Other Cost</u>				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Total Cost	_____	_____	_____	_____
<b>(1) Allocation Methods</b>				
<u>Cost Item</u>			<u>Method</u>	
A. _____			_____	
B. _____			_____	
C. _____			_____	
D. _____			_____	