North Bay Regional Center

2017/2018 Community Placement Plan Request for Proposal

COVER SHEET

|  |  |
| --- | --- |
| Project Number/ Description |  |
|  | |
| Contact Name: |  |
| Address: |  |
| Email Address: |  |
| Contact Number: |  |
| Fax Number: |  |

Start-Up Budget

|  |  |
| --- | --- |
| START UP BUDGET | PROJECT NAME: |
| LINE ITEMS | PROPOSED AMOUNT TO SPEND |
| PROGRAM SUPPLIES AND EQUIPEMENT/ FURNISHING | $ |
| RENT | $ |
| STAFF TRAINING | $ |
| CONSULTING | $ |
| VAN LEASE DEPOSIT/CONVERSION | $ |
| INSURANCE | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **TOTAL PROGRAM AMOUNT** | $ |

**Financial Statement**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Current Assets** |  |
| Cash in Banks | $ |
| Accounts Receivable | $ |
| Notes Receivable | $ |
| Equipment / Vehicles | $ |
| Inventories | $ |
| Deposits / Prepaid Expenses | $ |
| Life Insurance (Cash Value) | $ |
| Investment Securities (Stocks and Bonds) | $ |
| **Fixed Assets** |  |
| Building and or / Structures | $ |
| Long Term Investments | $ |
| Potential Judgments and Liens | $ |
| **Current Liabilities** |  |
| Accounts Payable | $ |
| Notes Payable (Current Portion) | $ |
| Taxes Payable | $ |
| Long- Term Liabilities | $ |
| Notes/ Contracts | $ |
| Real estate Mortgages | $ |
| **Other Income, Wages, Revenues from other Sources** |  |
| (Specify) | $ |
| **Line of Credit** |  |
| Amount Available | $ |
|  |  |