

Program Name: _____

QYDS ID: _____

(For County Use Only)

MAINTENANCE AND OPERATION

***Item description section must be completed. Please list all items or services to be purchased**

| | TOTAL AMOUNT | ITEM DESCRIPTION |
|--|-----------------|------------------|
| CONSUMABLE SUPPLIES <i>(i.e. balls, bats, art supplies, books, snacks, etc.)</i> | | |
| MAINTENANCE/EQUIPMENT REPAIRS | | |
| EQUIPMENT RENTALS <i>(i.e. portable toilets)</i> | | |
| EQUIPMENT PURCHASES <i>(any single item with a cost \$500 or more)</i> | | |
| SPACE RENTALS (RATE/BASIS/TYPE?) <i>(monthly rental fee divided by specific program usage)</i> | | |
| TRAVEL (MILEAGE RATE @ \$0. _____ PER MILE) <i>(must be transporting youth to be reimbursed)</i> | | |
| INSURANCE (TYPE) | | |
| UTILITIES AND TELEPHONES <i>(monthly charge divided by specific program usage)</i> | | |
| OTHER COSTS | | |
| TOTAL | | |

Note: Use an asterisk next to figures listed to identify those items for which OCFS reimbursement is NOT being requested.