

2010 PROGRAM DATA AND UNIT COST FORM

Program Data Report (One Program Per Page)

AGENCY NAME: _____

DATE: _____

1. Name of program: _____

2. Hours/days of operation: _____

3. Eligibility criteria: (List target population and requirements that must be met to receive services.)

4. Unit Cost Calculation:

	NUMBER OF UNITS TO BE PROVIDED	COST PER UNIT OF SERVICE	CONTRACT AMOUNT (# x cost)
FAA COUNTY REVENUE			
OTHER PROGRAM REVENUE			
TOTAL PROGRAM			

5. Clearly define what will be included in a unit of service (this will be included in your final contract):

