

SBAP Direct Services Cost Worksheet for the 2011-2012 School Year Instructions

LEAs must complete this worksheet at the beginning of each school year to establish billing rates for the LEA's health-related services billed through SBAP. **Using 2011-2012 budgeted fiscal data**, enter cost and service hour information for all services that will be billed in the 2011-2012 school year. Rates will be effective August 2011 through July 2012.

¹ LEA Name

Enter the name of your school district, intermediate unit, charter school, state-owned school, approved private school, or private residential rehabilitation institute.

² Salaries

Enter the salary for any full- and part-time service provider (LEA employees) who meets the necessary certification and/or licensure requirements outlined in the *PA SBAP Provider Manual*. **Exclude any provider whose salary is paid 100 percent with federal funds or grants.** Use the *Partially Federally Funded Staff Form* to report the state/local salary portion of partially federally funded service providers.

³ Benefits

Enter the costs for mandatory benefits, including medical and life insurance, retirement, dental, eye, and prescription benefits, FICA expenses, etc. **Exclude benefits paid 100 percent with federal funds or grants.** Use the *Partially Federally Funded Staff Form* to report the state/local benefits portion of partially federally funded service providers.

⁴ Student Service Hours

Enter the student service hours worked by the LEA's service providers during the school year. Service hours should reflect the hours used to establish the service provider's salary. **Exclude any unpaid hours that are not part of the salary reported such as unpaid lunches, breaks etc.** Use the *Partially Federally Funded Staff Form* to report the student service hours of partially federally funded service providers.

⁵ Contracted Service Costs

Enter the total service dollar cost amounts **or** per hour rate for the contracted services of *non-LEA employees* or independent contractors. **Exclude any contract costs that are paid 100 percent with federal funds or grants.**

⁶ Contracted Service Hours

Enter the total service hours used to report the total service costs or one (1) if providing the per hour rate by non-LEA-contracted employees or independent contractors.

⁷ Contact Information

Enter the name, title, and other requested contact information of the person preparing this worksheet.

⁸ Certification and Approval

Have your superintendent or a designee review the worksheet and sign appropriately.

Please be sure to make a copy of the worksheet for your records before forwarding it to Leader. We also recommend that you keep any backup documentation used to complete this form.

Submit the worksheet to Leader Services via fax: (570) 455-4526 or mail: P.O. Box O, Hazleton, PA 18201-0058.