

THE PRIVATE ADOPTION AGENCY REIMBURSEMENT PROGRAM (PAARP) FULL TIME EQUIVALENT

1. Provider Name	2. Program Name	3. Fiscal Period	
		Column 1 Lines 5 through 7, 10, 15, 16	Column 2 Lines 4, 8 through 14, 17
4. Actual Direct Salaries Schedule 1 (From Form B)			\$
Actual Direct and jointly shared Program Expenses: (listed on Lines 5 through 7)			
5. Supervision and Support Salaries			
6. Services and Supplies			
7. Occupancy			
8. Subtotal Lines 5 through 7			\$
9. Total Direct Expenses (add Line 4 and Line 8)			\$
10. Projected Indirect Expenses at ____% (each agency will use its own individual percentage)			\$
11. Actual Annual PAARP Program Expenditures			\$
12. Less any offset income - restricted revenue received for your PAARP Program			
13. Actual total Annual PAARP Program Expenditures			\$
14. Number of Actual Completed Adoptions (actual number of placements and finalizations x .5)			
15. Actual Number of adoptive placements			
16. Actual Number of finalizations			
17. Actual Average cost Per Adoption (Actual total Annual Expenditures divided by the number of completed annual adoptions)			