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### **ESRD NETWORK BUSINESS PROPOSAL FORMS AND INSTRUCTIONS**

NETWORK # \_\_\_\_ 7-1-06 to 6-30-07 YEAR 1 Appendix A

	No of	Hourly	Number	Total
DIRECT MEDICARE COSTS	FTEs	Rate	of Hours	Salary
a. LABOR				· ·
1. Project Director/Executive Director				#VALUE!
2. Quality Improvement Manager				\$0
3. RN (w/ Nephrology experience)				\$0
4. Office Mgr./Bookkeeper				\$0
5. Data/Info Systems Manager				\$0
6. Data Entry & Tracking Clerical Support				\$0
7. Community Outreach Coordinator - (MSW or eqiv)				\$0
8. Admin Assistant/Secretary				\$0
9. Clerical Support (non-data clerks, receptionist, etc)				\$0
10. Patient Services Coordinator				\$0
ADDITIONAL POSITIONS				\$0
11.				\$0
12.				\$0
13.				#VALUE!
14.				\$0
TEMP. LABOR				\$0
a.				\$0
b.				\$0
c.				\$0
SUBTOTAL - DIRECT LABOR	0.0	#DIV/0!	0	#VALUE!

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**SUBTOTAL - DIRECT LABOR** 

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### **ESRD NETWORK BUSINESS PROPOSAL FORMS AND INSTRUCTIONS**

NETWORK #

Appendix A YEAR 2 7-1-07 to 6-30-08 No of Hourly Number Total DIRECT MEDICARE COSTS **FTEs** Rate of Hours Salary a. LABOR 1. Project Director/Executive Director \$0 \$0 2. Quality Improvement Manager 3. RN (w/ Nephrology experience) **\$0** \$0 4. Office Mgr./Bookkeeper \$0 5. Data/Info Systems Manager \$0 6. Data Entry & Tracking Clerical Support **\$0** 7. Community Outreach Coordinator - (MSW or eqiv) \$0 8. Admin Assistant/Secretary \$0 9. Clerical Support (non-data clerks, receptionist, etc) \$0 10. Patient Services Coordinator **\$0** ADDITIONAL POSITIONS **\$0** 11. 12. **\$0 #VALUE!** 13. 14. **\$0** TEMP. LABOR **\$0** \$0 **\$0** b. \$0

0.0

#DIV/0!

**#VALUE!** 

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### **ESRD NETWORK BUSINESS PROPOSAL FORMS AND INSTRUCTIONS**

NETWORK # \_

Appendix A YEAR 3 7-1-08 to 6-30-09 No of Hourly Number Total DIRECT MEDICARE COSTS **FTEs** Rate of Hours Salary a. LABOR 1. Project Director/Executive Director \$0 \$0 2. Quality Improvement Manager 3. RN (w/ Nephrology experience) **\$0** \$0 4. Office Mgr./Bookkeeper \$0 5. Data/Info Systems Manager \$0 6. Data Entry & Tracking Clerical Support **\$0** 7. Community Outreach Coordinator - (MSW or eqiv) \$0 8. Admin Assistant/Secretary \$0 9. Clerical Support (non-data clerks, receptionist, etc) \$0 10. Patient Services Coordinator **\$0** ADDITIONAL POSITIONS **\$0** 11. 12. **\$0 #VALUE!** 13. 14. **\$0** TEMP. LABOR **\$0** \$0 **\$0** b. \$0 **SUBTOTAL - DIRECT LABOR** #DIV/0! **#VALUE!** 0.0

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### **ESRD NETWORK BUSINESS PROPOSAL FORMS AND INSTRUCTIONS**

NETWORK #

PROGRAM CONSULTANTS YEAR 1 7-1-06 to 6-30-07

		Rate	Number
Name	Position	Per Hour	Of Hours
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
TOTAL			0

NOTE: SUBMIT SUPPORTING JUSTIFICATION (INCLUDING THE NATURE OF THE ASSIGNMENT(s)).

YEAR 2

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**PROGRAM CONSULTANTS** 

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7-1-07 to 6-30-08

	, , , , , , , , , , , , , , , , , , , ,		
		Rate	Number
Name	Position	Per Hour	Of Hours
l,			
2.			
B.			
1.			
<b>5.</b>			
5.			
7.			
3.			
9.			
LO.			
L1.			
12.			
13.			
14.			
L5.			
TOTAL			

NOTE: SUBMIT SUPPORTING JUSTIFICATION (INCLUDING THE NATURE OF THE ASSIGNMENT(s)).

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NETWORK # \_\_\_\_ 7-1-08 to 6-30-09 **PROGRAM CONSULTANTS** YEAR 3

		Rate	Number
Name	Position	Per Hour	Of Hours
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
TOTAL			0

NOTE: SUBMIT SUPPORTING JUSTIFICATION (INCLUDING THE NATURE OF THE ASSIGNMENT(s)).

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# **ESRD NETWORK BUSINESS PROPOSAL FORMS AND INSTRUCTIONS**

NETWORK # \_\_\_\_

**OUT OF AREA TRAVEL** 

YEAR 1

7-1-06 to 6-30-07

POSITION	NO. Of ATTENDEES	NO. Of TRIPS	DESTINA FROM	TION TO	PURPOSE	APPROX. DATE(S)
			1 11001			
TOTAL	0	0				

.7	<b>CMS</b>	Form	684-C

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**ESRD NETWORK BUSINESS PROPOSAL FORMS AND INSTRUCTIONS** NETWORK # \_\_\_\_

**OUT OF AREA TRAVEL** 

YEAR 2

7-1-07 to 6-30-08

POSITION	NO. Of ATTENDEES	NO. Of TRIPS	DESTINA FROM	TION TO	PURPOSE	APPROX. DATE(S)
			1 11001			
TOTAL	0	0				

.7	<b>CMS</b>	Form	684-C

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# ESRD NETWORK BUSINESS PROPOSAL FORMS AND INSTRUCTIONS NETWORK # $\_$

**OUT OF AREA TRAVEL** 

YEAR 3

7-1-08 to 6-30-09

POSITION	NO. Of ATTENDEES	NO. Of TRIPS	DESTINA FROM	TION TO	PURPOSE	APPROX. DATE(S)
						+
						+
						<u> </u>
						-
TOTAL	0	0				
	•					

<b>.</b> 7	CMS	Form	684-D

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TOTAL

0

0

## **ESRD NETWORK BUSINESS PROPOSAL FORMS AND INSTRUCTIONS** NETWORK # \_\_\_\_

YEAR 1 **AREA TRAVEL** 7-1-06 to 6-30-07 APPROX. DATE(S) NO. Of NO. Of **DESTINATION POSITION ATTENDEES** TRIPS **FROM** TO **PURPOSE** 

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TOTAL

ESRD NETWORK BUSINESS PROPOSAL FORMS AND INSTRUCTIONS NETWORK # \_\_\_\_

AREA TRAVEL		YEAR 2	7-1-07 to 6-30-08			
POSITION	NO. Of ATTENDEES	NO. Of TRIPS	DESTINA FROM	TION TO	PURPOSE	APPROX. DATE(S)
						+
						+
						+
						+
		1				+
						+
		1				+
		1				
						1

0

<b>.</b> 7	CMS	Form	684-D

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TOTAL

# ESRD NETWORK BUSINESS PROPOSAL FORMS AND INSTRUCTIONS NETWORK # \_\_\_\_

POSITION NO. OF ATTENDESS NO. OF TRIPS FROM TO PURPOSE APPROX. DATE(S)  POSITION TO PURPOSE APPROX. DATE(S)  APPROX. DATE(S)	AREA TRAVEL		YEAR 3	7-1-08 to 6-30-09	NEIWORK #		
	POSITION	NO. Of ATTENDEES	NO. Of TRIPS	DESTINA FROM	TION TO	PURPOSE	APPROX. DATE(S)
			+				
					+		
					-		
					ļ		
			+				
			1				
			1		-		

0

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### ESRD NETWORK BUSINESS PROPOSAL FORMS AND INSTRUCTIONS

NETWORK #

SUBCONTRACTOR YEAR 1 7-1-06 to 6-30-07

	SUBCONTRACTOR	TIME FRAME		Number
Name	SUBCONTRACTOR ACTIVITIES/PURPOSE	FROM	то	Of Hours
TOTAL				0

NOTE: SUBMIT SUPPORTING JUSTIFICATION (INCLUDING THE NATURE OF THE ASSIGNMENT(s)).

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NETWORK #

SUBCONTRACTOR YEAR 2 7-1-07 to 6-30-08

	SUBCONTRACTOR	TIME FRA	AME	Number
Name	ACTIVITIES/PURPOSE	FROM	ТО	Of Hours
TOTAL				

NOTE: SUBMIT SUPPORTING JUSTIFICATION (INCLUDING THE NATURE OF THE ASSIGNMENT(s)).

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NETWORK #

7-1-08 to 6-30-09 **SUBCONTRACTOR** YEAR 3

	SUBCONTRACTOR ACTIVITIES/PURPOSE	TIME	TIME FRAME	
Name	ACTIVITIES/PURPOSE	FROM	ТО	Of Hours
TOTAL				0

NOTE: SUBMIT SUPPORTING JUSTIFICATION (INCLUDING THE NATURE OF THE ASSIGNMENT(s)).

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NETWORK # \_\_\_\_ OTHER DIRECT COSTS

OTHER DIRECT COSTS	7-1-2006 to 6-30-2009			
		YEAR 1	YEAR 2	YEAR 3
		COSTS	COSTS	COSTS
1. Storage				
2. Utilities				
3. Maintenance & Repairs				
4. Depreciation				
5. Data Processing				
6. Office Supplies				
7. Postage & Express Mail				
8. Meetings & Conferences				
9. Garage & Parking Spaces				
10. Dues & Subscriptions				
11. Recruiting				
12. Temporary Help				
13. Continuing Education				
14. Legal Fees				
15. Accounting/Auditing Fees				
16. Printing & Reproduction				
17. Other - Attach Schedule				

TOTAL	<b>\$0</b>	<b>\$0</b>	\$0
-------	------------	------------	-----

NOTE:	SHRMIT	SUPPORTING	<b>IUSTIFICATION</b>	FOR F	ACH LINE ITEM	Л

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### ESRD NETWORK BUSINESS PROPOSAL FORMS AND INSTRUCTIONS

NETWORK #

**FRINGE BENEFITS** 

7-1-2006 to 6-30-2009

	YEAR 1	YEAR 2	YEAR 3
	COSTS	COSTS	COSTS
1. Employer's FICA Expense			
2. Federal Unemployment Tax			
3. State Unemployment Insurance			
4. Disability Insurance			
5. Pension Expense			
6. Workers Compensation			
7. Group Health Insurance			
8. Group Life Insurance			
9. Employee Relations & Welfare			
10. Leave			
11. Other - Attach Schedule			
TOTAL	\$0	\$0	\$0

NOTE: SUBMIT SUPPORTING JUSTIFICATION(s) FOR EACH LINE ITEM.

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ESRD NETWORK BUSINESS PROPOSAL FORMS AND INSTRUCTIONS

NETWORK #

**GENERAL & ADMINISTRATION (G&A)** 

7-1-2006 to 6-30-2009

	YEAR 1	YEAR 2	YEAR 3	Total
	COSTS	COSTS	COSTS	Costs
1. RENT				\$0
2. LEASED EQUIPMENT				\$0
3. TELEPHONE EXPENSES				\$0
4. INSURANCE				\$0
5.				\$0
6.				\$0
TOTAL	\$0	\$0	\$0	\$0

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# ESRD NETWORK BUSINESS PROPOSAL FORMS AND INSTRUCTIONS

NETWORK # ESRD BUSINESS PROPOSAL FORM SUMMARY

ILIWORK # LONG BOSINESS FROT OSAL TOKIN SOMMAKT				
DIRECT MEDICARE COSTS		Year 1	Year 2	Year 3
a. LABOR	(See Appendix A)			
1. Project Director/Executive Director		#VALUE!	\$0	\$0
2. Quality Improvement Manager		\$0	\$0	\$0
3. RN (w/ Nephrology experience)		\$0	\$0	\$0
4. Office Mgr./Bookkeeper		\$0	\$0	\$0
5. Data/Info Systems Manager		\$0	\$0	\$0
6. Data Entry & Tracking Clerical Support	ort	\$0	\$0	\$0
7. Community Outreach Coordinator - (	MSW or eqiv)	\$0	\$0	\$0
8. Admin Assistant/Secretary	-	\$0	\$0	\$0
9. Clerical Support (non-data clerks, red	ceptionist, etc)	\$0	\$0	\$0
10. Patient Services Coordinator		\$0	\$0	\$0
ADDITIONAL POSITIONS		\$0	\$0	\$0
11.		\$0	\$0	\$0
12.		\$0	\$0	\$0
13.		#VALUE!	#VALUE!	#VALUE!
14.		\$0	\$0	\$0
TEMP. LABOR		\$0	\$0	\$0
a.		\$0	\$0	\$0
b.		\$0	\$0	\$0
c.		\$0	\$0	\$0
SUBTOTAL - DIRECT	LABOR	#VALUE!	#VALUE!	#VALUE!
b. PROGRAM CONSULTANTS	(See Appendix B)	\$0	\$0	\$0
c. TRAVEL	(See Appendices C-1 & C-2)	\$0	\$0	\$0
d. SUBCONTRACTORS	(See Appendix D)	\$0	\$0	\$0
e. OTHER DIRECT COSTS	(See Appendix E)	\$0	\$0	\$0
f. FRINGE BENEFITS	(See Appendix F)	\$0	\$0	\$0
g. GENERAL & ADMINISTRATIVE	(See Appendix G)	\$0	\$0	\$0
h TOTAL COSTS (avaluding for)		#\/A    F	#VALUE!	#\/A    F
h. TOTAL COSTS (excluding fee)		#VALUE!	#VALUE!	#VALUE!
i. FEE		\$0	\$0	\$0
j. TOTAL COSTS WITH FEE		#VALUE!	#VALUE!	#VALUE!

## Appendix B

Total	
Costs	
	<b>\$0</b>
	<b>\$0</b>
	\$0
	\$0
	\$0
	\$0
	\$0
	<b>\$0</b>
	\$0
	<b>\$0</b>
	\$0
	<b>\$0</b>
	<b>\$0</b>
	\$0
	<b>\$0</b>
	\$0

## Appendix B

Total
Costs
\$0
\$0
\$0
\$0
\$0
\$0
\$0
\$0
\$0
\$0
\$0
\$0
\$0
\$0
\$0
\$0

22/06/2021

# Appendix B

Total	
Costs	
	<b>\$0</b>
	<b>\$0</b>
	<b>\$0</b>
	\$0
	<b>\$0</b>
	\$0

# Appendix C-1 TOTAL

# Appendix C-1 TOTAL

# Appendix C-1 TOTAL

# Appendix C-2 TOTAL

# Appendix C-2 TOTAL

# Appendix C-2 TOTAL

### Appendix D

Total Costs
COSES
\$0

## Appendix D

Costs	
	_
\$	0
Ψ,	•

## Appendix D

Total	
Total	
Costs	
Costs	
	+0
	<b>\$0</b>

# Appendix E

3-YEAR	
TOTAL	
	\$0
	\$0
	\$0
	\$0
	\$0
	<b>\$0</b>
	\$0
	\$0
	\$0
	<b>\$0</b>
	\$0
	<b>\$0</b>
	\$0
	<b>\$0</b>
	\$0
	\$0
	\$0
	<b>\$0</b>

22/06/2021

## Appendix F

3-YR. TOTAL
\$0
\$0
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3-Yr. TOTAL
#VALUE!
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