

ESRD NETWORK BUSINESS PROPOSAL FORMS AND INSTRUCTIONS

NETWORK # _____

YEAR 1

7-1-06 to 6-30-07

Appendix A

DIRECT MEDICARE COSTS	No of FTEs	Hourly Rate	Number of Hours	Total 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 equiv)				\$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!

ESRD NETWORK BUSINESS PROPOSAL FORMS AND INSTRUCTIONS

NETWORK # _____

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

Appendix A

DIRECT MEDICARE COSTS	No of FTEs	Hourly Rate	Number of Hours	Total Salary
a. LABOR				
1. Project Director/Executive Director				\$0
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 equiv)				\$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!

ESRD NETWORK BUSINESS PROPOSAL FORMS AND INSTRUCTIONS

NETWORK # _____

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

Appendix A

DIRECT MEDICARE COSTS	No of FTEs	Hourly Rate	Number of Hours	Total Salary
a. LABOR				
1. Project Director/Executive Director				\$0
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 equiv)				\$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!

PROGRAM CONSULTANTS YEAR 1 NETWORK # _____
7-1-06 to 6-30-07

Name	Position	Rate Per Hour	Number 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)).

PROGRAM CONSULTANTS YEAR 2 NETWORK # _____
7-1-07 to 6-30-08

Name	Position	Rate Per Hour	Number 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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PROGRAM CONSULTANTS YEAR 3 NETWORK # _____
7-1-08 to 6-30-09

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

TOTAL	\$0	\$0	\$0
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NOTE: SUBMIT SUPPORTING JUSTIFICATION FOR EACH LINE ITEM.

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ESRD NETWORK BUSINESS PROPOSAL FORMS AND INSTRUCTIONS

NETWORK # _____

7-1-2006 to 6-30-2009

FRINGE BENEFITS

	YEAR 1 COSTS	YEAR 2 COSTS	YEAR 3 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 # _____

7-1-2006 to 6-30-2009

GENERAL & ADMINISTRATION (G&A)

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

ESRD NETWORK BUSINESS PROPOSAL FORMS AND INSTRUCTIONS

NETWORK # _____

ESRD BUSINESS PROPOSAL FORM SUMMARY

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		\$0	\$0	\$0
7. Community Outreach Coordinator - (MSW or equiv)		\$0	\$0	\$0
8. Admin Assistant/Secretary		\$0	\$0	\$0
9. Clerical Support (non-data clerks, receptionist, 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 (excluding fee)		#VALUE!	#VALUE!	#VALUE!
i. FEE		\$0	\$0	\$0
j. TOTAL COSTS WITH FEE		#VALUE!	#VALUE!	#VALUE!

\$0

Appendix F

3-YR. TOTAL
\$0
\$0
\$0
\$0
\$0
\$0
\$0
\$0
\$0
\$0
\$0
\$0
\$0
\$0

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