

Semi Annual Cost Report Forms for ESRD Networks

1. RFP Number:		2. Name and Address of ESRD Network				
		5. NETWORK QUALITY IMPROVEMENT PROGRAM			6. COMMUNITY INFO. & RESOURCES	
MEDICARE COSTS						
		(Task 1)			(Tasks 2)	
		# of HOURS	HOURLY RATE	COSTS	# of HOURS	HOURLY RATE
						COSTS
<b>a. Direct Labor</b>						
1. Project Director/Executive Director		0	\$ -	\$ -	0	\$ -
2. Quality Improvement Manager (RN)		0	\$ -	\$ -	0	\$ -
3. RN (Nephrology exp.)		0	\$ -	\$ -	0	\$ -
4. Office Mgr/Bookkeeper		0	\$ -	\$ -	0	\$ -
5. Data/Info Systems Manager		0	\$ -	\$ -	0	\$ -
6. Data Entry & Tracking Clerical Supp.		0	\$ -	\$ -	0	\$ -
7. Community Outreach Coordinator		0	\$ -	\$ -	0	\$ -
8. Admin Assistant/Secretary		0	\$ -	\$ -	0	\$ -
9. Clerical (non-data clerks, receipt, etc)		0	\$ -	\$ -	0	\$ -
10. Patient Services Coordinator		0	\$ -	\$ -	0	\$ -
<b>ADDITIONAL POSITIONS</b>						
11.		0	\$ -	\$ -	0	\$ -
12.		0	\$ -	\$ -	0	\$ -
13.		0	\$ -	\$ -	0	\$ -
14.		0	\$ -	\$ -	0	\$ -
<b>TEMP. LABOR</b>						
a.		0	\$ -	\$ -	0	\$ -
b.		0	\$ -	\$ -	0	\$ -
c.		0	\$ -	\$ -	0	\$ -
<b>Subtotal Direct Labor</b>		<b>0</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0</b>	<b>\$ -</b>
b. Leave		0	\$ -	\$ -	0	\$ -
c. Fringe Benefits			\$ -	\$ -		\$ -
SUBTOTAL - Leave / Fringe		0	\$ -	\$ -	0	\$ -
<b>d. Subcontracts:</b>						
1. Physician/MRB Reviewers		0	\$ -	\$ -	0	\$ -
2. Other Consultants						
a. NAME		0	\$ -	\$ -	0	\$ -
b. NAME		0	\$ -	\$ -	0	\$ -
c. NAME		0	\$ -	\$ -	0	\$ -
d. NAME		0	\$ -	\$ -	0	\$ -
e. NAME		0	\$ -	\$ -	0	\$ -
3. Other Subcontractors		0	\$ -	\$ -	0	\$ -
SUBTOTAL - Subcontracts		0	\$ -	\$ -	0	\$ -
e. Travel			\$ -	\$ -		\$ -
f. Other Direct Costs			\$ -	\$ -		\$ -
SUBTOTAL - DIRECT		0	\$ -	\$ -	0	\$ -
<b>g. G&amp;A</b>						
1. Rent			\$ -	\$ -		\$ -
2. Furniture & Equipment			\$ -	\$ -		\$ -
3. Telephone Expenses			\$ -	\$ -		\$ -
4. Insurance			\$ -	\$ -		\$ -
5. Other (attach schedule)			\$ -	\$ -		\$ -
<b>TOTAL COSTS</b>		<b>0</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0</b>	<b>\$ -</b>
<b>TOTAL COSTS WITH FEE</b>			<b>\$ -</b>	<b>\$ -</b>		<b>\$ -</b>

Semi Annual Cost Report Forms for ESRD Networks

1. RFP Number:	3.ESRD Network # :			4.Reporting Period Covered:		
	7. ADMINISTRATION			8. INFORMATION MANAGEMENT		
MEDICARE COSTS						
		(Task 3)			(Task 4)	
	# of HOURS	HOURLY RATE	COSTS	# of HOURS	HOURLY RATE	COSTS
<b>a. Direct Labor</b>						
1. Project Director/Executive Director	0	\$ -	\$ -	0	\$ -	\$ -
2. Quality Improvement Manager (RN)	0	\$ -	\$ -	0	\$ -	\$ -
3. RN (Nephrology exp.)	0	\$ -	\$ -	0	\$ -	\$ -
4. Office Mgr/Bookkeeper	0	\$ -	\$ -	0	\$ -	\$ -
5. Data/Info Systems Manager	0	\$ -	\$ -	0	\$ -	\$ -
6. Data Entry & Tracking Clerical Supp.	0	\$ -	\$ -	0	\$ -	\$ -
7. Community Outreach Coordinator	0	\$ -	\$ -	0	\$ -	\$ -
8. Admin Assistant/Secretary	0	\$ -	\$ -	0	\$ -	\$ -
9. Clerical (non-data clerks, receipt., etc)	0	\$ -	\$ -	0	\$ -	\$ -
10. Patient Services Coordinator	0	\$ -	\$ -	0	\$ -	\$ -
<b>ADDITIONAL POSITIONS</b>						
11.	0	\$ -	\$ -	0	\$ -	\$ -
12.	0	\$ -	\$ -	0	\$ -	\$ -
13.	0	\$ -	\$ -	0	\$ -	\$ -
14.	0	\$ -	\$ -	0	\$ -	\$ -
<b>TEMP. LABOR</b>						
a.	0	\$ -	\$ -	0	\$ -	\$ -
b.	0	\$ -	\$ -	0	\$ -	\$ -
c.	0	\$ -	\$ -	0	\$ -	\$ -
<b>Subtotal Direct Labor</b>	<b>0</b>		<b>\$ -</b>	<b>0</b>		<b>\$ -</b>
b. Leave	0		\$ -	0		\$ -
c. Fringe Benefits			\$ -			\$ -
SUBTOTAL - Leave / Fringe	0		\$ -	0		\$ -
<b>d. Subcontracts:</b>						
1. Physician/MRB Reviewers	0		\$ -	0		\$ -
2. Other Consultants						
a. NAME	0	\$ -	\$ -	0	\$ -	\$ -
b. NAME	0	\$ -	\$ -	0	\$ -	\$ -
c. NAME	0	\$ -	\$ -	0	\$ -	\$ -
d. NAME	0	\$ -	\$ -	0	\$ -	\$ -
e. NAME	0	\$ -	\$ -	0	\$ -	\$ -
3. Other Subcontractors	0	\$ -	\$ -	0	\$ -	\$ -
SUBTOTAL - Subcontracts	0		\$ -	0		\$ -
e. Travel			\$ -			\$ -
f. Other Direct Costs			\$ -			\$ -
SUBTOTAL - DIRECT	0		\$ -	0		\$ -
<b>g. G&amp;A</b>			\$ -			\$ -
1. Rent			\$ -			\$ -
2. Furniture & Equipment			\$ -			\$ -
3. Telephone Expenses			\$ -			\$ -
4. Insurance			\$ -			\$ -
5. Other (attach schedule)			\$ -			\$ -
<b>TOTAL COSTS</b>	<b>0</b>		<b>\$ -</b>	<b>0</b>		<b>\$ -</b>
<b>TOTAL COSTS WITH FEE</b>			<b>\$ -</b>			<b>\$ -</b>

## Semi Annual Cost Report Forms for ESRD Networks

1. RFP Number:						
	9. BASE CONTRACT ONLY			10. SPECIAL PROJECTS		
MEDICARE COSTS						
		(Tasks 1 - 4)		(Task 5)		
	# of HOURS	HOURLY RATE	_COSTS_	# of HOURS	HOURLY RATE	_COSTS_
<b>a. Direct Labor</b>						
1. Project Director/Executive Director	0	\$ -	\$ -	0	\$ -	\$ -
2. Quality Improvement Manager (RN)	0	\$ -	\$ -	0	\$ -	\$ -
3. RN (Nephrology exp.)	0	\$ -	\$ -	0	\$ -	\$ -
4. Office Mgr/Bookkeeper	0	\$ -	\$ -	0	\$ -	\$ -
5. Data/Info Systems Manager	0	\$ -	\$ -	0	\$ -	\$ -
6. Data Entry & Tracking Clerical Supp.	0	\$ -	\$ -	0	\$ -	\$ -
7. Community Outreach Coordinator	0	\$ -	\$ -	0	\$ -	\$ -
8. Admin Assistant/Secretary	0	\$ -	\$ -	0	\$ -	\$ -
9. Clerical (non-data clerks, recept., etc)	0	\$ -	\$ -	0	\$ -	\$ -
10. Patient Services Coordinator	0	\$ -	\$ -	0	\$ -	\$ -
<b>ADDITIONAL POSITIONS</b>						
11.	0	\$ -	\$ -	0	\$ -	\$ -
12.	0	\$ -	\$ -	0	\$ -	\$ -
13.	0	\$ -	\$ -	0	\$ -	\$ -
14.	0	\$ -	\$ -	0	\$ -	\$ -
<b>TEMP. LABOR</b>						
a.	0	\$ -	\$ -	0	\$ -	\$ -
b.	0	\$ -	\$ -	0	\$ -	\$ -
c.	0	\$ -	\$ -	0	\$ -	\$ -
<b>Subtotal Direct Labor</b>	<b>0</b>		<b>\$ -</b>	<b>0</b>		<b>\$ -</b>
b. Leave	0		\$ -	0		\$ -
c. Fringe Benefits			\$ -			\$ -
SUBTOTAL - Leave / Fringe	0		\$ -	0		\$ -
<b>d. Subcontracts:</b>						
1. Physician/MRB Reviewers	0		\$ -	0		\$ -
2. Other Consultants						
a. NAME	0	\$ -	\$ -	0	\$ -	\$ -
b. NAME	0	\$ -	\$ -	0	\$ -	\$ -
c. NAME	0	\$ -	\$ -	0	\$ -	\$ -
d. NAME	0	\$ -	\$ -	0	\$ -	\$ -
e. NAME	0	\$ -	\$ -	0	\$ -	\$ -
3. Other Subcontractors	0	\$ -	\$ -	0	\$ -	\$ -
SUBTOTAL - Subcontracts	0		\$ -	0		\$ -
e. Travel			\$ -			\$ -
f. Other Direct Costs			\$ -			\$ -
SUBTOTAL - DIRECT	0		\$ -	0		\$ -
<b>g. G&amp;A</b>			\$ -			\$ -
1. Rent			\$ -			\$ -
2. Furniture & Equipment			\$ -			\$ -
3. Telephone Expenses			\$ -			\$ -
4. Insurance			\$ -			\$ -
5. Other (attach schedule)			\$ -			\$ -
<b>TOTAL COSTS</b>	<b>0</b>		<b>\$ -</b>	<b>0</b>		<b>\$ -</b>
<b>TOTAL COSTS WITH FEE</b>			<b>\$ -</b>			<b>\$ -</b>

Semi Annual Cost Report Forms for ESRD Networks

1. RFP Number:									
MEDICARE COSTS	<b>11. MONTHLY TOTAL</b>		<b>12. CUMULATIVE</b>		<b>13. MONTHLY TOTAL</b>		<b>14. CUMULATIVE</b>		
	<b>TASK BY TASK ONLY</b>		<b>TASK BY TASK ONLY</b>		<b>BASE +SPEC. PROJ. ONLY</b>		<b>BASE +SPEC. PROJ. ONLY</b>		
	HOURS	COSTS	HOURS	COSTS	HOURS	COSTS	HOURS	COSTS	
<b>a. Direct Labor</b>									
1. Project Director/Executive Director	0	\$ -	0	\$ -	0	\$ -	0	\$ -	
2. Quality Improvement Manager (RN)	0	\$ -	0	\$ -	0	\$ -	0	\$ -	
3. RN (Nephrology exp.)	0	\$ -	0	\$ -	0	\$ -	0	\$ -	
4. Office Mgr/Bookkeeper	0	\$ -	0	\$ -	0	\$ -	0	\$ -	
5. Data/Info Systems Manager	0	\$ -	0	\$ -	0	\$ -	0	\$ -	
6. Data Entry & Tracking Clerical Supp.	0	\$ -	0	\$ -	0	\$ -	0	\$ -	
7. Community Outreach Coordinator	0	\$ -	0	\$ -	0	\$ -	0	\$ -	
8. Admin Assistant/Secretary	0	\$ -	0	\$ -	0	\$ -	0	\$ -	
9. Clerical (non-data clerks, recept., etc)	0	\$ -	0	\$ -	0	\$ -	0	\$ -	
10. Patient Services Coordinator	0	\$ -	0	\$ -	0	\$ -	0	\$ -	
<b>ADDITIONAL POSITIONS</b>									
11.	0	\$ -	0	\$ -	0	\$ -	0	\$ -	
12.	0	\$ -	0	\$ -	0	\$ -	0	\$ -	
13.	0	\$ -	0	\$ -	0	\$ -	0	\$ -	
14.	0	\$ -	0	\$ -	0	\$ -	0	\$ -	
<b>TEMP. LABOR</b>									
a.	0	\$ -	0	\$ -	0	\$ -	0	\$ -	
b.	0	\$ -	0	\$ -	0	\$ -	0	\$ -	
c.	0	\$ -	0	\$ -	0	\$ -	0	\$ -	
<b>Subtotal Direct Labor</b>	<b>0</b>	<b>\$ -</b>	<b>0</b>	<b>\$ -</b>	<b>0</b>	<b>\$ -</b>	<b>0</b>	<b>\$ -</b>	
b. Leave	0	\$ -	0	\$ -	0	\$ -	0	\$ -	
c. Fringe Benefits		\$ -		\$ -		\$ -		\$ -	
SUBTOTAL - Leave / Fringe	0	\$ -	0	\$ -	0	\$ -	0	\$ -	
<b>d. Subcontracts:</b>									
1. Physician/MRB Reviewers	0	\$ -	0	\$ -	0	\$ -	0	\$ -	
2. Other Consultants									
a. NAME		\$ -		\$ -		\$ -		\$ -	
b. NAME		\$ -		\$ -		\$ -		\$ -	
c. NAME		\$ -		\$ -		\$ -		\$ -	
d. NAME		\$ -		\$ -		\$ -		\$ -	
e. NAME		\$ -		\$ -		\$ -		\$ -	
3. Other Subcontractors		\$ -		\$ -		\$ -		\$ -	
SUBTOTAL - Subcontracts	0	\$ -	0	\$ -	0	\$ -	0	\$ -	
e. Travel		\$ -		\$ -		\$ -		\$ -	
f. Other Direct Costs		\$ -		\$ -		\$ -		\$ -	
SUBTOTAL - DIRECT	0	\$ -	0	\$ -	0	\$ -	0	\$ -	
<b>g. G&amp;A</b>									
1. Rent		\$ -		\$ -		\$ -		\$ -	
2. Furniture & Equipment		\$ -		\$ -		\$ -		\$ -	
3. Telephone Expenses		\$ -		\$ -		\$ -		\$ -	
4. Insurance		\$ -		\$ -		\$ -		\$ -	
5. Other (attach schedule)		\$ -		\$ -		\$ -		\$ -	
<b>TOTAL COSTS</b>	<b>0</b>	<b>\$ -</b>	<b>0</b>	<b>\$ -</b>	<b>0</b>	<b>\$ -</b>	<b>0</b>	<b>\$ -</b>	
<b>TOTAL COSTS WITH FEE</b>		<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>		<b>\$ -</b>	

Semi Annual Cost Reporting Form  
Center for Medicare and Medicaid Services

1. RFP Number: <b>0</b>	2. Name and Address of ESRD Network <b>0</b> <b>0</b> <b>0</b>					
SIMS CONTRACT	5. ADMIN, PROJECT MGMT. & COMM.			6. CMS REQUIRED SYSTEMS ARCHITECT. SUPPORT		
	SIMS Task 1 # of HOURS	HRLY RATE	COSTS	SIMS Task 2 HOURS	HRLY RATE	COSTS
<b>a. Direct Labor</b>						
1. Project Director/Executive Director	0.00	\$ -	\$ -	0.00	\$ -	\$ -
2. Quality Improvement Manager (RN)	0.00	\$ -	\$ -	0.00	\$ -	\$ -
3. RN (Nephrology exp.)	0.00	\$ -	\$ -	0.00	\$ -	\$ -
4. Office Mgr/Bookkeeper	0.00	\$ -	\$ -	0.00	\$ -	\$ -
5. Data/Info Systems Manager	0.00	\$ -	\$ -	0.00	\$ -	\$ -
6. Data Entry & Tracking Clerical Supp.	0.00	\$ -	\$ -	0.00	\$ -	\$ -
7. Community Outreach Coordinator	0.00	\$ -	\$ -	0.00	\$ -	\$ -
8. Admin Assistant/Secretary	0.00	\$ -	\$ -	0.00	\$ -	\$ -
9. Clerical (non-data clerks, recept., etc)	0.00	\$ -	\$ -	0.00	\$ -	\$ -
10. Patient Services Coordinator	0.00	\$ -	\$ -	0.00	\$ -	\$ -
<b>ADDITIONAL POSITIONS</b>						
11.	0.00	\$ -	\$ -	0.00	\$ -	\$ -
12.	0.00	\$ -	\$ -	0.00	\$ -	\$ -
13.	0.00	\$ -	\$ -	0.00	\$ -	\$ -
14.	0.00	\$ -	\$ -	0.00	\$ -	\$ -
<b>TEMP. LABOR</b>						
a.	0.00	\$ -	\$ -	0.00	\$ -	\$ -
b.	0.00	\$ -	\$ -	0.00	\$ -	\$ -
c.	0.00	\$ -	\$ -	0.00	\$ -	\$ -
<b>Subtotal Direct Labor</b>	<b>0.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00</b>	<b>\$ -</b>	<b>\$ -</b>
b. Leave	0.00		\$ -	0.00		\$ -
c. Fringe Benefits			\$ -			\$ -
SUBTOTAL - Leave / Fringe	0.00		\$ -	0.00		\$ -
<b>d. Subcontracts:</b>						
1. Physician/MRB Reviewers	0.00	\$ -	\$ -	0.00	\$ -	\$ -
2. Other Consultants						
a. NAME	0	\$ -	\$ -	0	\$ -	\$ -
b. NAME	0	\$ -	\$ -	0	\$ -	\$ -
c. NAME	0	\$ -	\$ -	0	\$ -	\$ -
d. NAME	0	\$ -	\$ -	0	\$ -	\$ -
e. NAME	0	\$ -	\$ -	0	\$ -	\$ -
3. Other Subcontractors	0	\$ -	\$ -	0	\$ -	\$ -
SUBTOTAL - Subcontracts	0.00		\$ -	0.00		\$ -
e. Travel			\$ -			\$ -
f. Other Direct Costs			\$ -			\$ -
SUBTOTAL - DIRECT	0.00		\$ -	0.00		\$ -
<b>g. Indirect Costs</b>						
1. Rent			\$ -			\$ -
2. Furniture & Equipment			\$ -			\$ -
3. Telephone Expenses			\$ -			\$ -
4. Insurance			\$ -			\$ -
5. Other (attach schedule)			\$ -			\$ -
<b>TOTAL COSTS</b>	<b>0.00</b>		<b>\$ -</b>	<b>0.00</b>		<b>\$ -</b>
<b>TOTAL COSTS WITH FEE</b>			<b>\$ -</b>			<b>\$ -</b>

Semi Annual Cost Reporting Form  
Center for Medicare and Medicaid Services

1. RFP Number: 0	3. ESRD Network # : 0	4. Reporting Period Covered: 0
SIMS CONTRACT	7. REIMBURSEMENTS AND PROCUREMENTS	8. ESRD NW INFO. TECH INFRASTRUCTURE SUPPORT ACTIVITIES
	SIMS Task 3 HOURS    HRLY RATE    COSTS	SIMS Task 4 HOURS    HRLY RATE    COSTS
<b>a. Direct Labor</b>		
1. Project Director/Executive Director	0.00 \$ - \$ -	0.00 \$ - \$ -
2. Quality Improvement Manager (RN)	0.00 \$ - \$ -	0.00 \$ - \$ -
3. RN (Nephrology exp.)	0.00 \$ - \$ -	0.00 \$ - \$ -
4. Office Mgr/Bookkeeper	0.00 \$ - \$ -	0.00 \$ - \$ -
5. Data/Info Systems Manager	0.00 \$ - \$ -	0.00 \$ - \$ -
6. Data Entry & Tracking Clerical Supp.	0.00 \$ - \$ -	0.00 \$ - \$ -
7. Community Outreach Coordinator	0.00 \$ - \$ -	0.00 \$ - \$ -
8. Admin Assistant/Secretary	0.00 \$ - \$ -	0.00 \$ - \$ -
9. Clerical (non-data clerks, receipt., etc)	0.00 \$ - \$ -	0.00 \$ - \$ -
10. Patient Services Coordinator	0.00 \$ - \$ -	0.00 \$ - \$ -
<b>ADDITIONAL POSITIONS</b>		
11.	0.00 \$ - \$ -	0.00 \$ - \$ -
12.	0.00 \$ - \$ -	0.00 \$ - \$ -
13.	0.00 \$ - \$ -	0.00 \$ - \$ -
14.	0.00 \$ - \$ -	0.00 \$ - \$ -
<b>TEMP. LABOR</b>		
a.	0.00 \$ - \$ -	0.00 \$ - \$ -
b.	0.00 \$ - \$ -	0.00 \$ - \$ -
c.	0.00 \$ - \$ -	0.00 \$ - \$ -
<b>Subtotal Direct Labor</b>	<b>0.00 \$ - \$ -</b>	<b>0.00 \$ - \$ -</b>
b. Leave	0.00 \$ - \$ -	0.00 \$ - \$ -
c. Fringe Benefits	\$ - \$ -	\$ - \$ -
SUBTOTAL - Leave / Fringe	0.00 \$ - \$ -	0.00 \$ - \$ -
<b>d. Subcontracts:</b>		
1. Physician/MRB Reviewers	0.00 \$ - \$ -	0.00 \$ - \$ -
2. Other Consultants		
a. NAME	0 \$ - \$ -	0 \$ - \$ -
b. NAME	0 \$ - \$ -	0 \$ - \$ -
c. NAME	0 \$ - \$ -	0 \$ - \$ -
d. NAME	0 \$ - \$ -	0 \$ - \$ -
e. NAME	0 \$ - \$ -	0 \$ - \$ -
3. Other Subcontractors	0 \$ - \$ -	0 \$ - \$ -
SUBTOTAL - Subcontracts	0.00 \$ - \$ -	0.00 \$ - \$ -
e. Travel		\$ - \$ -
f. Other Direct Costs		\$ - \$ -
SUBTOTAL - DIRECT	0.00 \$ - \$ -	0.00 \$ - \$ -
<b>g. Indirect Costs</b>		
1. Rent		\$ - \$ -
2. Furniture & Equipment		\$ - \$ -
3. Telephone Expenses		\$ - \$ -
4. Insurance		\$ - \$ -
5. Other (attach schedule)		\$ - \$ -
<b>TOTAL COSTS</b>	<b>0.00 \$ - \$ -</b>	<b>0.00 \$ - \$ -</b>
<b>TOTAL COSTS WITH FEE</b>		\$ - \$ -

Semi Annual Cost Reporting Form  
Center for Medicare and Medicaid Services

1. RFP Number:									
	0								
SIMS CONTRACT	9. SIMS APPLICATION DEVELOPMENT & MAINTENANCE			10. VISION APPL. DEVELOPMENT & MAINTENANCE			11. CLINICAL PERF. MEASURES (CPM) SUPPORT		
	SIMS Task 5			SIMS Task 6			SIMS Task 7		
	HOURS	HRLY RATE	COSTS	HOURS	HRLY RATE	COSTS	HOURS	HRLY RATE	COSTS
<b>a. Direct Labor</b>									
1. Project Director/Executive Director	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -
2. Quality Improvement Manager (RN)	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -
3. RN (Nephrology exp.)	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -
4. Office Mgr/Bookkeeper	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -
5. Data/Info Systems Manager	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -
6. Data Entry & Tracking Clerical Supp.	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -
7. Community Outreach Coordinator	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -
8. Admin Assistant/Secretary	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -
9. Clerical (non-data clerks, receipt., etc)	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -
10. Patient Services Coordinator	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -
<b>ADDITIONAL POSITIONS</b>									
11.	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -
12.	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -
13.	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -
14.	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -
<b>TEMP. LABOR</b>									
a.	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -
b.	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -
c.	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -
<b>Subtotal Direct Labor</b>	<b>0.00</b>		<b>\$ -</b>	<b>0.00</b>		<b>\$ -</b>	<b>0.00</b>		<b>\$ -</b>
b. Leave	0.00		\$ -	0.00		\$ -	0.00		\$ -
c. Fringe Benefits			\$ -			\$ -			\$ -
SUBTOTAL - Leave / Fringe	0.00		\$ -	0.00		\$ -	0.00		\$ -
<b>d. Subcontracts:</b>									
1. Physician/MRB Reviewers	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -
2. Other Consultants									
a. NAME	0	\$ -	\$ -	0	\$ -	\$ -	0	\$ -	\$ -
b. NAME	0	\$ -	\$ -	0	\$ -	\$ -	0	\$ -	\$ -
c. NAME	0	\$ -	\$ -	0	\$ -	\$ -	0	\$ -	\$ -
d. NAME	0	\$ -	\$ -	0	\$ -	\$ -	0	\$ -	\$ -
e. NAME	0	\$ -	\$ -	0	\$ -	\$ -	0	\$ -	\$ -
3. Other Subcontractors	0	\$ -	\$ -	0	\$ -	\$ -	0	\$ -	\$ -
SUBTOTAL - Subcontracts	0.00		\$ -	0.00		\$ -	0.00		\$ -
e. Travel			\$ -			\$ -			\$ -
f. Other Direct Costs			\$ -			\$ -			\$ -
SUBTOTAL - DIRECT	0.00		\$ -	0.00		\$ -	0.00		\$ -
<b>g. Indirect Costs</b>									
1. Rent			\$ -			\$ -			\$ -
2. Furniture & Equipment			\$ -			\$ -			\$ -
3. Telephone Expenses			\$ -			\$ -			\$ -
4. Insurance			\$ -			\$ -			\$ -
5. Other (attach schedule)			\$ -			\$ -			\$ -
<b>TOTAL COSTS</b>	<b>0.00</b>		<b>\$ -</b>	<b>0.00</b>		<b>\$ -</b>	<b>0.00</b>		<b>\$ -</b>
<b>TOTAL COSTS WITH FEE</b>			<b>\$ -</b>			<b>\$ -</b>			<b>\$ -</b>

Semi Annual Cost Reporting Form  
Center for Medicare and Medicaid Services

1. RFP Number: 0										
SIMS CONTRACT	12. SUPPORT FOR FISTULA FIRST BREAKTHROUGH INT.			13. PHASE II OF THE ESRD REPORTING TOOL PROJECT			14. MONTHLY TOTAL		15. CUMULATIVE TOTAL TO DATE	
	SIMS Task 8			SIMS Task 9			HOURS	COSTS	HOURS	COSTS
	HOURS	HRLY RATE	COSTS	HOURS	HRLY RATE	COSTS				
<b>a. Direct Labor</b>										
1. Project Director/Executive Director	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	0.00	\$ -
2. Quality Improvement Manager (RN)	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	0.00	\$ -
3. RN (Nephrology exp.)	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	0.00	\$ -
4. Office Mgr/Bookkeeper	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	0.00	\$ -
5. Data/Info Systems Manager	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	0.00	\$ -
6. Data Entry & Tracking Clerical Supp.	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	0.00	\$ -
7. Community Outreach Coordinator	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	0.00	\$ -
8. Admin Assistant/Secretary	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	0.00	\$ -
9. Clerical (non-data clerks, receipt., etc)	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	0.00	\$ -
10. Patient Services Coordinator	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	0.00	\$ -
<b>ADDITIONAL POSITIONS</b>										
11.	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	0.00	\$ -
12.	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	0.00	\$ -
13.	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	0.00	\$ -
14.	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	0.00	\$ -
<b>TEMP. LABOR</b>										
a.	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	0.00	\$ -
b.	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	0.00	\$ -
c.	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	0.00	\$ -
<b>Subtotal Direct Labor</b>	<b>0.00</b>		<b>\$ -</b>	<b>0.00</b>		<b>\$ -</b>	<b>0.00</b>		<b>0.00</b>	
b. Leave	0.00		\$ -	0.00		\$ -	0.00		0.00	
c. Fringe Benefits			\$ -			\$ -			\$ -	
SUBTOTAL - Leave / Fringe	0.00		\$ -	0.00		\$ -	0.00		0.00	
<b>d. Subcontracts:</b>										
1. Physician/MRB Reviewers	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	0.00	\$ -
2. Other Consultants										
a. NAME	0	\$ -	\$ -	0	\$ -	\$ -		\$ -		\$ -
b. NAME	0	\$ -	\$ -	0	\$ -	\$ -		\$ -		\$ -
c. NAME	0	\$ -	\$ -	0	\$ -	\$ -		\$ -		\$ -
d. NAME	0	\$ -	\$ -	0	\$ -	\$ -		\$ -		\$ -
e. NAME	0	\$ -	\$ -	0	\$ -	\$ -		\$ -		\$ -
3. Other Subcontractors	0	\$ -	\$ -	0	\$ -	\$ -		\$ -		\$ -
SUBTOTAL - Subcontracts	0.00		\$ -	0.00		\$ -	0.00		0.00	
e. Travel			\$ -			\$ -			\$ -	
f. Other Direct Costs			\$ -			\$ -			\$ -	
SUBTOTAL - DIRECT	0.00		\$ -	0.00		\$ -	0.00		0.00	
<b>g. Indirect Costs</b>			\$ -			\$ -			\$ -	
1. Rent			\$ -			\$ -			\$ -	
2. Furniture & Equipment			\$ -			\$ -			\$ -	
3. Telephone Expenses			\$ -			\$ -			\$ -	
4. Insurance			\$ -			\$ -			\$ -	
5. Other (attach schedule)			\$ -			\$ -			\$ -	
<b>TOTAL COSTS</b>	<b>0.00</b>		<b>\$ -</b>	<b>0.00</b>		<b>\$ -</b>	<b>0.00</b>		<b>0.00</b>	
<b>TOTAL COSTS WITH FEE</b>			<b>\$ -</b>			<b>\$ -</b>			<b>\$ -</b>	



Semi Annual Cost Reporting Form  
Centers for Medicare Medicaid Services

1. RFP Number: 0	2. Name and Address of ESRD Network 0 0 0					
CONTRACTS COMBINED	5. NETWORK QUALITY IMPROVEMENT PROGRAM			6. COMMUNITY INFO. & RESOURCES		
	# of HOURS	(Task 1) HOURLY RATE	COSTS	# of HOURS	(Tasks 2) HOURLY RATE	COSTS
<b>a. Direct Labor</b>	0	0	0	0	0	0
1. Project Director/Executive Director	0	0	0	0	0	0
2. Quality Improvement Manager (RN)	0	0	0	0	0	0
3. RN (Nephrology exp.)	0	0	0	0	0	0
4. Office Mgr/Bookkeeper	0	0	0	0	0	0
5. Data/Info Systems Manager	0	0	0	0	0	0
6. Data Entry & Tracking Clerical Supp.	0	0	0	0	0	0
7. Community Outreach Coordinator	0	0	0	0	0	0
8. Admin Assistant/Secretary	0	0	0	0	0	0
9. Clerical (non-data clerks, receipt., etc)	0	0	0	0	0	0
10. Patient Services Coordinator	0	0	0	0	0	0
ADDITIONAL POSITIONS	0	0	0	0	0	0
11.	0	0	0	0	0	0
12.	0	0	0	0	0	0
13.	0	0	0	0	0	0
14.	0	0	0	0	0	0
TEMP. LABOR	0	0	0	0	0	0
a.	0	0	0	0	0	0
b.	0	0	0	0	0	0
c.	0	0	0	0	0	0
Subtotal Direct Labor	0	0	0	0	0	0
b. Leave	0	0	0	0	0	0
c. Fringe Benefits	0	0	0	0	0	0
SUBTOTAL - Leave / Fringe	0	0	0	0	0	0
	0	0	0	0	0	0
<b>d. Subcontracts:</b>	0	0	0	0	0	0
1. Physician/MRB Reviewers	0	0	0	0	0	0
2. Other Consultants	0	0	0	0	0	0
a. NAME	0	0	0	0	0	0
b. NAME	0	0	0	0	0	0
c. NAME	0	0	0	0	0	0
d. NAME	0	0	0	0	0	0
e. NAME	0	0	0	0	0	0
3. Other Subcontractors	0	0	0	0	0	0
SUBTOTAL - Subcontracts	0	0	0	0	0	0
	0	0	0	0	0	0
e. Travel	0	0	0	0	0	0
f. Other Direct Costs	0	0	0	0	0	0
SUBTOTAL - DIRECT	0	0	0	0	0	0
	0	0	0	0	0	0
<b>g. Indirect Costs</b>	0	0	0	0	0	0
1. Rent	0	0	0	0	0	0
2. Furniture & Equipment	0	0	0	0	0	0
3. Telephone Expenses	0	0	0	0	0	0
4. Insurance	0	0	0	0	0	0
5. Other (attach schedule)	0	0	0	0	0	0
	0	0	0	0	0	0
TOTAL COSTS	0	0	0	0	0	0
	0	0	0	0	0	0
TOTAL COSTS WITH FEE	0	0	0	0	0	0

Semi Annual Cost Reporting Form  
Centers for Medicare Medicaid Services

1. RFP Number: 0	3.ESRD Network # : 0			4.Reporting Period Covered: 0		
CONTRACTS COMBINED	7. ADMINISTRATION			8. INFORMATION MANAGEMENT		
	<u># of HOURS</u>	(Task 3) <u>HOURLY RATE</u>	<u>COSTS</u>	<u># of HOURS</u>	(Task 4) <u>HOURLY RATE</u>	<u>COSTS</u>
<b>a. Direct Labor</b>	0	0	0	0	0	0
1. Project Director/Executive Director	0	0	0	0	0	0
2. Quality Improvement Manager (RN)	0	0	0	0	0	0
3. RN (Nephrology exp.)	0	0	0	0	0	0
4. Office Mgr/Bookkeeper	0	0	0	0	0	0
5. Data/Info Systems Manager	0	0	0	0	0	0
6. Data Entry & Tracking Clerical Supp.	0	0	0	0	0	0
7. Community Outreach Coordinator	0	0	0	0	0	0
8. Admin Assistant/Secretary	0	0	0	0	0	0
9. Clerical (non-data clerks, receipt., etc)	0	0	0	0	0	0
10. Patient Services Coordinator	0	0	0	0	0	0
ADDITIONAL POSITIONS	0	0	0	0	0	0
11.	0	0	0	0	0	0
12.	0	0	0	0	0	0
13.	0	0	0	0	0	0
14.	0	0	0	0	0	0
TEMP. LABOR	0	0	0	0	0	0
a.	0	0	0	0	0	0
b.	0	0	0	0	0	0
c.	0	0	0	0	0	0
Subtotal Direct Labor	0	0	0	0	0	0
b. Leave	0	0	0	0	0	0
c. Fringe Benefits	0	0	0	0	0	0
SUBTOTAL - Leave / Fringe	0	0	0	0	0	0
	0	0	0	0	0	0
<b>d. Subcontracts:</b>	0	0	0	0	0	0
1. Physician/MRB Reviewers	0	0	0	0	0	0
2. Other Consultants	0	0	0	0	0	0
a. NAME	0	0	0	0	0	0
b. NAME	0	0	0	0	0	0
c. NAME	0	0	0	0	0	0
d. NAME	0	0	0	0	0	0
e. NAME	0	0	0	0	0	0
3. Other Subcontractors	0	0	0	0	0	0
SUBTOTAL - Subcontracts	0	0	0	0	0	0
	0	0	0	0	0	0
e. Travel	0	0	0	0	0	0
f. Other Direct Costs	0	0	0	0	0	0
SUBTOTAL - DIRECT	0	0	0	0	0	0
	0	0	0	0	0	0
<b>g. Indirect Costs</b>	0	0	0	0	0	0
1. Rent	0	0	0	0	0	0
2. Furniture & Equipment	0	0	0	0	0	0
3. Telephone Expenses	0	0	0	0	0	0
4. Insurance	0	0	0	0	0	0
5. Other (attach schedule)	0	0	0	0	0	0
	0	0	0	0	0	0
TOTAL COSTS	0	0	0	0	0	0
	0	0	0	0	0	0
TOTAL COSTS WITH FEE	0	0	0	0	0	0

Semi Annual Cost Reporting Form  
Centers for Medicare Medicaid Services

1. RFP Number: 0			
CONTRACTS COMBINED	9. SPECIAL PROJECTS		
	(Task 5)		
	<u># of HOURS</u>	<u>HOURLY RATE</u>	<u>COSTS</u>
<b>a. Direct Labor</b>	<b>0</b>	<b>0</b>	<b>0</b>
1. Project Director/Executive Director	0	0	0
2. Quality Improvement Manager (RN)	0	0	0
3. RN (Nephrology exp.)	0	0	0
4. Office Mgr/Bookkeeper	0	0	0
5. Data/Info Systems Manager	0	0	0
6. Data Entry & Tracking Clerical Supp.	0	0	0
7. Community Outreach Coordinator	0	0	0
8. Admin Assistant/Secretary	0	0	0
9. Clerical (non-data clerks, receipt., etc)	0	0	0
10. Patient Services Coordinator	0	0	0
<b>ADDITIONAL POSITIONS</b>	<b>0</b>	<b>0</b>	<b>0</b>
11.	0	0	0
12.	0	0	0
13.	0	0	0
14.	0	0	0
<b>TEMP. LABOR</b>	<b>0</b>	<b>0</b>	<b>0</b>
a.	0	0	0
b.	0	0	0
c.	0	0	0
Subtotal Direct Labor	0	0	0
b. Leave	0	0	0
c. Fringe Benefits	0	0	0
SUBTOTAL - Leave / Fringe	0	0	0
	0	0	0
<b>d. Subcontracts:</b>	<b>0</b>	<b>0</b>	<b>0</b>
1. Physician/MRB Reviewers	0	0	0
2. Other Consultants	0	0	0
a. NAME	0	0	0
b. NAME	0	0	0
c. NAME	0	0	0
d. NAME	0	0	0
e. NAME	0	0	0
3. Other Subcontractors	0	0	0
SUBTOTAL - Subcontracts	0	0	0
	0	0	0
e. Travel	0	0	0
f. Other Direct Costs	0	0	0
SUBTOTAL - DIRECT	0	0	0
	0	0	0
<b>g. Indirect Costs</b>	<b>0</b>	<b>0</b>	<b>0</b>
1. Rent	0	0	0
2. Furniture & Equipment	0	0	0
3. Telephone Expenses	0	0	0
4. Insurance	0	0	0
5. Other (attach schedule)	0	0	0
	0	0	0
<b>TOTAL COSTS</b>	<b>0</b>	<b>0</b>	<b>0</b>
	0	0	0
<b>TOTAL COSTS WITH FEE</b>	<b>0</b>	<b>0</b>	<b>0</b>

Semi Annual Cost Reporting Form  
Centers for Medicare Medicaid Services

1. RFP Number: 0									
CONTRACTS COMBINED	10. ADMIN, PROJECT MGMT. & COMM.			11. CMS REQUIRED SYSTEMS ARCHITECT. SUPPORT			12. REIMBURSEMENTS AND PROCUREMENTS		
	SIMS Task 1 #_of HOURS		HRLY RATE	SIMS Task 2 HOURS		HRLY RATE	SIMS Task 3 HOURS		COSTS
<b>a. Direct Labor</b>	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1. Project Director/Executive Director	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2. Quality Improvement Manager (RN)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3. RN (Nephrology exp.)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4. Office Mgr/Bookkeeper	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Data/Info Systems Manager	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Data Entry & Tracking Clerical Supp.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7. Community Outreach Coordinator	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
8. Admin Assistant/Secretary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Clerical (non-data clerks, receipt., etc)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. Patient Services Coordinator	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ADDITIONAL POSITIONS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TEMP. LABOR	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
a.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
b.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
c.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subtotal Direct Labor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
b. Leave	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
c. Fringe Benefits	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SUBTOTAL - Leave / Fringe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>d. Subcontracts:</b>	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1. Physician/MRB Reviewers	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2. Other Consultants	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
a. NAME	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
b. NAME	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
c. NAME	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
d. NAME	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
e. NAME	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3. Other Subcontractors	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SUBTOTAL - Subcontracts	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
e. Travel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
f. Other Direct Costs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SUBTOTAL - DIRECT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>g. Indirect Costs</b>	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1. Rent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2. Furniture & Equipment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3. Telephone Expenses	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4. Insurance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Other (attach schedule)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL COSTS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL COSTS WITH FEE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Semi Annual Cost Reporting Form  
Centers for Medicare Medicaid Services

1. RFP Number: 0									
CONTRACTS COMBINED	13. ESRD NW INFO. TECH INFRASTRUCTURE SUPPORT ACTIVITIES			14. SIMS APPLICATION DEVELOPMENT & MAINTENANCE			15. VISION APPL. DEVELOPMENT & MAINTENANCE		
	SIMS Task 4 <u>HOURS</u> <u>HRLY RATE</u> <u>COSTS</u>			SIMS Task 5 <u>HOURS</u> <u>HRLY RATE</u> <u>COSTS</u>			SIMS Task 6 <u>HOURS</u> <u>HRLY RATE</u> <u>COSTS</u>		
<b>a. Direct Labor</b>	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1. Project Director/Executive Director	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2. Quality Improvement Manager (RN)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3. RN (Nephrology exp.)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4. Office Mgr/Bookkeeper	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Data/Info Systems Manager	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Data Entry & Tracking Clerical Supp.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7. Community Outreach Coordinator	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
8. Admin Assistant/Secretary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Clerical (non-data clerks, receipt., etc)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. Patient Services Coordinator	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ADDITIONAL POSITIONS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TEMP. LABOR	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
a.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
b.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
c.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subtotal Direct Labor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
b. Leave	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
c. Fringe Benefits	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SUBTOTAL - Leave / Fringe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>d. Subcontracts:</b>	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1. Physician/MRB Reviewers	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2. Other Consultants	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
a. NAME	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
b. NAME	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
c. NAME	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
d. NAME	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
e. NAME	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3. Other Subcontractors	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SUBTOTAL - Subcontracts	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
e. Travel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
f. Other Direct Costs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SUBTOTAL - DIRECT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>g. Indirect Costs</b>	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1. Rent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2. Furniture & Equipment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3. Telephone Expenses	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4. Insurance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Other (attach schedule)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL COSTS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL COSTS WITH FEE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Semi Annual Cost Reporting Form  
Centers for Medicare Medicaid Services

1. RFP Number: 0									
CONTRACTS COMBINED	16. CLINICAL PERF. MEASURES (CPM) SUPPORT			17. SUPPORT FOR FISTULA FIRST BREAKTHROUGH INT.			18. PHASE II OF THE ESRD REPORTING TOOL PROJECT		
	SIMS Task 7 HOURS HRLY RATE COSTS			SIMS Task 8 HOURS HRLY RATE COSTS			SIMS Task 9 HOURS HRLY RATE COSTS		
<b>a. Direct Labor</b>	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1. Project Director/Executive Director	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2. Quality Improvement Manager (RN)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3. RN (Nephrology exp.)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4. Office Mgr/Bookkeeper	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Data/Info Systems Manager	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
6. Data Entry & Tracking Clerical Supp.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7. Community Outreach Coordinator	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
8. Admin Assistant/Secretary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
9. Clerical (non-data clerks, receipt., etc)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
10. Patient Services Coordinator	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
ADDITIONAL POSITIONS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
11.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
12.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
13.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
14.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TEMP. LABOR	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
a.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
b.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
c.	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subtotal Direct Labor	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
b. Leave	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
c. Fringe Benefits	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SUBTOTAL - Leave / Fringe	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>d. Subcontracts:</b>	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1. Physician/MRB Reviewers	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2. Other Consultants	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
a. NAME	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
b. NAME	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
c. NAME	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
d. NAME	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
e. NAME	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3. Other Subcontractors	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SUBTOTAL - Subcontracts	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
e. Travel	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
f. Other Direct Costs	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SUBTOTAL - DIRECT	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>g. Indirect Costs</b>	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
1. Rent	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
2. Furniture & Equipment	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
3. Telephone Expenses	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4. Insurance	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5. Other (attach schedule)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL COSTS	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL COSTS WITH FEE	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Semi Annual Cost Reporting Form  
Centers for Medicare Medicaid Services

1. RFP Number: 0								
CONTRACTS COMBINED	19. MONTHLY TOTAL		20. CUMULATIVE TOTAL TO DATE		21. MONTHLY TOTAL		22. CUMULATIVE TOTAL TO DATE	
	TASK BY TASK ONLY		TASK BY TASK ONLY		BASE +SPEC. PROJ. ONLY		BASE +SPEC. PROJ. ONLY	
	HOURS	COSTS	HOURS	COSTS	HOURS	COSTS	HOURS	COSTS
<b>a. Direct Labor</b>	0.00	0.00	0.00	0.00	0	0	0	0
1. Project Director/Executive Director	0.00	0.00	0.00	0.00	0	0	0	0
2. Quality Improvement Manager (RN)	0.00	0.00	0.00	0.00	0	0	0	0
3. RN (Nephrology exp.)	0.00	0.00	0.00	0.00	0	0	0	0
4. Office Mgr/Bookkeeper	0.00	0.00	0.00	0.00	0	0	0	0
5. Data/Info Systems Manager	0.00	0.00	0.00	0.00	0	0	0	0
6. Data Entry & Tracking Clerical Supp.	0.00	0.00	0.00	0.00	0	0	0	0
7. Community Outreach Coordinator	0.00	0.00	0.00	0.00	0	0	0	0
8. Admin Assistant/Secretary	0.00	0.00	0.00	0.00	0	0	0	0
9. Clerical (non-data clerks, receipt., etc)	0.00	0.00	0.00	0.00	0	0	0	0
10. Patient Services Coordinator	0.00	0.00	0.00	0.00	0	0	0	0
ADDITIONAL POSITIONS	0.00	0.00	0.00	0.00	0	0	0	0
11.	0.00	0.00	0.00	0.00	0	0	0	0
12.	0.00	0.00	0.00	0.00	0	0	0	0
13.	0.00	0.00	0.00	0.00	0	0	0	0
14.	0.00	0.00	0.00	0.00	0	0	0	0
TEMP. LABOR	0.00	0.00	0.00	0.00	0	0	0	0
a.	0.00	0.00	0.00	0.00	0	0	0	0
b.	0.00	0.00	0.00	0.00	0	0	0	0
c.	0.00	0.00	0.00	0.00	0	0	0	0
Subtotal Direct Labor	0.00	0.00	0.00	0.00	0	0	0	0
b. Leave	0.00	0.00	0.00	0.00	0	0	0	0
c. Fringe Benefits	0.00	0.00	0.00	0.00	0	0	0	0
SUBTOTAL - Leave / Fringe	0.00	0.00	0.00	0.00			0	0
	0.00	0.00	0.00	0.00			0	0
<b>d. Subcontracts:</b>	0.00	0.00	0.00	0.00	0	0	0	0
1. Physician/MRB Reviewers	0.00	0.00	0.00	0.00	0	0	0	0
2. Other Consultants	0.00	0.00	0.00	0.00	0	0	0	0
a. NAME	0.00	0.00	0.00	0.00	0	0	0	0
b. NAME	0.00	0.00	0.00	0.00	0	0	0	0
c. NAME	0.00	0.00	0.00	0.00	0	0	0	0
d. NAME	0.00	0.00	0.00	0.00	0	0	0	0
e. NAME	0.00	0.00	0.00	0.00	0	0	0	0
3. Other Subcontractors	0.00	0.00	0.00	0.00	0	0	0	0
SUBTOTAL - Subcontracts	0.00	0.00	0.00	0.00	0	0	0	0
	0.00	0.00	0.00	0.00	0	0	0	0
e. Travel	0.00	0.00	0.00	0.00	0	0	0	0
f. Other Direct Costs	0.00	0.00	0.00	0.00	0	0	0	0
SUBTOTAL - DIRECT	0.00	0.00	0.00	0.00	0	0	0	0
	0.00	0.00	0.00	0.00	0	0	0	0
<b>g. Indirect Costs</b>	0.00	0.00	0.00	0.00	0	0	0	0
1. Rent	0.00	0.00	0.00	0.00	0	0	0	0
2. Furniture & Equipment	0.00	0.00	0.00	0.00	0	0	0	0
3. Telephone Expenses	0.00	0.00	0.00	0.00	0	0	0	0
4. Insurance	0.00	0.00	0.00	0.00	0	0	0	0
5. Other (attach schedule)	0.00	0.00	0.00	0.00	0	0	0	0
	0.00	0.00	0.00	0.00	0	0	0	0
TOTAL COSTS	0.00	0.00	0.00	0.00	#REF!	#REF!	#REF!	#REF!
	0.00	0.00	0.00	0.00	0	0	0	0
TOTAL COSTS WITH FEE	0.00	0.00	0.00	0.00	0	0	0	0