

**STATE OF CONNECTICUT
DEPARTMENT OF CORRECTIONS
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES**

Resident Statistics

	Project Population	Total Facility
Number of Beds		

	Project Related Projected Days		Project Related Projected Payor Rates	
	Year One	Year Two	Year One	Year Two
Total Number of Resident Days				
a. Medicaid (CT)				
b. Medicaid (Other States)				
c. Medicare				
d. Private Pay				
e. Other (Specify)				
Total:	0	0	0	0

	Project Related Projected Treatments	
	Year One	Year Two
Total Number of Treatments		
1. Physical Therapy		
a. Medicare - Part B		
b. Medicaid (Exclusive of Part B)		
c. Other		
Total:	0	0

2. Speech Therapy		
a. Medicare - Part B		
b. Medicaid (Exclusive of Part B)		
c. Other		
Total:	0	0

3. Occupational Therapy		
a. Medicare - Part B		
b. Medicaid (Exclusive of Part B)		
c. Other		
Total:	0	0

4. Respiratory Therapy		
a. Medicare - Part B		
b. Medicaid (Exclusive of Part B)		
c. Other		
Total:	0	0

STATE OF CONNECTICUT
DEPARTMENT OF CORRECTIONS
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES
Cost Estimates

I. DIRECT CARE -- YEAR ONE

Salaries, Professional Fees, and Fringe Benefit Allocation for Employees Only	Proposed Costs				Existing Costs				Difference			
	Hours	Rate	Fringe Benefits	Total	Hours	Rate	Fringe Benefits	Total	Hours	Fringe Benefits	Total	Per Diem
1. Director of Nurses				\$0				\$0	0	\$0	\$0	#DIV/0!
2. Assistant Director of Nurses				\$0				\$0	0	\$0	\$0	#DIV/0!
3. Unit RNs				\$0				\$0	0	\$0	\$0	#DIV/0!
4. Unit LPNs				\$0				\$0	0	\$0	\$0	#DIV/0!
5. Unit CNAs				\$0				\$0	0	\$0	\$0	#DIV/0!
6. Other RN/LPN Positions (By Job Function):												
a.				\$0				\$0	0	\$0	\$0	#DIV/0!
b.				\$0				\$0	0	\$0	\$0	#DIV/0!
c.				\$0				\$0	0	\$0	\$0	#DIV/0!
7. Other CNA Positions (By Job Function):												
a.				\$0				\$0	0	\$0	\$0	#DIV/0!
b.				\$0				\$0	0	\$0	\$0	#DIV/0!
Total Direct Care:	0		\$0	\$0	0		\$0	\$0	0	\$0	\$0	#DIV/0!

STATE OF CONNECTICUT
DEPARTMENT OF CORRECTIONS
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

I. DIRECT CARE -- YEAR TWO

Salaries, Professional Fees, and Fringe Benefit Allocation for Employees Only	Proposed Costs				Existing Costs				Difference			
	Hours	Rate	Fringe Benefits	Total	Hours	Rate	Fringe Benefits	Total	Hours	Fringe Benefits	Total	Per Diem
1. Director of Nurses				\$0				\$0	0	\$0	\$0	#DIV/0!
2. Assistant Director of Nurses				\$0				\$0	0	\$0	\$0	#DIV/0!
3. Unit RNs				\$0				\$0	0	\$0	\$0	#DIV/0!
4. Unit LPNs				\$0				\$0	0	\$0	\$0	#DIV/0!
5. Unit CNAs				\$0				\$0	0	\$0	\$0	#DIV/0!
6. Other RN/LPN Positions (By Job Function):												
a.				\$0				\$0	0	\$0	\$0	#DIV/0!
b.				\$0				\$0	0	\$0	\$0	#DIV/0!
c.				\$0				\$0	0	\$0	\$0	#DIV/0!
7. Other CNA Positions (By Job Function):												
a.				\$0				\$0	0	\$0	\$0	#DIV/0!
b.				\$0				\$0	0	\$0	\$0	#DIV/0!
Total Direct Care:	0		\$0	\$0	0		\$0	\$0	0	\$0	\$0	#DIV/0!

STATE OF CONNECTICUT
DEPARTMENT OF CORRECTIONS
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

II. INDIRECT CARE -- YEAR ONE

Salaries, Professional Fees, and Fringe Benefit Allocation for Employees Only	Proposed Costs				Existing Costs				Difference			
	Hours	Rate	Fringe Benefits	Total	Hours	Rate	Fringe Benefits	Total	Hours	Fringe Benefits	Total	Per Diem
<i>A. Support Services</i>												
1. Dietary				\$0				\$0	0	\$0	\$0	#DIV/0!
a. Food Service Supervisor				\$0				\$0	0	\$0	\$0	#DIV/0!
b. Dietary Workers				\$0				\$0	0	\$0	\$0	#DIV/0!
2. Housekeeping				\$0				\$0	0	\$0	\$0	#DIV/0!
3. Laundry				\$0				\$0	0	\$0	\$0	#DIV/0!
4. Specify Other - Attach Schedule if Necessary				\$0				\$0	0	\$0	\$0	#DIV/0!
Subtotal:	0		\$0	\$0	0		\$0	\$0	0	\$0	\$0	#DIV/0!

<i>B. Ancillary and Consultants</i>												
1. Physical Therapists				\$0				\$0	0	\$0	\$0	#DIV/0!
2. Speech Therapists				\$0				\$0	0	\$0	\$0	#DIV/0!
3. Occupational Therapists				\$0				\$0	0	\$0	\$0	#DIV/0!
4. Respiratory Therapists				\$0				\$0	0	\$0	\$0	#DIV/0!
5. Recreation Therapists				\$0				\$0	0	\$0	\$0	#DIV/0!
6. Dietician				\$0				\$0	0	\$0	\$0	#DIV/0!
7. Physicians				\$0				\$0	0	\$0	\$0	#DIV/0!
8. Dentists				\$0				\$0	0	\$0	\$0	#DIV/0!
9. Pharmacists				\$0				\$0	0	\$0	\$0	#DIV/0!
10. Podiatrists				\$0				\$0	0	\$0	\$0	#DIV/0!
11. Social Services				\$0				\$0	0	\$0	\$0	#DIV/0!
12. Specify Other - Attach Schedule if Necessary				\$0				\$0	0	\$0	\$0	#DIV/0!
Subtotal:	0		\$0	\$0	0		\$0	\$0	0	\$0	\$0	#DIV/0!
Total Indirect Salaries, Fees, Fringe:	0		\$0	\$0	0		\$0	\$0	0	\$0	\$0	#DIV/0!

STATE OF CONNECTICUT
DEPARTMENT OF CORRECTIONS
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

II. INDIRECT CARE -- YEAR TWO

Salaries, Professional Fees, and Fringe Benefit Allocation for Employees Only	Proposed Costs				Existing Costs				Difference			
	Hours	Rate	Fringe Benefits	Total	Hours	Rate	Fringe Benefits	Total	Hours	Fringe Benefits	Total	Per Diem
<i>A. Support Services</i>												
1. Dietary				\$0				\$0	0	\$0	\$0	#DIV/0!
a. Food Service Supervisor				\$0				\$0	0	\$0	\$0	#DIV/0!
b. Dietary Workers				\$0				\$0	0	\$0	\$0	#DIV/0!
2. Housekeeping				\$0				\$0	0	\$0	\$0	#DIV/0!
3. Laundry				\$0				\$0	0	\$0	\$0	#DIV/0!
4. Specify Other - Attach Schedule if Necessary				\$0				\$0	0	\$0	\$0	#DIV/0!
Subtotal:	0		\$0	\$0	0		\$0	\$0	0	\$0	\$0	#DIV/0!

<i>B. Ancillary and Consultants</i>												
1. Physical Therapists				\$0				\$0	0	\$0	\$0	#DIV/0!
2. Speech Therapists				\$0				\$0	0	\$0	\$0	#DIV/0!
3. Occupational Therapists				\$0				\$0	0	\$0	\$0	#DIV/0!
4. Respiratory Therapists				\$0				\$0	0	\$0	\$0	#DIV/0!
5. Recreation Therapists				\$0				\$0	0	\$0	\$0	#DIV/0!
6. Dietician				\$0				\$0	0	\$0	\$0	#DIV/0!
7. Physicians				\$0				\$0	0	\$0	\$0	#DIV/0!
8. Dentists				\$0				\$0	0	\$0	\$0	#DIV/0!
9. Pharmacists				\$0				\$0	0	\$0	\$0	#DIV/0!
10. Podiatrists				\$0				\$0	0	\$0	\$0	#DIV/0!
11. Social Services				\$0				\$0	0	\$0	\$0	#DIV/0!
12. Specify Other - Attach Schedule if Necessary				\$0				\$0	0	\$0	\$0	#DIV/0!
Subtotal:	0		\$0	\$0	0		\$0	\$0	0	\$0	\$0	#DIV/0!
Total Indirect Salaries, Fees, Fringe:	0		\$0	\$0	0		\$0	\$0	0	\$0	\$0	#DIV/0!

STATE OF CONNECTICUT
DEPARTMENT OF CORRECTIONS
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

III. ADMINISTRATION & GENERAL -- YEAR ONE

Salaries, Professional Fees, and Fringe Benefit Allocation for Employees Only	Proposed Costs				Existing Costs				Difference			
	Hours	Rate	Fringe Benefits	Total	Hours	Rate	Fringe Benefits	Total	Hours	Fringe Benefits	Total	Per Diem
1. Operators/Owners				\$0				\$0	0	\$0	\$0	#DIV/0!
2. Administrators				\$0				\$0	0	\$0	\$0	#DIV/0!
3. Other Administrators				\$0				\$0	0	\$0	\$0	#DIV/0!
4. Other Administrative Salaries				\$0				\$0	0	\$0	\$0	#DIV/0!
5. Maintenance				\$0				\$0	0	\$0	\$0	#DIV/0!
6. Protective Services				\$0				\$0	0	\$0	\$0	#DIV/0!
7. Accountants				\$0				\$0	0	\$0	\$0	#DIV/0!
8. Specify Other - Attach Schedule if Necessary				\$0				\$0	0	\$0	\$0	#DIV/0!
Subtotal:	0		\$0	\$0	0		\$0	\$0	0	\$0	\$0	#DIV/0!

TOTAL YEAR ONE
Salaries, Professional Fees, and Fringe Benefit Allocation:

0		\$0	\$0	0		\$0	\$0	0	\$0	\$0	#DIV/0!
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STATE OF CONNECTICUT
DEPARTMENT OF CORRECTIONS
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

III. ADMINISTRATION & GENERAL -- YEAR TWO

Salaries, Professional Fees, and Fringe Benefit Allocation for Employees Only	Proposed Costs				Existing Costs				Difference			
	Hours	Rate	Fringe Benefits	Total	Hours	Rate	Fringe Benefits	Total	Hours	Fringe Benefits	Total	Per Diem
1. Operators/Owners				\$0				\$0	0	\$0	\$0	#DIV/0!
2. Administrators				\$0				\$0	0	\$0	\$0	#DIV/0!
3. Other Administrators				\$0				\$0	0	\$0	\$0	#DIV/0!
4. Other Administrative Salaries				\$0				\$0	0	\$0	\$0	#DIV/0!
5. Maintenance				\$0				\$0	0	\$0	\$0	#DIV/0!
6. Protective Services				\$0				\$0	0	\$0	\$0	#DIV/0!
7. Accountants				\$0				\$0	0	\$0	\$0	#DIV/0!
8. Specify Other - Attach Schedule if Necessary				\$0				\$0	0	\$0	\$0	#DIV/0!
Subtotal:	0		\$0	\$0	0		\$0	\$0	0	\$0	\$0	#DIV/0!

TOTAL YEAR TWO

All Salaries, Professional Fees,
and Fringe Benefit Allocation:

0		\$0	\$0	0		\$0	\$0	0	\$0	\$0	#DIV/0!
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STATE OF CONNECTICUT
DEPARTMENT OF CORRECTIONS
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

II. INDIRECT CARE -- YEAR ONE

Expenditures Other than Salaries	Proposed Costs		Existing Costs		Difference	
	Total	Per Diem	Total	Per Diem	Total	Per Diem
<i>A. Dietary</i>						
1. Raw Food		#DIV/0!		#DIV/0!	\$0	#DIV/0!
2. Non Food Supplies		#DIV/0!		#DIV/0!	\$0	#DIV/0!
3. Purchased Services		#DIV/0!		#DIV/0!	\$0	#DIV/0!
4. Specify Other - Attach Schedule if Necessary						
		#DIV/0!		#DIV/0!	\$0	#DIV/0!
<i>B. Laundry</i>						
1. In house washing of resident items		#DIV/0!		#DIV/0!	\$0	#DIV/0!
2. Repair and/or purchase of linens		#DIV/0!		#DIV/0!	\$0	#DIV/0!
3. Purchased Services		#DIV/0!		#DIV/0!	\$0	#DIV/0!
4. Specify Other - Attach Schedule if Necessary						
		#DIV/0!		#DIV/0!	\$0	#DIV/0!
<i>C. Housekeeping</i>						
1. Supplies - Cleaning		#DIV/0!		#DIV/0!	\$0	#DIV/0!
2. Purchased Services		#DIV/0!		#DIV/0!	\$0	#DIV/0!
3. Specify Other - Attach Schedule if Necessary						
		#DIV/0!		#DIV/0!	\$0	#DIV/0!

STATE OF CONNECTICUT
DEPARTMENT OF CORRECTIONS
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

Expenditures Other than Salaries	Proposed Costs		Existing Costs		Difference	
	Total	Per Diem	Total	Per Diem	Total	Per Diem
<i>D. Resident Care Supplies</i>						
1. Prescription Drugs		#DIV/0!		#DIV/0!	\$0	#DIV/0!
2. Medicine Cabinet Drugs		#DIV/0!		#DIV/0!	\$0	#DIV/0!
3. Medical and Therapeutic		#DIV/0!		#DIV/0!	\$0	#DIV/0!
4. Oxygen		#DIV/0!		#DIV/0!	\$0	#DIV/0!
5. Dental		#DIV/0!		#DIV/0!	\$0	#DIV/0!
6. Recreation		#DIV/0!		#DIV/0!	\$0	#DIV/0!
7. Specify Other - Attach Schedule if Necessary						
		#DIV/0!		#DIV/0!	\$0	#DIV/0!
Subtotal:	\$0	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!
Total Indirect:	\$0		\$0		\$0	#DIV/0!

STATE OF CONNECTICUT

DEPARTMENT OF CORRECTIONS

DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

II. INDIRECT CARE -- YEAR TWO

Expenditures Other than Salaries	Proposed Costs		Existing Costs		Difference	
	Total	Per Diem	Total	Per Diem	Total	Per Diem
<i>A. Dietary</i>						
1. Raw Food		#DIV/0!		#DIV/0!	\$0	#DIV/0!
2. Non Food Supplies		#DIV/0!		#DIV/0!	\$0	#DIV/0!
3. Purchased Services		#DIV/0!		#DIV/0!	\$0	#DIV/0!
4. Specify Other - Attach Schedule if Necessary						
		#DIV/0!		#DIV/0!	\$0	#DIV/0!
<i>B. Laundry</i>						
1. In house washing of resident items		#DIV/0!		#DIV/0!	\$0	#DIV/0!
2. Repair and/or purchase of items		#DIV/0!		#DIV/0!	\$0	#DIV/0!
3. Purchased Services		#DIV/0!		#DIV/0!	\$0	#DIV/0!
4. Specify Other - Attach Schedule if Necessary						
		#DIV/0!		#DIV/0!	\$0	#DIV/0!
<i>C. Housekeeping</i>						
1. Supplies - Cleaning		#DIV/0!		#DIV/0!	\$0	#DIV/0!
2. Purchased Services		#DIV/0!		#DIV/0!	\$0	#DIV/0!
5. Specify Other - Attach Schedule if Necessary						
		#DIV/0!		#DIV/0!	\$0	#DIV/0!

STATE OF CONNECTICUT

DEPARTMENT OF CORRECTIONS

DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

Expenditures Other than Salaries	Proposed Costs		Existing Costs		Difference	
	Total	Per Diem	Total	Per Diem	Total	Per Diem
<i>D. Resident Care Supplies</i>						
1. Prescription Drugs		#DIV/0!		#DIV/0!	\$0	#DIV/0!
2. Medicine Cabinet Drugs		#DIV/0!		#DIV/0!	\$0	#DIV/0!
3. Medical and Therapeutic		#DIV/0!		#DIV/0!	\$0	#DIV/0!
4. Oxygen		#DIV/0!		#DIV/0!	\$0	#DIV/0!
5. Dental		#DIV/0!		#DIV/0!	\$0	#DIV/0!
6. Recreation		#DIV/0!		#DIV/0!	\$0	#DIV/0!
5. Specify Other - Attach Schedule if Necessary						
		#DIV/0!		#DIV/0!	\$0	#DIV/0!
Subtotal:	\$0	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!
Total Indirect:	\$0		\$0		\$0	#DIV/0!

STATE OF CONNECTICUT
DEPARTMENT OF CORRECTIONS
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

III. ADMINISTRATION & GENERAL -- YEAR ONE

Expenditures Other than Salaries	Proposed Costs		Existing Costs		Difference	
	Total	Per Diem	Total	Per Diem	Total	Per Diem
<i>A. Administrative and General</i>						
1. Accounting and Auditing		#DIV/0!		#DIV/0!	\$0	#DIV/0!
2. Legal		#DIV/0!		#DIV/0!	\$0	#DIV/0!
3. Management Services Fees **		#DIV/0!		#DIV/0!	\$0	#DIV/0!
4. Medical Records		#DIV/0!		#DIV/0!	\$0	#DIV/0!
5. Specify Other - Attach Schedule if Necessary						
		#DIV/0!		#DIV/0!	\$0	#DIV/0!
<i>B. Maintenance and Operation of Plant</i>						
1. Repairs and Maintenance		#DIV/0!		#DIV/0!	\$0	#DIV/0!
2. Heat (Specify type)		#DIV/0!		#DIV/0!	\$0	#DIV/0!
3. Light and Power		#DIV/0!		#DIV/0!	\$0	#DIV/0!
4. Water		#DIV/0!		#DIV/0!	\$0	#DIV/0!
5. Specify Other - Attach Schedule if Necessary						
		#DIV/0!		#DIV/0!	\$0	#DIV/0!
Subtotal:	\$0.00	#DIV/0!	\$0.00	#DIV/0!	\$0.00	#DIV/0!
Total Administrative and General:	\$0		\$0		\$0	#DIV/0!

** Please specify the proposed management services: _____

STATE OF CONNECTICUT
DEPARTMENT OF CORRECTIONS
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

III. ADMINISTRATION & GENERAL -- YEAR TWO

Expenditures Other than Salaries	Proposed Costs		Existing Costs		Difference	
	Total	Per Diem	Total	Per Diem	Total	Per Diem
<i>A. Administrative and General</i>						
1. Accounting and Auditing		#DIV/0!		#DIV/0!	\$0	#DIV/0!
2. Legal		#DIV/0!		#DIV/0!	\$0	#DIV/0!
3. Medical Records		#DIV/0!		#DIV/0!	\$0	#DIV/0!
4. Specify Other - Attach Schedule if Necessary		#DIV/0!		#DIV/0!	\$0	#DIV/0!
<i>B. Maintenance and Operation of Plant</i>						
1. Repairs and Maintenance		#DIV/0!		#DIV/0!	\$0	#DIV/0!
2. Heat (Specify type)		#DIV/0!		#DIV/0!	\$0	#DIV/0!
3. Light and Power		#DIV/0!		#DIV/0!	\$0	#DIV/0!
4. Water		#DIV/0!		#DIV/0!	\$0	#DIV/0!
5. Specify Other - Attach Schedule if Necessary		#DIV/0!		#DIV/0!	\$0	#DIV/0!
Subtotal:	\$0.00	#DIV/0!	\$0.00	#DIV/0!	\$0.00	#DIV/0!
Total Administrative and General:	\$0		\$0		\$0	#DIV/0!

STATE OF CONNECTICUT

DEPARTMENT OF CORRECTIONS

DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

IV. CAPITAL OTHER -- YEAR ONE

Expenditures	Proposed Costs		Existing Costs		Difference	
	Total	Per Diem	Total	Per Diem	Total	Per Diem
1. Real Estate Taxes Paid by Owner		#DIV/0!		#DIV/0!	\$0	#DIV/0!
2. Real Estate Taxes Paid by Lessor		#DIV/0!		#DIV/0!	\$0	#DIV/0!
3. Personal Property Taxes		#DIV/0!		#DIV/0!	\$0	#DIV/0!
4. Movable Equipment Depreciation		#DIV/0!		#DIV/0!	\$0	#DIV/0!
5. Insurance on Property (Buildings Only)		#DIV/0!		#DIV/0!	\$0	#DIV/0!
6. Insurance Other Than Property Above						
a. Umbrella (Blanket Coverage)		#DIV/0!		#DIV/0!	\$0	#DIV/0!
b. Fire and Extended Coverage		#DIV/0!		#DIV/0!	\$0	#DIV/0!
c. Other (Specify)		#DIV/0!		#DIV/0!	\$0	#DIV/0!
7. Equipment Leases		#DIV/0!		#DIV/0!	\$0	#DIV/0!
8. Specify Other - Attach Schedule if Necessary						
		#DIV/0!		#DIV/0!	\$0	#DIV/0!
Total Capital:	\$0	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!

STATE OF CONNECTICUT

DEPARTMENT OF CORRECTIONS

DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

IV. CAPITAL OTHER -- YEAR TWO

Expenditures	Proposed Costs		Existing Costs		Difference	
	Total	Per Diem	Total	Per Diem	Total	Per Diem
1. Real Estate Taxes Paid by Owner		#DIV/0!		#DIV/0!	\$0	#DIV/0!
2. Real Estate Taxes Paid by Lessor		#DIV/0!		#DIV/0!	\$0	#DIV/0!
3. Personal Property Taxes		#DIV/0!		#DIV/0!	\$0	#DIV/0!
4. Movable Equipment Depreciation		#DIV/0!		#DIV/0!	\$0	#DIV/0!
5. Insurance on Property (Buildings Only)		#DIV/0!		#DIV/0!	\$0	#DIV/0!
6. Insurance Other Than Property Above						
a. Umbrella (Blanket Coverage)		#DIV/0!		#DIV/0!	\$0	#DIV/0!
b. Fire and Extended Coverage		#DIV/0!		#DIV/0!	\$0	#DIV/0!
c. Other (Specify)		#DIV/0!		#DIV/0!	\$0	#DIV/0!
7. Equipment Leases		#DIV/0!		#DIV/0!	\$0	#DIV/0!
8. Specify Other - Attach Schedule if Necessary						
		#DIV/0!		#DIV/0!	\$0	#DIV/0!
Total Capital:	\$0	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!

STATE OF CONNECTICUT
DEPARTMENT OF CORRECTIONS
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

V. CAPITAL FAIR RENT RELATED -- YEAR ONE

Expenditures	Proposed Costs		Existing Costs		Difference	
	Total	Per Diem	Total	Per Diem	Total	Per Diem
1. Depreciation						
a. Land Improvements		#DIV/0!		#DIV/0!	\$0	#DIV/0!
b. Building and Building Improvements		#DIV/0!		#DIV/0!	\$0	#DIV/0!
c. Non-moveable Equipment		#DIV/0!		#DIV/0!	\$0	#DIV/0!
2. Amortization						
a. Mortgage Expense		#DIV/0!		#DIV/0!	\$0	#DIV/0!
b. Leasehold Improvements		#DIV/0!		#DIV/0!	\$0	#DIV/0!
c. Other (Specify)		#DIV/0!		#DIV/0!	\$0	#DIV/0!
3. Rental Payments on Leased Real Property						
less real estates taxes		#DIV/0!		#DIV/0!	\$0	#DIV/0!
4. Interest - Building, Land Improvement & Non-movable Equipment		#DIV/0!		#DIV/0!	\$0	#DIV/0!
5. Specify Other - Attach Schedule if Necessary						
		#DIV/0!		#DIV/0!	\$0	#DIV/0!
Total Fair Rent Related:	\$0	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!

TOTAL YEAR ONE

Expenditures Other than Salaries:	\$0.00	#DIV/0!	\$0.00	#DIV/0!	\$0.00	#DIV/0!
SALARIES + OTHER EXPENDITURES:	\$0.00		\$0.00		\$0.00	#DIV/0!

*** For new capital improvements please provide the following information: 1) a detailed description; 2) line item detail of the costs ; and 3) a description of the estimated source(s) of funds and assurance that funds will be available to complete the improvements.

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DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES

V. CAPITAL FAIR RENT RELATED --YEAR TWO

Expenditures	Proposed Costs		Existing Costs		Difference	
	Total	Per Diem	Total	Per Diem	Total	Per Diem
1. Depreciation						
a. Land Improvements		#DIV/0!		#DIV/0!	\$0	#DIV/0!
b. Building and Building Improvements		#DIV/0!		#DIV/0!	\$0	#DIV/0!
c. Non-moveable Equipment		#DIV/0!		#DIV/0!	\$0	#DIV/0!
2. Amortization						
a. Mortgage Expense		#DIV/0!		#DIV/0!	\$0	#DIV/0!
b. Leasehold Improvements		#DIV/0!		#DIV/0!	\$0	#DIV/0!
c. Other (Specify)		#DIV/0!		#DIV/0!	\$0	#DIV/0!
3. Rental Payments on Leased Real Property						
less real estates taxes		#DIV/0!		#DIV/0!	\$0	#DIV/0!
4. Interest - Building, Land Improvement & Non-movable Equipment		#DIV/0!		#DIV/0!	\$0	#DIV/0!
5. Specify Other - Attach Schedule if Necessary						
		#DIV/0!		#DIV/0!	\$0	#DIV/0!
Total Fair Rent Related:	\$0	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!

TOTAL YEAR ONE

Expenditures Other than Salaries:	\$0.00	#DIV/0!	\$0.00	#DIV/0!	\$0.00	#DIV/0!
SALARIES + OTHER EXPENDITURES:	\$0.00		\$0.00		\$0.00	#DIV/0!