**FY2023**

**LIVINGSTON COUNTY 708 BOARD**

**PURCHASE OF SERVICE APPLICATION**

Instructions:

Complete the following forms to request Purchase of Service Funding from the 708 Board. Please note that the 708 Board does not commit to the funding of any cost of doing business increase or to any certain level of cost of doing business increases. Final determination of funding is solely the 708 Board’s decision.

AGENCY NAME:

ADDRESS:

PHONE:

EXECUTIVE DIRECTOR:

EMAIL:

MISSION STATEMENT:

BOARD MEMBERS:

Name: Address:

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Agency Executive Director Signature Date Submitted

Agency Name:

Total Amount of Funds Requesting for 2022-2023:

Amount of Funds received from 2021-2022 Agreement:

Percent of change between current funding and requested amount:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Program/Service** | **Number of Individuals to be Served** | **Unit of Service** | **Unit Rate** | **DHS/DRS/EI Rate** | **Total Amount of Funds** |
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**Justification for Cost of Doing Business Increase**

**Purchase of Service:** If your unit rate is the same as the current Medicaid rate, an adjustment will be made automatically if and when the State of Illinois makes a change to the Medicaid rate for the similar service. If your rate is not the same as the Medicaid rate, please provide the justification for your proposed cost of doing business increase(s) to your organization’s current unit rate(s). Please, submit a narrative explaining your proposed increases. Provide a concise explanation for each service.

Rvsd:3/2022 708 Board