FORMS MANUAL INSERT

Name				Add	ress				Schedule 1	and cash flow
Applicant Fiscal Year				Cou	ntv			State (Inclu	ding ZIP Code)	proposed facili
From	To		120				120			
OPERATING INCOME	20	(1)	20	(2)	20	(3)	20	(4)	First Full Year (5)	NOTE: The sh lines on Schedu may be left blan
1. 2.										by certain orga
3										tions. Also, se Schedule 2 und
5. Miscellaneous	(> () (Basis Account
 Less: Allowances and Deductions Total Operating Income (Add Lines 1 through 6) 	()()()()()	Dasisricount
OPERATING EXPENSES										
9										
10										
12										
13										
14 15. Interest (RD)										
16. Depreciation										
17. Total Operating Expense (Add Lines 8 through 16)									_	
18. NET OPERATING INCOME (LOSS) (Line 7 less 17)									_	
NONOPERATING INCOME										
19 20.										
 Total Nonoperating Income (Add Lines 19 and 20) NET INCOME (LOSS) 										
(Add Lines 18 and 21) (Transfer to Line A Schedule 2)				Budo	and Pro	niected Cas	h Flow A	pproved by G	overning Body	
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		Auest	·					Secre	tary Date	
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According to the Paperwork Reduction Act of 1995, a number. The valid OMB control number for this infor the time for reviewing instructions, searching existing	in agency ma rmation colle z data source	ty not conduct o ction is 0575-00 es, gathering an	r sponsor, an 015. The time d maintaining	a a person is required to z the data ne	not requires complete thi veded, and c	a to respond to is information o ompleting and	a collection collection is e reviewing the	y information unle stimated to averag collection of info	ss it aisplays a valid OMB control e 5 hours per response, including rmation.	

: Original and one copy

by applicant.

: Applicant, Secretaty and appropriate official.

: Original to County Office Case Focket; Copy retained

FORM RD 442-7

(04-17-02) PN 344

NUMBER OF COPIES

SIGNATURES REQUIRED

DISTRIBUTION COPIES

-2- (Forms Manual Insert - Form RD)

A. Line 22 from Schedule 1 Income (Loss) Add B. Items in Operations not Requiring Cash: 1. Depreciation (Line 16, Schedule 1) 2. Others: 2. Others: C. Cash Provided from: 1. Proceeds from RD loan/grant 2. Proceeds from others 3. Increase (Decrease) in Accounts Payable, Accurals and other Current Liabilities 4. Decrease (Increase) in Accounts Receivable, Inventories and Other Current Assets (Exclude Cash) 5. Other: 6. D. Total all A, B, and C Items E. Less: Cash Expended for: 1. All Construction, Equipment and New Capital Items (Loan and grant funds) 2. Replacement and Additions to Existing Property, Plant and Equipment 3. Principal Payment RD Loan 4. Principal Payment Other Loans 5. Other: 6. Total E 1 through 5 Add F. Beginning Cash Balances G. Ending Cash Balances (Total of D minus E 6 plus F) Stem G Cash Balance Composed of: Construction Account				Full Year
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Item G Cash Balance Composed of:				
	 <u>\$</u>	<u>\$</u>	<u>\$</u>	\$
Construction Account \$				
	 \$	<u>\$</u>	\$	<u>\$</u>
Revenue Account	 			
O&M Account				
Reserve Account	 			
Funded Depreciation Account	 			
Total - Agrees with Item G \$	\$	\$	\$	\$
-	 			
		1		1

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	Instructions - Operating Budget Schedule 1
	is to be prepared by the Applicant and is to include data for each year, from loan closing through the first full year of Example: If only two columns are required, use columns four(4) and five(5).
Income and	d Expense Items:
All data er	ttered should be on the same basis as the Applicant's Accounting records, i.e., cash basis, accrual basis, etc.
Operating	income:
lines 1-5 line 6 —	List types of income as appropriate Allowances and Deductions (Pertains generally to Health Care Institutions, and represents the difference between Gross Income and Amounts Received or to be Received from patients and third party payors)
Operating	Expenses:
line 15 —	List types of expenses as appropriate Interest RD (Interest expense incurred on RD note(s)) Depreciation (Total depreciation expense for the year)
line 18—	
Non Opera	ting Income:
	Indicate items of income derived from sources other than regular activities (Example: interest earned) Net income (Loss) (This amount is also transferred to item A, Schedule 2, Projected Cash Flow Statement)
	Instructions - Projected Cash Flow, Schedule 2
the same n	is used to Project the flow of Cash by the Applicant for each year, from loan closing through the first full year of operation. Use umber of columns as used on the Operating Budget, Schedule 1. These Cash Flow Projections are important in determining the of cash to cover operating expenses, transfers to debt payment, reserve accounts, etc.
Cash Basis	Accounting
	who maintain their records strictly on the cash basis of accounting and have no Accounts Receivable and Accounts ay only need to complete the following line items: A, B-1, C-1, E-1 and E-3, F and G.
Line Item I	nstructions:
line B — line C —	Bring forward the income or loss as entered on line 22, Schedule 1. Add back any depreciation or other non cash items included on Schedule 1, Operating Budget. Complete items C-1 through C-6 as appropriate, for item changes which provide for increase in cash balances. NOTE: Do not include changes in cash Accounts in Current Assets of item C4. Lines C-3 and C-4 will indicate the changes in Working Capital (<i>Current Assets and Current Liabilities, Exclusive of Cash.</i>)
line E — line F —	Enter the Net Total of all A, B and C items. complete items E-1 through E-6 as appropriate for items for which cash was expended. Enter the Beginning Cash Balance(s) for the period. The total of item D less E-6 plus F will be the Ending Cash Balance(s). The total will be reconciled by balances in the various accounts, i.e., construction, revenue, debt, etc.