



IMPAIRED DRIVER PROGRAM (IDP) FISCAL REPORT

IMPAIRED DRIVER PROGRAM dmv.ny.gov

OFFICE USE ONLY Business ID Number []

IMPAIRED DRIVER PROGRAM NAME: _____

LOCATION CODE: _____
SPONSORING AGENCY NAME: _____
REPORTING PERIOD: JANUARY 1 THROUGH DECEMBER 31, _____

REVENUE table with columns: Description, Dollar Amount. Rows: 1. Enrollment Fees, 2. Transfer/Reentry Fees, 3. Total Revenue >

EXPENSES table with columns: Description, Dollar Amount. Section: Instruction. Rows: 4. Salaries (Schedule A), 5. Fringe Amount (Schedule A), 6. Materials and Equipment, 7. Travel and Training, 8. Classroom Rent, 9. Classroom Utilities, 10. Total Instruction Expenses >

Administration section of EXPENSES table. Rows: 11. Salaries (Schedule B), 12. Fringe Benefits (Schedule B), 13. Travel/Conventions/Workshops, 14. Office Equipment, 15. Office Supplies, 16. Office Rent, 17. Custodial Services, 18. Utilities/Telephone, 19. Insurance (Schedule C), 20. Other (Schedule D), 21. Overhead Cost (Rate: _____ %), 22. Total Administrative Expenses >, 23. TOTAL EXPENSES >

24. NET SURPLUS OR DEFICIT > \$

Items Provided by Sponsor At No Cost to IDP

EXPENSES	Monetary Value
Instruction	
1. Salaries (Schedule A)	
2. Fringe Benefits (Schedule A)	
3. Materials and Equipment	
4. Travel and Training	
5. Classroom Rent	
6. Classroom Utilities	
7. Total Instruction Expenses Provided by Sponsor >	\$
Administration	
8. Salaries (Schedule B)	
9. Fringe Benefits (Schedule B)	
10. Travel/Conventions/Workshops	
11. Office Equipment	
12. Office Supplies	
13. Office Rent	
14. Custodial Services	
15. Utilities/Telephone	
16. Insurance (Schedule C)	
17. Total Administrative Expenses Provided by Sponsor >	\$
18. TOTAL EXPENSES PROVIDED BY SPONSOR >	\$
Non-Revenue-Generating Enrollees	
Number of Indigent Enrollees	

