



**Office of Community Living
 HCBS-SLS Provider Incentive Expenditures**

Agency Name:

		<u>Expense Period:</u>
Start	End	Due
Distribution Date	9/30/2017	

Expense Reporting:

Category	Subcategory
Rent/Lease Payments	
Vehicle Expenses	Purchase
	Modification
Staffing Expenses	Recruiting/Hiring
	Professional Development
	Equipment
	Supplies
Program Costs	Advertising
	Research and Development
	Equipment
	Supplies
Capital Expenses	
Total Expenditures	

**Describe how these funds were used to increase effectiveness and
 enroll and/or serve more individuals. Identify the number of**

