



2% COLA Questionnaire for FY 2004-05

December 8, 2004

Please return the completed questionnaire to PCPA at abbie@paproviders.org or fax to 717-657-3552 by December 22, 2004. Thank you for taking the time to help PCPA provide better service to its members.

Provide a response for each county where your organization operates MH/MR/D&A programs. Copy this page and complete additional forms if your organization operates programs in multiple counties.

Please provide the following information (which will be kept confidential but used by PCPA staff to contact you, if necessary):

- **Organization's name:**
- **Name of individual completing this form:**

Title:

Email:

Phone:

- **Name of county:**

1. Have you received an allocation for FY 2004-2005 in this county that includes the 2% COLA? Please check appropriate response. Yes _____ No* _____

If **No, please answer questions 2 and 3. If **Yes**, please go directly to question 4.*

2. What percentage, if any, of the COLA is included in any allocation for FY 2004-2005? Please give the percentage included: _____ %

3. Have you contacted any county officials about receiving an amount less than 2%? Please check appropriate response. Yes* _____ No _____

If **Yes, indicate the official's position in the county and his/her response to you:*

4. If your organization received a COLA from the county, does it plan to spend the COLA on employees/workers by (check all that apply):

_____ Increasing wages.

_____ Applying the funds to increases in the cost of benefits.

_____ Using funds for other employee associated expenses (please specify the use of funds).

_____ Using funds in any other manner (please specify).