



2% COLA Questionnaire for FY 2004/05

May 16, 2005

Please return the completed questionnaire to PCPA at cindy@paproviders.org or fax to 717-657-3552 by May 26, 2005. Thank you for your time and assistance in helping PCPA provide better service to its members.

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

Please provide the following information. This information will be kept confidential, but used by PCPA staff to organize responses by county and to contact you, if necessary, for clarification.

- **Organization and Program Name:**
- **Name of Individual Completing Form:**
 - Title:**
 - Email:**
 - Phone:**
- **County/County Joinder:**

1. Have you received an allocation for FY 2004/05 in this county/county joinder that includes the 2% COLA passed by the legislature? Please check appropriate response.

Yes* _____ No** _____

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

2. Was this 2% COLA on **all** county-funded budget lines? Please check appropriate response.

Yes* _____ No _____

**If Yes, please indicate the breakdown by service area (or write "does not apply" if your organization does not provide a particular service).*

Amount received for MH:

Amount received for MR:

Amount received for D&A:

3. Did you receive a COLA other than the 2% on your FY 2004/05 allocations? Please check appropriate response.

Yes* _____ No _____

**If Yes, please answer question 4.*

4. What amount of COLA did you receive for each county-funded program (write "does not apply" if your organization does not provide a particular service):

Amount received for MH:

Amount received for MR:

Amount received for D&A: