

						SUBMITTAL - A1							
				STAFF SALARY EXPENSE ALLOCATION WORKSHEET									
						Project Name: Job Readiness Workshops / Computer Lab							
	Note: Information highlighted in green must be manually inputted into this spreadsheet					(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
		(A)	(B)	(C)	(D)	% of Time		Expense Category Allocation					
		Wages	Fringe Benefits	Total Personnel	# of Weeks	Spent on	Total Project	Administrative	Direct Service		Support Service		
	Position Title	per Week	per Week	Weekly Cost	This Project	this Project	Cost	%	Cost	%	Cost	%	Cost
1				\$0.00			\$0.00		\$0.00		\$0.00		\$0.00
2				\$0.00			\$0.00		\$0.00		\$0.00		
3				\$0.00			\$0.00		\$0.00		\$0.00		
4				\$0.00			\$0.00		\$0.00		\$0.00		
5				\$0.00			\$0.00		\$0.00		\$0.00		
6				\$0.00			\$0.00		\$0.00		\$0.00		
7				\$0.00			\$0.00		\$0.00		\$0.00		
8				\$0.00			\$0.00		\$0.00		\$0.00		
9				\$0.00			\$0.00		\$0.00		\$0.00		
10				\$0.00			\$0.00		\$0.00		\$0.00		
11				\$0.00			\$0.00		\$0.00		\$0.00		
12				\$0.00			\$0.00		\$0.00		\$0.00		
Totals:						\$0.00		\$0.00		\$0.00		\$0.00	

SUBMITTAL - A2										
SERVICE BUDGET COST DETAIL WORKSHEET										
Note: Information highlighted in green must be manually inputted into this spreadsheet.										
<b>A. PERSONNEL COSTS</b>										
<i>Based on Completed Staff Salary Expense Allocation Worksheet</i>										
							<b>Administrative</b>	<b>Direct Service</b>	<b>Support Service</b>	<b>Total Cost</b>
1	Salaries/Wages						\$0.00	\$0.00	\$0.00	\$0.00
2	Fringe Benefits						\$0.00	\$0.00	\$0.00	\$0.00
						<i>Sub-total:</i>	\$0.00	\$0.00	\$0.00	\$0.00
<b>B DIRECT SERVICE COSTS</b>										
<i>Activities Expenses/Supplies/Consumable Items &amp;/or Contracted Services</i>										
		<b>Total</b>	<b>Program</b>		<b>Program</b>			<b>Direct Service</b>	<b>Support Service</b>	<b>Total Cost</b>
	<b>Item</b>	<b>Monthly Cost</b>	<b>Alloc. %</b>	<b># of months</b>	<b>Cost</b>					
1					\$-					\$-
2					\$-					\$-
3					\$-					\$-
4					\$-					\$-
					\$-	<i>Subtotal:</i>		\$-	\$-	\$-
<b>C OTHER OPERATING COSTS</b>										
		<b>Total</b>	<b>Program</b>		<b>Program</b>			<b>Direct Service</b>	<b>Support Service</b>	<b>Total Cost</b>
	<b>Item</b>	<b>Monthly Cost</b>	<b>Alloc. %</b>	<b># of months</b>	<b>Cost</b>		<b>Administrative</b>			
1	Telephone				\$-					\$-
2	Office Supplies				\$-					\$-
3	Postage				\$-					\$-
4	Internet Access/IT costs				\$-					\$-
5					\$-					\$-
					\$-	<i>Subtotal:</i>	\$-	\$-	\$-	\$-
<b>D OCCUPANCY COST</b>										
		<b>Total</b>	<b>Program</b>		<b>Program</b>			<b>Direct Service</b>	<b>Support Service</b>	<b>Total Cost</b>
	<b>Item</b>	<b>Monthly Cost</b>	<b>Alloc. #</b>	<b># of months</b>	<b>Cost</b>		<b>Administrative</b>			
1	Rent				\$-					\$-

					<b>SUBMITTAL -</b>
					<b>SERVICE BUDGET COST DE</b>
		Note: Information highlighted in green must be manually			
2	Electricity				\$-
3	Gas				\$-
4	Other:				\$-
					\$-
<b>E EQUIPMENT COST</b>					
	<i>Indicate with the item name whether the price is for a (P) purchase, (R ) rental or (L) lease (exampl</i>				
				<b>Program</b>	<b>Extended</b>
	<b>Item</b>	<b>Quantity</b>	<b>Unit Cost</b>	<b>Alloc. %</b>	<b>Cost</b>
1					\$-
2					\$-
3					\$-
4					\$-
5					\$-
					\$-
<b>F TRANSPORTATION SERVICES</b>					
	<i>Activities Expenses/Supplies/Consumable Items &amp;/or Contracted Services</i>				
		<b>Total</b>	<b>Program</b>		<b>Extended</b>
	<b>Item</b>	<b>Monthly Cost</b>	<b>Alloc. %</b>	<b># of months</b>	<b>Cost</b>
1	Driver (Salary/Fringe Benefits)				\$-
2	Vehicle Maintenance & Repairs				\$-
3	Insurance, etc.				\$-
4	Gasoline				\$-
5	Other:				\$-
					\$-
<b>G HOUSEKEEPING &amp; MAINTENANCE</b>					
	<i>Specify Items</i>				
		<b>Total</b>	<b>Program</b>		<b>Extended</b>
	<b>Item</b>	<b>Monthly Cost</b>	<b>Alloc. %</b>	<b># of month</b>	<b>Cost</b>

					<b>SUBMITTAL -</b>
					<b>SERVICE BUDGET COST DE</b>
	Note: Information highlighted in green must be manually				
1					\$-
2					\$-
3					\$-
4					\$-
					\$-

			SUBMITTAL - A2			
			SERVICE BUDGET COST DETAIL WO			
		Note: Information highlighted in green must be manually inputted in				
H MISCELLANEOUS COSTS						
Specify Items	Total	Program			Extended	
Item	Monthly Cost	Alloc. %	# of months		Cost	
1					\$-	
2					\$-	
3					\$-	
4					\$-	
5					\$-	
					\$-	Sub
			SERVICE BUDGET GRAND TOT			
I hereby attest that the foregoing is the best estimate of costs associated with the proposed						
Signature of Executive Officer of Proposing Service Deliverer <i>(must be original as electronic signatures not accepted on any documents)</i>						
Signature of Fiscal Officer of Proposing Service Deliverer <i>(must be original as electronic signatures not accepted on any documents)</i>						

SUBMITTAL A3			
SERVICE BUDGET SUMMARY WORKSHEET			
Business:		Proposed Service:	
Location:		Business Status:	
Contact Person:			
Phone Number:		Fax Number:	
Note: Information highlighted in green must be manually inputted into this spreadsheet.			
CLASSIFICATION OF EXPENSES		Subtotal	Total
<b>A</b>	<b>Personnel Costs</b>		\$-
	Staff Salaries	\$-	
	Fringe Benefits	\$-	
<b>B</b>	<b>Direct Service Costs</b>		\$-
	Activities/Supplies/Consumable Items	\$-	
	Contracted Services	\$-	
<b>C</b>	<b>Other Operating Costs</b>		\$-
	Telephone	\$-	
	Printing/Copying	\$-	
	Postage	\$-	
	Internet Access/IT costs	\$-	
	Other:	\$-	
<b>D</b>	<b>Occupancy Costs</b>		\$-
	Rent	\$-	
	Utilities/Other	\$-	
<b>E</b>	<b>Equipment Costs</b>		\$-
	Purchase	\$-	
	Rental/Lease	\$-	
<b>F</b>	<b>Transportation Costs</b>		\$-
	Driver (Salaries & Fringes)	\$-	
	Vehicle Maintenance	\$-	
	Insurance, etc.	\$-	
	Gasoline	\$-	
	Other	\$-	
<b>G</b>	<b>Housekeeping/Maintenance Costs</b>		\$-
<b>H</b>	<b>Miscellaneous</b>		\$-
<b>Total Service Budget:</b>			<b>\$-</b>
<b>Total Organization Budget:</b>			<b>\$-</b>