

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

| | (A) | (B) | (C) | (D) | (E) | (F) | (G) | (H) | (I) | (J) | (K) | (L) |
|----------------|----------|-----------------|-----------------|--------------|--------------|---------------|----------------|----------------|-----------------|--------|-----|--------|
| | 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 | | \$0.00 |
| 3 | | | \$0.00 | | | \$0.00 | | \$0.00 | | \$0.00 | | \$0.00 |
| 4 | | | \$0.00 | | | \$0.00 | | \$0.00 | | \$0.00 | | \$0.00 |
| 5 | | | \$0.00 | | | \$0.00 | | \$0.00 | | \$0.00 | | \$0.00 |
| 6 | | | \$0.00 | | | \$0.00 | | \$0.00 | | \$0.00 | | \$0.00 |
| 7 | | | \$0.00 | | | \$0.00 | | \$0.00 | | \$0.00 | | \$0.00 |
| 8 | | | \$0.00 | | | \$0.00 | | \$0.00 | | \$0.00 | | \$0.00 |
| 9 | | | \$0.00 | | | \$0.00 | | \$0.00 | | \$0.00 | | \$0.00 |
| 10 | | | \$0.00 | | | \$0.00 | | \$0.00 | | \$0.00 | | \$0.00 |
| 11 | | | \$0.00 | | | \$0.00 | | \$0.00 | | \$0.00 | | \$0.00 |
| 12 | | | \$0.00 | | | \$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.

A. PERSONNEL COSTS

| | Based on Completed Staff Salary Expense Allocation Worksheet | | | | Administrative | Service | Service | Total |
|---|--|--|--|--|-------------------|---------|---------|--------|
| | | | | | | | | Cost |
| 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 |

B DIRECT SERVICE COSTS

Activities Expenses/Supplies/Consumable Items &/or Contracted Services

| | Total | Program | | Program | | Direct | Support | Total |
|---|-------|--------------|----------|-------------|------------------|--------|---------|-------|
| | Item | Monthly Cost | Alloc. % | # of months | Cost | | Service | Cost |
| 1 | | | | | \$- | | | \$- |
| 2 | | | | | \$- | | | \$- |
| 3 | | | | | \$- | | | \$- |
| 4 | | | | | \$- | | | \$- |
| | | | | | <i>Subtotal:</i> | \$- | \$- | \$- |

C OTHER OPERATING COSTS

| | Total | Program | | Program | | Direct | Support | Total |
|---|--------------------------|--------------|----------|-------------|------------------|----------------|---------|-------|
| | Item | Monthly Cost | Alloc. % | # of months | Cost | Administrative | Service | Cost |
| 1 | Telephone | | | | \$- | | | \$- |
| 2 | Office Supplies | | | | \$- | | | \$- |
| 3 | Postage | | | | \$- | | | \$- |
| 4 | Internet Access/IT costs | | | | \$- | | | \$- |
| 5 | | | | | \$- | | | \$- |
| | | | | | <i>Subtotal:</i> | \$- | \$- | \$- |

D OCCUPANCY COST

| | Total | Program | | Program | | Direct | Support | Total |
|---|-------|--------------|----------|-------------|------|----------------|---------|-------|
| | Item | Monthly Cost | Alloc. # | # of months | Cost | Administrative | Service | Cost |
| 1 | Rent | | | | \$- | | | \$- |

| SUBMITTAL - SERVICE BUDGET COST DE | | | | | |
|--|---------------------------------|--------------|-----------|-------------|---------------|
| Note: Information highlighted in green must be manually | | | | | |
| 2 | Electricity | | | | \$- |
| 3 | Gas | | | | \$- |
| 4 | Other: | | | | \$- |
| | | | | | \$- |
| E EQUIPMENT COST | | | | | |
| <i>Indicate with the item name whether the price is for a (P) purchase, (R) rental or (L) lease (example: \$1000.00 per month for a vehicle)</i> | | | | | |
| | Item | Quantity | Unit Cost | Alloc. % | Extended Cost |
| 1 | | | | | \$- |
| 2 | | | | | \$- |
| 3 | | | | | \$- |
| 4 | | | | | \$- |
| 5 | | | | | \$- |
| | | | | | \$- |
| F TRANSPORTATION SERVICES | | | | | |
| <i>Activities Expenses/Supplies/Consumable Items &/or Contracted Services</i> | | | | | |
| | Item | Total | Program | Extended | |
| | | Monthly Cost | Alloc. % | # of months | Cost |
| 1 | Driver (Salary/Fringe Benefits) | | | | \$- |
| 2 | Vehicle Maintenance & Repairs | | | | \$- |
| 3 | Insurance, etc. | | | | \$- |
| 4 | Gasoline | | | | \$- |
| 5 | Other: | | | | \$- |
| | | | | | \$- |
| G HOUSEKEEPING & MAINTENANCE | | | | | |
| <i>Specify Items</i> | | | | | |
| | Item | Total | Program | Extended | |
| | | Monthly Cost | Alloc. % | # of month | Cost |

| SUBMITTAL - SERVICE BUDGET COST DE | | | | |
|---|--|--|--|-----|
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th colspan="6">H MISCELLANEOUS COSTS</th> </tr> <tr> <th colspan="6">Specify Items</th> </tr> <tr> <th></th> <th></th> <th>Total</th> <th>Program</th> <th></th> <th>Extended</th> </tr> <tr> <th></th> <th>Item</th> <th>Monthly Cost</th> <th>Alloc. %</th> <th># of months</th> <th>Cost</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td>\$-</td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> <td></td> <td>\$-</td> </tr> <tr> <td>3</td> <td></td> <td></td> <td></td> <td></td> <td>\$-</td> </tr> <tr> <td>4</td> <td></td> <td></td> <td></td> <td></td> <td>\$-</td> </tr> <tr> <td>5</td> <td></td> <td></td> <td></td> <td></td> <td>\$-</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;"><i>Sub</i></td> </tr> </tbody> </table> | | | | | | H MISCELLANEOUS COSTS | | | | | | Specify Items | | | | | | | | Total | Program | | Extended | | Item | Monthly Cost | Alloc. % | # of months | Cost | 1 | | | | | \$- | 2 | | | | | \$- | 3 | | | | | \$- | 4 | | | | | \$- | 5 | | | | | \$- | | | | | | <i>Sub</i> |
| H MISCELLANEOUS COSTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Specify Items | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Total | Program | | Extended | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Item | Monthly Cost | Alloc. % | # of months | Cost | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | | | | | \$- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | | | | | \$- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | | | | | \$- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | | | | | \$- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | \$- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | <i>Sub</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SERVICE BUDGET GRAND TOT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>I hereby attest that the forgoing is the best estimate of costs associated with the proposed</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Signature of Executive Officer of Proposing Service Deliverer <i>(must be original as electronic signatures not accepted on any documents)</i></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Signature of Fiscal Officer of Proposing Service Deliverer <i>(must be original as electronic signatures not accepted on any documents)</i></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| 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 |
| A | Personnel Costs | \$- | |
| | Staff Salaries | \$- | |
| | Fringe Benefits | \$- | |
| B | Direct Service Costs | \$- | |
| | Activities/Supplies/Consumable Items | \$- | |
| | Contracted Services | \$- | |
| C | Other Operating Costs | \$- | |
| | Telephone | \$- | |
| | Printing/Copying | \$- | |
| | Postage | \$- | |
| | Internet Access/IT costs | \$- | |
| | Other: | \$- | |
| D | Occupancy Costs | \$- | |
| | Rent | \$- | |
| | Utilities/Other | \$- | |
| E | Equipment Costs | \$- | |
| | Purchase | \$- | |
| | Rental/Lease | \$- | |
| F | Transportation Costs | \$- | |
| | Driver (Salaries & Fringes) | \$- | |
| | Vehicle Maintenance | \$- | |
| | Insurance, etc. | \$- | |
| | Gasoline | \$- | |
| | Other | \$- | |
| G | Housekeeping/Maintenance Costs | \$- | |
| H | Miscellaneous | \$- | |
| | Total Service Budget: | | \$- |
| | Total Organization Budget: | | \$- |