

						SUBMITTAL - A1								
				STAFF SALARY EXPENSE ALLOCATION WORKSHEET										
						Project Name: Marketing & Website Services								
	Note: Information highlighted in green must be manually inputted into this spreadshee					(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.										
A. PERSONNEL COSTS										
Based on Completed Staff Salary Expense Allocation Worksheet										
							Administrative	Direct Service	Support 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
						Sub-total:	\$0.00	\$0.00	\$0.00	\$0.00
B DIRECT SERVICE COSTS										
Activities Expenses/Supplies/Consumable Items &/or Contracted Services										
		Total	Program		Program			Direct Service	Support Service	Total Cost
	Item	Monthly Cost	Alloc. %	# of months	Cost					
1					\$-					\$-
2					\$-					\$-
3					\$-					\$-
4					\$-					\$-
					\$-	Subtotal:		\$-	\$-	\$-
C OTHER OPERATING COSTS										
		Total	Program		Program			Direct Service	Support Service	Total Cost
	Item	Monthly Cost	Alloc. %	# of months	Cost		Administrative			
1	Telephone				\$-					\$-
2	Office Supplies				\$-					\$-
3	Postage				\$-					\$-
4	Internet Access/IT costs				\$-					\$-
5					\$-					\$-
					\$-	Subtotal:	\$-	\$-	\$-	\$-
D OCCUPANCY COST										
		Total	Program		Program			Direct Service	Support Service	Total Cost
	Item	Monthly Cost	Alloc. #	# of months	Cost		Administrative			
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 (examp</i>					
				Program	Extended
	Item	Quantity	Unit Cost	Alloc. %	Cost
1					\$-
2					\$-
3					\$-
4					\$-
5					\$-
					\$-
F TRANSPORTATION SERVICES					
<i>Activities Expenses/Supplies/Consumable Items &/or Contracted Services</i>					
		Total	Program		Extended
	Item	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>					
		Total	Program		Extended
	Item	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					
	H MISCELLANEOUS COSTS					
	<i>Specify Items</i>					
		Total	Program		Extended	
	Item	Monthly Cost	Alloc. %	# of months	Cost	
1					\$-	
2					\$-	
3					\$-	
4					\$-	
5					\$-	
					\$-	<i>Sub</i>
				SERVICE BUDGET GRAND TOT		
	I hereby attest that the forgoing 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
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:			\$-