

						SUBMITTAL - A1								
				STAFF SALARY EXPENSE ALLOCATION WORKSHEET										
						Project Name: Network 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					
	Specify Items					
		Total	Program		Extended	
	Item	Monthly Cost	Alloc. %	# of months	Cost	
1					\$-	
2					\$-	
3					\$-	
4					\$-	
5					\$-	
					\$-	Sub
	I hereby attest that the forgoing is the best estimate of costs associated with the proposed					
	Signature of Executive Officer of Proposing Service Deliverer					
	(must be original as electronic signatures not accepted on any documents)					
	Signature of Fiscal Officer of Proposing Service Deliverer					
	(must be original as electronic signatures not accepted on any documents)					

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:			\$-