

						SUBMITTAL - A1							
				STAFF SALARY EXPENSE ALLOCATION		WORKSHEET							
				PROJECT NAME:		Supervised Visits							
	Note: Information highlighted in green must be manually inputted into this spreadshe					(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						
	Supervised Visits									
	Note: Information highlighted in green must be manually inputted into this spreadsheet.									
A. PERSONNEL COSTS										
	Based on Completed Staff Salary Expense Allocation Worksheet							Direct	Support	Total
							Administrative	Service	Service	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	Support	Total
	Item	Monthly Cost	Alloc. %	# of months	Cost			Service	Service	Cost
1					\$-					\$-
2					\$-					\$-
3					\$-					\$-
4					\$-					\$-
					\$-	Subtotal:		\$-	\$-	\$-
C OTHER OPERATING COSTS										
		Total	Program		Program			Direct	Support	Total
	Item	Monthly Cost	Alloc. %	# of months	Cost		Administrative	Service	Service	Cost
1	Telephone				\$-					\$-
2	Printing/Copying				\$-					\$-
3	Postage				\$-					\$-
4	Internet Access/IT costs				\$-					\$-
5	Other:				\$-					\$-
					\$-	Subtotal:	\$-	\$-	\$-	\$-
D OCCUPANCY COST										
		Total	Program		Program			Direct	Support	Total
	Item	Monthly Cost	Alloc. #	# of months	Cost		Administrative	Service	Service	Cost

					SUBMITTAL -
					SERVICE BUDGET COST DE
	Supervised Visits				
	Note: Information highlighted in green must be manually in				
1	Rent				\$-
2	Electricity				\$-
3	Gas				\$-
4	Other:				\$-
					\$-
E EQUIPMENT COST					
	Indicate with the item name whether the price is for a (P) purchase, (R) rental or (L) lease (exan				
				Program	Extended
	Item	Quantity	Unit Cost	Alloc. %	Cost
1					\$-
2					\$-
3					\$-
4					\$-
5					\$-
					\$-
F TRANSPORTATION SERVICES					
	Activities Expenses/Supplies/Consumable Items &/or Contracted Services				
		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					
	Specify Items				

					SUBMITTAL -
					SERVICE BUDGET COST DE
	Supervised Visits				
	Note: Information highlighted in green must be manually ir				
		Total	Program		Extended
	Item	Monthly Cost	Alloc. %	# of month	Cost
1					\$-
2					\$-
3					\$-
4					\$-
					\$-

				SUBMITTAL - A2	
				SERVICE BUDGET COST DETAIL WORKSHEET	
	Supervised Visits				
	Note: Information highlighted in green must be manually inputted into the system.				
H	MISCELLANEOUS COSTS				
	Specify Items				
		Total	Program		Extended
	Item	Monthly Cost	Alloc. %	# of months	Cost
1					\$-
2					\$-
3					\$-
4					\$-
5					\$-
					\$-
					Subtotal
					SERVICE BUDGET GRAND TOTAL
	I hereby attest that the foregoing is the best estimate of costs associated with the proposed project.				
	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		
		Supervised Visits		
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:		\$-	