

SUBMITTAL - A1												
STAFF SALARY EXPENSE ALLOCATION WORKSHEET												
PROJECT NAME: Supervised Visits												
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		\$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

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			Administrative	Direct	Support	Total
					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
				<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	Service	Cost
1	Telephone				\$-		\$-
2	Printing/Copying				\$-		\$-
3	Postage				\$-		\$-
4	Internet Access/IT costs				\$-		\$-
5	Other:				\$-		\$-
					<i>Subtotal:</i>	\$-	\$-

D OCCUPANCY COST

	Total		Program	Program	Direct	Support	Total
	Item	Monthly Cost	Alloc. #	# of months	Cost	Service	Cost

					SUBMITTAL - SERVICE BUDGET COST DE
Supervised Visits					
					Note: Information highlighted in green must be manually i
1	Rent				\$-
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 (exan</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>					

					SUBMITTAL -
					SERVICE BUDGET COST DE
Supervised Visits					
					Note: Information highlighted in green must be manually i
	<u>Item</u>	<u>Total</u>	<u>Program</u>	<u>Extended</u>	
1					\$-
2					\$-
3					\$-
4					\$-
					\$-

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