

SUBMITTAL - A1

STAFF SALARY EXPENSE ALLOCATION WORKSHEET

Project Name:

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	% of Time	Total Project	Expense Category Allocation					
Position Title	per Week	per Week	Weekly Cost	This Project	Spent on this Project	Cost	Administrative %	Direct Service Cost	Support Service %	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

<i>Based on Completed Staff Salary Expense Allocation Worksheet</i>							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
						<i>Sub-total:</i>	\$0.00	\$0.00	\$0.00

B DIRECT SERVICE COSTS

<i>Activities Expenses/Supplies/Consumable Items &/or Contracted Services</i>							Direct	Support	Total
	Item	Total	Program		Program		Service	Service	Cost
		Monthly Cost	Alloc. %	# of months	Cost				
1					\$-				\$-
2					\$-				\$-
3					\$-				\$-
4					\$-				\$-
					\$-	<i>Subtotal:</i>	\$-	\$-	\$-

C OTHER OPERATING COSTS

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

D OCCUPANCY COST

	Item	Total	Program		Program		Direct	Support	Total
		Monthly Cost	Alloc. #	# of months	Cost	Administrative	Service	Service	Cost
1	Rent				\$-				\$-
2	Electricity				\$-				\$-
3	Gas				\$-				\$-
4	Other:				\$-				\$-

SUBMITTAL -				
SERVICE BUDGET COST DET				
Note: Information highlighted in green must be manually inputte				
				\$-
E EQUIPMENT COST				
<i>Indicate with the item name whether the price is for a (P) purchase, (R) rental or (L) lease (example: Col</i>				
			Program	Extended
	Item	Quantity	Unit Cost	Alloc. %
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
1	Mileage Reimbursement			\$-
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
1				\$-
2				\$-
3				\$-
4				\$-
				\$-

				SUBMITTAL -
				SERVICE BUDGET COST DET

Note: Information highlighted in green must be manually inputte

SUBMITTAL - A2				
SERVICE BUDGET COST DETA				
Note: Information highlighted in green must be manually inputted i				
H MISCELLANEOUS COSTS				
<i>Specify Items</i>				
		Total	Program	Extended
	Item	Monthly Cost	Alloc. %	# of months
1				\$-
2				\$-
3				\$-
4				\$-
5				\$-
				\$-
SERVICE BUDGET GRAND				
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:		