

SUBMITTAL - A1												
STAFF SALARY EXPENSE ALLOCATION WORKSHEET												
Project Name:												
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**

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	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				Program	Program	Direct	Support	Total
Item	Total	Program	Program	Cost	Cost	Service	Service	Cost
Item	Monthly Cost	Alloc. %	# of months	Cost	Cost	Service	Service	Cost
1				\$-				\$-
2				\$-				\$-
3				\$-				\$-
4				\$-				\$-
				\$-	<i>Subtotal:</i>	\$-	\$-	\$-

**C OTHER OPERATING COSTS**

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

**D OCCUPANCY COST**

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

					<b>SUBMITTAL - SERVICE BUDGET COST DETAIL</b>		
					Note: Information highlighted in green must be manually inputted		
					\$-		
<b>E EQUIPMENT COST</b>							
<p>Indicate with the item name whether the price is for a (P) purchase, (R) rental or (L) lease (example: Computer - Purchase)</p>					Program	Extended	
	<b>Item</b>	<b>Quantity</b>	<b>Unit Cost</b>	<b>Alloc. %</b>	<b>Cost</b>		
1					\$-		
2					\$-		
3					\$-		
4					\$-		
5					\$-		
					\$-		
<b>F TRANSPORTATION SERVICES</b>							
<p>Activities Expenses/Supplies/Consumable Items &amp;/or Contracted Services</p>					Total	Program	Extended
	<b>Item</b>	<b>Monthly Cost</b>	<b>Alloc. %</b>	<b># of months</b>	<b>Cost</b>		
1	Mileage Reimbursement				\$-		
2	Vehicle Maintenance & Repairs				\$-		
3	Insurance, etc.				\$-		
4	Gasoline				\$-		
5	Other:				\$-		
					\$-		
<b>G HOUSEKEEPING &amp; MAINTENANCE</b>							
<p>Specify Items</p>					Total	Program	Extended
	<b>Item</b>	<b>Monthly Cost</b>	<b>Alloc. %</b>	<b># of month</b>	<b>Cost</b>		
1					\$-		
2					\$-		
3					\$-		
4					\$-		
					\$-		

				<b>SUBMITTAL -</b> <b>SERVICE BUDGET COST DET</b>
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**SUBMITTAL - A:****SERVICE BUDGET COST DATA**

Note: Information highlighted in green must be manually inputted in

<b>H MISCELLANEOUS COSTS</b>		Specify Items			
		Total	Program		Extended
	Item	Monthly Cost	Alloc. %	# of months	Cost
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>
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Signature of Fiscal Officer of Proposing Service Deliverer <i>(must be original as electronic signatures not accepted on any documents)</i>
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<b>SUBMITTAL A3</b>			
<b>SERVICE BUDGET SUMMARY WORKSHEET</b>			
Business:		Proposed Service:	
Location:		Business Status:	
Contact Person:			
Phone Number:		Fax Number:	
Note: Information highlighted in green must be manually inputted into this spreadsheet.			
<b>CLASSIFICATION OF EXPENSES</b>		<b>Subtotal</b>	<b>Total</b>
<b>A</b>	<b>Personnel Costs</b>		\$-
	Staff Salaries	\$-	
	Fringe Benefits	\$-	
<b>B</b>	<b>Direct Service Costs</b>		\$-
	Activities/Supplies/Consumable Items		
	Contracted Services		
<b>C</b>	<b>Other Operating Costs</b>		\$-
	Telephone	\$-	
	Printing/Copying	\$-	
	Postage	\$-	
	Internet Access/IT costs	\$-	
	Other:	\$-	
<b>D</b>	<b>Occupancy Costs</b>		\$-
	Rent	\$-	
	Utilities/Other	\$-	
<b>E</b>	<b>Equipment Costs</b>		\$-
	Purchase		
	Rental/Lease		
<b>F</b>	<b>Transportation Costs</b>		\$-
	Driver (Salaries & Fringes)	\$-	
	Vehicle Maintenance	\$-	
	Insurance, etc.	\$-	
	Gasoline	\$-	
	Other	\$-	
<b>G</b>	<b>Housekeeping/Maintenance Costs</b>		\$-
<b>H</b>	<b>Miscellaneous</b>		\$-
	<b>Total Service Budget:</b>		\$-
	<b>Total Organization Budget:</b>		