SUBMITTAL - A1

STAFF SALARY EXPENSE ALLOCATION WORKSHEET

Project Name: Interpreter Services

Note: Information highlighted in green must be manually inputted into this spreadshee

		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
								Expense Category Allocation					
		Wages	Fringe Benefits	Total Personnel	# of Weeks	% of Time 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 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

	Item	Total Monthly Cost	Program Alloc. %	# of months	Program Cost		Direct Service	Support Service	Total Cost
1					$-				$-
2					$-				$-
3					$-				$-
4					$-				$-
					$-	*Subtotal:*	$-	$-	$-

C OTHER OPERATING COSTS

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

D OCCUPANCY COST

	Item	Total Monthly Cost	Program Alloc. #	# of months	Program Cost		Administrative	Direct Service	Support Service	Total Cost
1	Rent				$-					$-

					SUBMITTAL -
					SERVICE BUDGET COST DE
		Note: Information highlighted in green must be manually			
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 (examp				
				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				
		Total	**Program**		**Extended**
	Item	**Monthly Cost**	**Alloc. %**	**# of month**	**Cost**

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					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*
					SERVICE BUDGET GRAND TOT	
	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:		**$-**