

**SCHEDULE A: SUMMARY OF COSTS**  
**BUDGET SUBMITTAL FORM**

<b>BUSINESS NAME:</b>			
<b>RFP NAME AND NUMBER:</b>			
LINE #	BUDGET CATEGORY	PAID HO URS	TOTAL COST
<b>DIRECT PROGRAM COSTS SALARIES:</b>			
1			
2			
3			
4			
5			
6	TOTAL SALARIES		
7	FRINGE BENEFITS		
8	% OF SALARIES		
<b>DIRECT OPERATING:</b>			
9	CONTRACTED- PERSONNEL		
10	CONTRACTED - SERVICES		
11	TELEPHONE/ CELL PHONE		
12	SUPPLIES		
13	TRAVEL		
14	TRAINING		
15	BUILDING RENT OR MORTGAGE/UTILITIES (ONLY IF NOT CO-LOCATED)		
16	INSURANCE		
17	PRINTING		
18	POSTAGE		
19	ACTIVITIES (FOR COMMUNITY SKILLS WORK)		
20	TOTAL OPERATING		
21	TOTAL DIRECT COSTS		
<b>INDIRECT ALLOCATIONS:</b>			
22	ADMINISTRATION (NOT TO EXCEED 13%)		
23	IT EQUIPMENT		
24	REPAIR & MAINTENANCE		
26	TOTAL INDIRECT		
27	TOTAL COSTS		
28	TOTAL DIRECT SERVICE/ SUPERVISION FTES		

**SCHEDULE A\*: BUDGET SUBMITTAL FORM INSTRUCTIONS**

**General Instructions:**

The Budget Submittal Form is a generic form designed to best fit all Program Proposals. **Please read the program specifications carefully and follow the format to ensure that each budget item is considered for submittal**

**Form A Detailed Instruction:**

**Lines 1-6 – Salaries**

1-5 – Enter position titles in Column B. Enter paid hours for the contract period in Column C. Enter total salary for each position for the contract period.

6 – Sum of lines 1 –5

**Line 7 – Fringe Benefits**

Enter the total fringe benefits to be paid for the total salaries on line 5 (*max 25% – 33%*)

**Line 8 - % of Salaries**

Line 7/Line 5

**Lines 9-20 – Direct Operating**

9-19 – Enter the total to be paid for each line item during the contract period. Include any additional items not included in 9-15 on lines 16-19.

20 – Sum of lines 9-19.

**Line 21 – Total Direct Costs**

Sum of lines 6, 7, and 20.

**Lines 22-26 – Indirect Allocations**

22-25 – Enter the total company costs to be allocated to this program for the contract period. Include any additional items not included in 22-23 on lines 24-25.

26 – Sum of lines 22-25.

**7). Line 27 – Total Costs**

**8.) Line 28 – Total number of direct service/supervision FTEs funded by this contract**

**\*A completed Schedule A is to be included in the Proposal Packet.**