

WIOA Area 20 RFP - Hocking, Ross, Vinton Counties Disaster Recovery Budget - Attachment A

Date:

| | |
|------------------------------|-----------|
| Applicant Information | |
| Agency Name: | |
| Address: | City: |
| State: | Zip Code: |
| Executive Dir./Pres.: | Phone: |
| Fiscal Contact: | Phone: |
| Email Address: | |

| | |
|-----------------------------|-------------------------------------|
| Contract Information | |
| Contract Budget Period: | From: August 1, 2018 - May 31, 2019 |
| Contract Budget Amount: | |

| | |
|-----------------------------------|---|
| Budget Summary Information | |
| Staff Costs: | |
| Salaries | |
| Payroll Related Exp. | |
| Consultation Fees | |
| TOTAL STAFF COSTS | 0 |

| | |
|--------------------------------|---|
| Operational Costs | |
| Travel | |
| Consumable Supplies | |
| Occupancy | |
| Insurance | |
| Indirect Costs | |
| Other-Misc. | |
| Supportive Services | |
| Stipends | |
| Total Operational Costs | 0 |

| | |
|--|---|
| Equipment Costs | |
| Small Equip. Purchases | |
| Leased and Rented Equip (please attach any detail for equipment costs) | |
| Total Equip Costs | 0 |

| | |
|---------------------|---|
| TOTAL BUDGET | 0 |
|---------------------|---|

| A. Detail - Salaries | | Salary for Budget Period (Salary/Hour X total Hours) | |
|----------------------------------|-----------------|--|---|
| Employee Name and Position Title | Salary per Hour | Period | |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| Total Salary Cost | | | 0 |

| | | | |
|--|-----------------------------------|-----------------------|---|
| B. Detail - Payroll Related Exp | | Indicate Formula Used | |
| 1. | Social Security | | |
| 2. | Workers Comp | | |
| 3. | Unemployment Insurance | | |
| 4. | Retirement Expense | | |
| 5. | Hospitalization Insurance Premium | | |
| 6. | Medicare | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |
| Total Exp | | | 0 |

| | | |
|-----------------------------------|---------------------------|----------|
| C. Detail - Travel Expense | | |
| 1. | Gasoline & Oil | |
| 2. | Vehicle Repair | |
| 3. | Vehicle License | |
| 4. | Vehicle Insurance | |
| 5. | Other - please identify: | |
| 6. | Mileage Rate | per mile |
| 7. | Total Mileage Expense | |
| 8. | Conference, Meeting, etc. | |
| 9. | Purchased Transportation | |
| Total Travel | | 0 |

| | | |
|---|-------------------------|---|
| D. Detail - Consumable Supplies Exp. | | |
| 1. | Office Supplies | |
| 2. | Program Supplies | |
| 3. | Training | |
| 4. | Other - please identify | |
| 5. | Other - please identify | |
| Total Supplies | | 0 |

| | | | |
|------------------------------------|-------------------------------------|----------------------------------|---|
| E. Detail - Occupancy Costs | | Total cost/month X Budget Period | |
| | | Total Cost/ Month | |
| 1. | Office Space | | |
| - Total Square Feet: | -Total Square Feet | | |
| - Cost/Sq. Ft: | -Cost per Square Feet | | |
| 2. | Utilities - if not included in rent | | |
| | -Maintenance | | |
| | -Heat | | |
| | -Electricity | | |
| | -Telephone | | |
| | -Water | | |
| | -Other | | |
| Total Cost | | | 0 |

| F. Detail - Insurance Costs | | |
|-----------------------------|--------------------------|---|
| 1. | Liability | |
| 2. | Property | |
| 3. | Accident | |
| 4. | Other - Please Identify: | |
| 5. | Other - Please Identify: | |
| 6. | Other - Please Identify: | |
| Total Costs | | 0 |

| G. Indirect Costs (i.e. Administrative Overhead) | | |
|--|--|---|
| Please Identify | | |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| Total Costs | | 0 |

Provide a brief narrative justifying Administrative Cost above:

| H. Detail - Other/Misc. (including Media) | | | Note: attach itemized list |
|---|---------------------------|--|----------------------------|
| 1. | Memberships/Subscriptions | | |
| 2. | Printing | | |
| 3. | Mailing | | |
| 4. | | | |
| 5. | | | |
| Total Costs | | | 0 |

| I. Detail - Small Equipment Purchases (Under \$1,000) | | | | Note: Prior approval needed |
|---|-------------|---------------|------------------|-----------------------------|
| A | B | C | | |
| Item of Equipment | Qty Charged | Cost Per Item | Total Cost (BxC) | |
| 1. | | | | 0 |
| 2. | | | | 0 |

| J. Detail - Leased & Rented Equipment | | | |
|--|-------------|---------------|------------------|
| A | B | C | |
| Item of Equipment (include model & year) | Qty Charged | Cost Per Item | Total Cost (BxC) |
| 1. | | | 0 |
| 2. | | | 0 |

K. Provide brief budget narrative here justifying the total cost proposal: