

WIOA Area 20 Youth Services RFP - July 1, 2019 - June 30, 2020

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: July 1, 2017 - June 30, 2018		
Counties Requesting to Serve: 				
Amount Requested: 				
Total Units Served (non-duplicated): 				
Total Cost per United Served: 				
Total Hours/Days per Unit: 				
A Unit = 		Unit Rate = 		
Budget Summary Information				
Staff Costs:		Program A	Program B	Program C
Salaries				
Payroll Related Exp.				
Consultation Fees				
TOTAL STAFF COSTS		0	0	0
Operational Costs		Program A	Program B	Program C
Travel				
Consumable Supplies				
Occupancy				
Insurance				
Indirect Costs				
Other-Misc.				
Supportive Services				
Stipends				
Total Operational Costs		0	0	0
Equipment Costs		Program A	Program B	Program C
Small Equip. Purchases				
Leased and Rented Equip				
Total Equip Costs		0	0	0
TOTAL BUDGET		0	0	0

A. Detail - Salaries		Salary for Budget Period (Salary/Hour X total Hours)			
Employee Name and Position Title	Salary per Hour	Period	Program A	Program B	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
Total Salary Cost			0	0	

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

WIOA Area 20 OMJ RFP
Career Services Cost Sheet - Attachment B

C. Detail - Consultation Fees

Note: Attach service agreement or fee schedule

	Description	Hours	Hourly Rate	Program A	Program B
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
Total Fees				0	0
TOTAL STAFF				0	0

D. Detail - Travel Expense

	Description		Program A	Program B
1.	Gasoline & Oil			
2.	Vehicle Repair			
3.	Vehicle License			
4.	Vehicle Insurance			
5.	Other - please identify:			
6.	Mileage Rate	\$ _____ per mile		
	Total Mileage Expense			
7.	Conference, Meeting, etc.			
	Purchased Transportation			
Total Travel			0	0

E. Detail - Consumable Supplies Exp.

	Description	Program A	Program B
1.	Office Supplies		
2.	Program Supplies		
3.	Training		
4.	Other - please identify		
5.	Other - please identify		
Total Supplies		0	0

F. Detail - Occupancy Costs

		Total cost/month X Budget Period	Program A	Program B
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	0

G. Detail - Insurance Costs

	Description	Program A	Program B
1.	Liability		
2.	Property		
3.	Accident		
4.	Other - Please Identify:		
5.	Other - Please Identify:		
6.	Other - Please Identify:		
Total Costs		0	0

Program C

0

Program C

0

Program C
0

0

Program C
0

Program C
0

Program C
0

Program C
0

H. Indirect Costs (i.e. Administrative Overhead)

Please Identify		Program A	Program B	Program C
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
Total Costs		0	0	0

Provide a brief narrative justifying Administrative Cost above:

I. Detail - Other/Misc. (including Media)

Note: attach itemized list

		Program A	Program B	Program C
1.	Memberships/Subscriptions			
2.	Printing			
3.	Mailing			
4.	Other - please identify:			
5.	Other - please identify:			
6.	Other - please identify:			
7.	Other - please identify:			
8.	Other - please identify:			
9.	Other - please identify:			
10.	Other - please identify:			
Total Costs		0	0	0

J. Detail - Supportive Services for Participants

		# of Units	Cost Per	Program A	Program B	Program C
1.	Transportation					
2.	Education					
3.	Other - please identify:					
4.	Other - please identify:					
5.	Other - please identify:					
6.	Other - please identify:					
Total				0	0	0

K. Detail - Stipends Paid to Participants

Stipends (indicate formula used)		# of Units	Cost Per	Program A	Program B	Program C
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
Total				0	0	0

**WIOA Area 20 OMJ RFP
Career Services Cost Sheet - Attachment B**

L. Detail - Small Equipment Purchases (Under \$1,000)

Note: Prior approval needed

	A	B	C	D	E	F
	Item of Equipment	Qty Charged	Cost Per Item	Total Cost (BxC)	% Used	Amt Charged (DxE)
1.				0		0
2.				0		0
3.				0		0
4.				0		0
5.				0		0
6.				0		0
7.				0		0
					Total	0

M. Detail - Leased & Rented Equipment

	A	B	C	D	E	F
	Item of Equipment (include model & year)	Qty Charged	Cost Per Item	Total Cost (BxC)	% Used	Amt Charged (DxE)
1.				0		0
2.				0		0
3.				0		0
4.				0		0
5.				0		0
6.				0		0
7.				0		0
					Total	0

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

Please give a clear definition of each unit of service for each program being proposed

A unit can be per hour, per class, per participant, etc. Describe the specific activities that will be provided to comprise each unit.