WIOA Area 20 OMJ RFP

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				
	Travel			
	Consumable Supplies			
	Occupancy			
	Insurance			
	Indirect Costs			
	Other-Misc.			
	Supportive Services			
	Stipends			
	Total Operational Costs	0	0	0
Equipment Costs				
	Small Equip. Purchases			
	Leased and Rented Equip			
	Total Equip Costs	0	0	0
TOTAL BUDGET		0	0	0

A. Detail - Salaries

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

B. Detail - Payroll Related Exp

		Indicate Formula Used		Program A	Program B	Program C
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	0

C. Detail - Consultation Fees Note: Attach service agreement or fee schedule

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

D. Detail - Travel Expense				Program A	Program B	Program C
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	0

E. Detail - Consumable Supplies Exp.			Program A	Program B	Program C
1.	Office Supplies				
2.	Program Supplies				
3.	Training				
4.	Other - please identify				
5.	Other - please identify				
		Total Supplies	0	0	0

F. Detail - Occupancy Costs Total cost/month X Budget Period

		Total Cost/ Month		Program A	Program B	Program C
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	0

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

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.