WIOA Area 20 Career Services 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

	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

	Program A	Program B	Program C
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	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.