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| **APPENDIX B: Proposal Budget RFP 203** |
| **OFFICE OF ECONOMIC AND WORKFORCE DEVELOPMENT** |
|  | **Organization: [INSERT NAME]** | **Proposal Area: [INSERT LETTER]** | *Amount requested from OEWD for this project* | ***\*Column B only applies to areas CC, DD and EE.*** | *Any additional committed funds that will support this project.* |
|  | **Budget Item** |  |  |  |  | **Budget Request** | **Year 2 Budget Request\*** | **Leveraged Resources** |
|  | **Salaries and Wages** | **Personnel Time** | **Column A** | **Column B** | **Column C** |
|  | **Name - Title** | **Rate/Hr** | **Total # of Hrs** |
| 1 |  | $ - | 0 | $ - | $ - | $ - |
| 2 |  | $ - | 0 | $ - | $ - | $ - |
| 3 |  | $ - | 0 | $ - | $ - | $ - |
| 4 |  | $ - | 0 | $ - | $ - | $ - |
| 5 |  | $ - | 0 | $ - | $ - | $ - |
| 6 |  | $ - | 0 | $ - | $ - | $ - |
| 7 |  | $ - | 0 | $ - | $ - | $ - |
| 8 |  | $ - | 0 | $ - | $ - | $ - |
| **9** | **Total Salaries & Wages (Lines 1 - 8)** | **$ -** | **$ -** | **$ -** |
|  | **Total Fringe Benefits** | **Column A** | **Column B** | **Column C** |
|  | **Item** |  |  |  | **Rate** |
| 10 | Please include all fringe costs (FICA, SUI, Workers Comp, Medical, Retirement, Other) | % - | $ - | $ - | $ - |
|  | **Subcontractor/Consultant Expenses** | **Column A** | **Column B** | **Column C** |
|  | **Name of Contractor or Consultant/Description of Services or Scope** |
| 11 |  | $ - | $ - | $ - |
| 12 |  | $ - | $ - | $ - |
| 13 |  | $ - | $ - | $ - |
| 14 |  | $ - | $ - | $ - |
| **15** | **Total Cost of Sub/Consultant Expenses (Lines 11 - 14)** | **$ -** | **$ -** | **$ -** |
|  | **Program Expenses** | **Column A** | **Column B** | **Column C** |
| 16 |  | $ - | $ - | $ - |
| 17 |  | $ - | $ - | $ - |
| 18 |  | $ - | $ - | $ - |
| 19 |  | $ - | $ - | $ - |
| 20 |  | $ - | $ - | $ - |
| 21 |  | $ - | $ - | $ - |
| **22** | **Total Cost of Program Expenses (Lines 16 – 21)** | **$ -** | **$ -** | **$ -** |
|  | **Office Supplies** | **Column A** | **Column B** | **Column C** |
| 23 |  | $ - | $ - | $ - |
|  | **Other Expenses** | **Column A** | **Column B** | **Column C** |
| 24 | Grants/Pass-throughs (Program Areas DD, EE, FF) | $ - | $ - | $ - |
| 25 |  | $ - | $ - | $ - |
| 26 |  | $ - | $ - | $ - |
| 27 |  | $ - | $ - | $ - |
| 28 |  | $ - | $ - | $ - |
| 29 |  | $ - | $ - | $ - |
| **30** | **Total Cost of Other Expenses (Lines 24 – 29)** | **$ -** | **$ -** | **$ -** |
|  | **TOTAL** | **Column A** | **Column B** | **Column C** |
| **31** | **TOTAL PROGRAM BUDGET:** | **$ -** | **$ -** | **$ -** |