

**RFP No. DCCF-2007-R-0002**  
**Attachment J-J.2.6**

**PROJECT COMPONENT BUDGET**

<b><u>COST CATEGORY</u></b>	<b><u>AMOUNT</u></b>
1. ADMINISTRATION	\$ _____
2. TRAINING	\$ _____
<b>TOTAL AMOUNT</b>	<b>\$ _____</b>

I, \_\_\_\_\_, as the authorized representative for the Contractor, do hereby agree with the information and format contained with this **PROJECT COMPONENT BUDGET** package. Further, I do hereby agree to invoice the Department of Employment Services on the basis prescribed in any resultant contract, for only those costs incurred, which are deemed allowable by the District.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**SPECIAL NOTE:**

To constitute adequate cost and pricing data the enclosed budget summary sheets must be accompanied by a budget narrative delineating the cost for each line item, e.g., quantity, unity cost, description and justification. Please round cents to the nearest dollar.

**ADMINISTRATION**  
**Supportive Budget Summary**

<b>A.</b>	<b><u>Direct Cost</u></b> .....	\$ _____
	1. Staff Salaries.....	\$ _____
	2. Fringe.....	\$ _____
	a. FICA <u>7.65%</u>	
	1) SSI <u>6.20%</u> x \$ _____ =	\$ _____
	2) Medicare <u>1.45%</u> x \$ _____ =	\$ _____
	b. Workers Comp. ____% x \$ _____ =	\$ _____
	c. U.I.            ____% x \$ _____ =	\$ _____
	d. Health Ins.   ____% x \$ _____ =	\$ _____
	e. Retirement   ____% x \$ _____ =	\$ _____
	f. Other (specify) ____% x \$ _____ =	\$ _____
	3. Travel.....	\$ _____
	4. Rent.....	\$ _____
	5. Utilities.....	\$ _____
	6. Equipment.....	\$ _____
	7. Communications.....	\$ _____
	8. Supplies.....	\$ _____
	9. Reproduction.....	\$ _____
	10. Custodial Security.....	\$ _____
	11. Tuition/OJT Reimbursement.....	\$ _____
	12. Other (SPECIFY).....	\$ _____
	a.	
	b.	
	c.	
<b>B.</b>	<b><u>Indirect Cost</u></b> .....	\$ _____
<b>C.</b>	<b><u>Total (Direct and Indirect Cost)</u></b> .....	\$ _____

**TRAINING**  
**Supportive Budget Summary**

<b>A.</b>	<b><u>Direct Cost</u>.....</b>	\$ _____
	1. Staff Salaries.....	\$ _____
	2. Fringe.....	\$ _____
	a. FICA <u>7.65%</u>	
	1) SSI <u>6.20%</u> x \$ _____ =	\$ _____
	2) Medicare <u>1.45%</u> x \$ _____ =	\$ _____
	b. Workers Comp. _____% x \$ _____ =	\$ _____
	c. U.I.           _____ % x \$ _____ =	\$ _____
	d. Health Ins.   _____ % x \$ _____ =	\$ _____
	e. Retirement   _____ % x \$ _____ =	\$ _____
	f. Other (specify) _____% x \$ _____ =	\$ _____
	3. Travel.....	\$ _____
	4. Rent.....	\$ _____
	5. Utilities.....	\$ _____
	6. Equipment.....	\$ _____
	7. Communications.....	\$ _____
	8. Supplies.....	\$ _____
	9. Reproduction.....	\$ _____
	10. Custodial Security.....	\$ _____
	11. Tuition/OJT Reimbursement.....	\$ _____
	12. Other (SPECIFY).....	\$ _____
	a.	
	b.	
	c.	
<b>B.</b>	<b><u>Indirect Cost</u>.....</b>	\$ _____
<b>C.</b>	<b><u>Total (Direct and Indirect Cost)</u>.....</b>	\$ _____

**CONTRACTOR CONTACT PERSONS**

**NAME OF ORGANIZATION:** \_\_\_\_\_

**PRINCIPAL OFFICER:**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **FAX NUMBER/E-MAIL:** \_\_\_\_\_

**PROJECT/PROGRAM DIRECTOR:**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **FAX NUMBER/E-MAIL:** \_\_\_\_\_

**TRAINING LOCATION:**

\_\_\_\_\_

**FINANCIAL OFFICER/REPRESENTATIVE:**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **FAX NUMBER/E-MAIL:** \_\_\_\_\_

**PERSON (S) AUTHORIZED TO SIGN REQUEST FOR PAYMENT:**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

## SCHEDULE OF SALARY PRORATION

Contractor Name: \_\_\_\_\_

Contract No: \_\_\_\_\_

Effective Date: \_\_\_\_\_

*Name of Employees	(A) **Position/ Title	(B) Annual Salary	Total Charge This Contract	(D) # of Months	(E) Admin.	%	(F) Training	%	(G) Training Related Services	%
<b>TOTAL</b>										

\* Attach Personnel Action(s), Letter(s), or Appointment(s), Consultant Agreement(s), etc.  
 \*\* If position is currently vacant, attach Job Announcement/Description and a commitment letter stating offeror's intent to hire contingent upon award of contract.