



Bidder Name and RFP Package Identification:

		RFP BUDGET LINE ITEM	COST REIMBURSMENT ALLOCATION
A		DIRECT PROGRAM COSTS	\$ Amount
	1	Staff Salaries	
	2	Staff Fringe	
	3	Travel	
	4	Rent / Utilities	
	5	Equipment - Lease/ Maintenance/ Purchase	
	6	OTHER DIRECT COSTS	
		a. Supplies - Office/ Postage/ Other	
		b. Telephone/ Internet	
		c. Staff Training	
		d. Conferences/ Meetings	
		e. Marketing/ Printing	
		f. Other	
	7	Insurance & Bonding	
	7	Contractual/ Outsourced - identify	
	9	Sub-Total Program Costs	0
B		PARTICIPANT COSTS	
	1	Participant Wages/ Stipends	
	2	Participant Taxes/ Fringe	
	3	Participant Supplies/ Training Needs Supplies	
	4	Participant Travel	
	5	Sub-Total Participant Cost	0
C		ADMINISTRATIVE COSTS	
	1	Staff Salaries	
	2	Staff Fringe	
	3	Other Direct Costs (Supplies, Staff Training, Conferences/Meetings)	
	4	Audit/ Legal	
	5	Insurance & Bonding	
	6	Contractual/ Outsourced - identify	
	7	Sub-Total Administrative Costs	0
D		TOTAL AMOUNT (A+B+C):	0
		Signature:	
		Title:	
		Date:	

NOTE: Please provide a detailed budget narrative and any budget schedules for each of the above line items.