**RFP for Southwestern Connecticut American Job Center Operator/Provider**

**BUDGET SUMMARY**

|  |  |
| --- | --- |
| **Organization Name:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **(1) Budget Line Items** | | | **(2) Budget Totals** | |
| **A. DIRECT PROGRAM COSTS** | | | | | |
|  | **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** | |  | |
| **8** | **Contractual/ Outsourced - identify** | |  | |
|  | **a. Other:** | |  | |
| **9** | **Sub-Total Program Costs** | |  | |
| **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** | |  | |
| **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** | |  | |
|  | **a. Other:** | |  | |
| **7** | **Sub-Total Administrative Costs** | |  | |
| **D. TOTAL AMOUNT (A+B+C):** | | | |  | |
| Signature: | | |  | |  |
| Title: | | |  | |  |
| Date: | | |  | |  |
|  | | |  | |  |

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