

2017 WIOA Adult, Dislocated Worker Services/ Career Center Operations

Bidder Name:

Local Area:

Rename the file (Save as) [CURRENT FILE NAME]\_BiddersName.xlsx

This budget should reflect anticipated expenses for a 12-month period from July 1, 2019- June 30, 2020

Only enter data into the gray shaded cells. The yellow cells contain formulas, some of which carry data between pages.

On pages 2-4 of this spreadsheet, you will identify actual costs associated with this proposed project. Those costs will be totaled and entered automatically in this highlighted cell:

If you are a for-profit provider, enter the amount of profit you are proposing.

The total of actual costs and profit (if applicable) are totaled automatically and entered in this highlighted cell. This should represent the total cost you propose to charge for the proposed training period

**2017 WIOA Adult, Dislocated Worker Services/ Career Center Operations**

Bidder Name:  
Local Area

Davidson

**Calculation of actual costs for the proposal**

**A. PERSONNEL EXPENSE:** Include only staff salary and fringe benefit expense here. If you have a negotiated indirect cost rate you will calculate that amount later. You may not include both direct administrative cost and indirect cost. If the staff person performs only administrative functions, please indicate as such.

	Staff job title	Number of staff in this role.	Hours per week for this proposal	Hourly salary	Weekly salary for this proposal (calculated by formula)	Total weekly amount of benefits (FICA, insurance, etc)	Number of weeks for this proposal	Total staff cost (calculated by formula)
1					\$ -			\$ -
2					\$ -			\$ -
3					\$ -			\$ -
4					\$ -			\$ -
5					\$ -			\$ -
6					\$ -			\$ -
7					\$ -			\$ -
8					\$ -			\$ -
9					\$ -			\$ -
10					\$ -			\$ -
	<b>Total personnel expense</b>							<b>\$ -</b>

List the categories of staff benefits included in the benefits column in the shaded space below

**2017 WIOA Adult, Dislocated Worker Services/ Career Center Operations**

Bidder Name:   
 Local Area: Davidson

**C. OPERATIONAL EXPENSE: Include all expense not directly associated with participants, e.g., office supplies, staff gas mileage, copier rental, equipment rental, staff training expense, etc.**

	Description of type of expenses	Unit of measurement (timeframe, mile, etc.)	Cost per unit	Number of units	Total item cost (calculated by formula)
1					\$ -
2					\$ -
3					\$ -
4					\$ -
5					\$ -
6					\$ -
7					\$ -
8					\$ -
9					\$ -
10					\$ -
11					\$ -
12					\$ -
13					\$ -
14					\$ -
15					\$ -
	<b>Total operational expense</b>				<b>\$ -</b>

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**D. PARTICIPANT RELATED EXPENSE: Include expenses for instructional software licenses, student skills training tuition, fees, books and materials; participant transportation; miscellaneous participant support; internships, work experience; etc.**

	Description of type of expenses	Unit of measurement	Cost per unit	Number of units	Total item cost (calculated by formula)
1					
2					\$ -
3					\$ -
4					\$ -
5					\$ -
6					\$ -
7					\$ -
8					\$ -
9					\$ -
10					\$ -
11					\$ -
12					\$ -
13					\$ -
14					\$ -
15					\$ -
16					\$ -
	<b>Total participant-related expenses</b>				<b>\$ -</b>

**Complete the next section (Indirect Cost) only** if are proposing an Indirect Cost Rate and can verify same through verification process. You must submit verification documentation with your proposal. You may not propose both direct administrative expenses AND an Indirect Cost Rate.

**INDIRECT COST (only allowable if you have a negotiated indirect cost rate)**

Identify the cognizant agency approving your indirect rate in the cell to the right

Description of item	Amount used to calculate indirect cost	Indirect cost rate	Total cost
Indirect cost rate calculation			\$ -

What cost category was used to determine the base for the calculations?