

**Budget**  
**RFP#: GC20-018**

**Bidder Name:**

**Please note that the shaded cells are locked and will auto-fill. Please enter requested information in the unshaded cells only.**

<b>1. STAFF RESOURCES - EMPLOYEES</b>			
Name/Title	Estimated Hours	Hourly Rate	Total
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
<b>Total Salaries</b>			<b>\$ -</b>

<b>2. FRINGE BENEFITS</b>		
Benefit /Description	Calculation of Cost	Total
<b>Total Fringe Benefits</b>		<b>\$ -</b>

<b>3. PURCHASED SERVICES - NON-EMPLOYEES</b> (Subcontractors, consultants, including travel, other contractual services)		
Provider of Services/Description	Calculation of Cost	Total

Total Purchased Services - Non-employees		\$ -

<b>4. NON-PERSONAL SERVICE ITEMS</b> (Supplies, materials, employee travel)		
Item/Description	Calculation of Cost	Total
Total Non-Personal Service Items		\$ -

<b>5. OTHER COSTS</b>		
Description	Calculation of Cost	Total
Total Other Costs		\$ -

<b>TOTAL DIRECT COSTS (Sum of 1-5)</b>	\$ -
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<b>6. INDIRECT COSTS</b>		
Indirect Cost Rate %	Total Direct Costs (modified, if applicable)	Total
		\$ -

<b>GRAND TOTAL</b>	\$ -
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Authorized Signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Organization Name: \_\_\_\_\_  
 Organization Address: \_\_\_\_\_

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

**RFP# : GC20-018**  
**3-Year Budget Summary**

Category	Year 1	Year 2	Year 3	Grand Total Projected Amount
1. Staff Resources	\$0			\$0
2. Fringe Benefits	\$0			\$0
3. Purchased Services	\$0			\$0
4. Non-Personal Service	\$0			\$0
5. Other	\$0			\$0
6. Indirect Costs	\$0			\$0
Total	\$0	\$0	\$0	\$0

Vendor Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

\_\_\_\_\_

**Bidder Name:**

Name of Subcontractor	M/WBE*	Entity Type	V
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	<input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit	
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	<input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit	
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	<input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit	
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	<input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit	
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	<input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit	
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	<input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit	
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	<input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit	
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	<input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit	
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	<input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit	
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	<input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit	
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	<input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit	
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	<input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit	
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	<input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit	
Total Multi-Year Subcontracting			

\*Indicate whether the subcontractor is a Minority or Women–Owned Busin

**20-018**  
**ing Form**

Work Description	Year 1 Cost	Multi-Year Cost (including Year 1)
Total Multi-Year Subcontracting Costs		\$0
Total Multi-Year Project Budget		\$0
g Costs divided by Total Multi-Year Budget (%)**		#DIV/0!

ness Enterprise. Leave box blank if subcontractor is neither.

**M/WBE Goal Calculation Worksheet**

(This form should reflect Multi-Year Budget Summary Totals)

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Applicant Name: \_\_\_\_\_

The M/WBE participation for this procurement is 30% of the bidder's total discretionary non-personal service budget over the entire term of the contract. Discretionary non-personal service budget is defined as the total budget, excluding the sum of funds budgeted for direct personal services (i.e., professional and support staff salaries) and fringe benefits, as well as rent, lease, utilities, and indirect costs, if these are allowable expenditures. Please complete the following table to determine the dollar amount of the M/WBE goal for this bid.

	Budget Category	Amount budgeted for items excluded from M/WBE calculation	Totals
1.	Total Budget		\$0.00
2.	Professional Salaries		
3.	Support Staff Salaries		
4.	Fringe Benefits		
5.	Indirect Costs		
6.	Rent/Lease/Utilities		
7.	Sum of lines 2, 3, 4, 5, and 6		\$0.00
8.	Line 1 minus Line 7		\$0.00
9.	M/WBE Goal percentage (30%)		30%
10.	Line 8 multiplied by Line 9 =M/WBE goal amount		\$0.00

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MWBE Purchases Form**

**Bidder Name:**

**Table 1: Minority Business Enterprise (MBE)**

Name of Vendor	Type of Services or Supplies	Year 1 Cost	Multi-Year Cost (including Year 1)
Total MBE Costs			\$0
Total Discretionary non-personal service Budget			\$0
Total MBE Costs divided by Total Budget (%)			#DIV/0!

**Table 2: Women-Owned Business Enterprise (WBE)**

Name of Vendor	Type of Services or Supplies	Year 1 Cost	Multi-Year Cost (including Year 1)
Total WBE Costs			\$0
Total Discretionary non-personal service Budget			\$0
Total WBE Costs divided by Total Budget (%)			#DIV/0!