

Technical Assistance Center (TAC) Cost Proposal

RFP#: 20-015

Year 1 Budget

Bidder Name:

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

1. SALARIES: Include all staff attributable to this project that are employees of the bidding agency. Do not include subcontractors, which should be included under Purchased Services. Do not include central administrative staff that are considered to be indirect costs (e.g., business office staff). One full-time equivalent (FTE) equals one person working an entire week, each week of the project. Express partial FTEs in decimals (e.g., a teacher working one day per week equals 0.2 FTE.)

Name/Title	FTE	Annual Salary	Total
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Total Salaries			\$ -

2. PURCHASED SERVICES: Include subcontractors (indicate # of days and cost per day in the Calculation of Cost column), rentals, tuition, and other contractual services. Include the cost of any subcontractor travel in this category.

Provider of Services/Description	Calculation of Cost	Total

5. EMPLOYEE BENEFITS: Benefit rates used for project personnel must be the same as those used for other agency personnel.

Benefit /Description	Calculation of Cost	Total
Total Employee Benefits		\$ -

TOTAL DIRECT COSTS (Sum of 1-5)	\$ -
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6. INDIRECT COSTS: Insert approved restricted indirect cost rate. Calculate the total modified direct costs by finding the sum of all preceding subtotals (1-5) excluding any tuition assistance, instructional support, and the portion of any subcontract in #2 (Purchased Services) that exceeds \$25,000.

Approved Restricted Indirect Cost Rate %	Total Direct Costs (modified, if applicable)	Total
		\$ -

7. PURCHASED SERVICES WITH BOCES: List and calculate the cost of any services provided by BOCES in support of this project.

Description of Service and Name of BOCES	Calculation of Cost	Total
Total Purchased Services with BOCES		\$ -

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3-Year Budget Summary

Category	Year 1	Year 2	Year 3	Grand Total Projected Amount
1. Salaries	\$0			\$0
2. Purchased Services	\$0			\$0
3. Supplies & Materials	\$0			\$0
4. Travel	\$0			\$0
5. Employee Benefits	\$0			\$0
6. Indirect Costs	\$0			\$0
7. Purchased Services with BOCES	\$0			\$0
8. Equipment	\$0			\$0
Total	\$0	\$0	\$0	\$0

Vendor Signature: _____

Date: _____

Printed Name: _____

Company Name: _____

Company Address: _____

**Technical Assistance Center (TAC) Cost Proposal
RFP# : 20-015
Subcontracting Form**

Bidder Name:

Name of Subcontractor	M/WBE*	Entity Type	Work Description	Year 1 Cost
	<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		
	<input type="checkbox"/> MBE <input type="checkbox"/> WBE	<input type="checkbox"/> For Profit <input type="checkbox"/> Not –For-Profit		
Total Multi-Year Subcontracting Costs				
Total Multi-Year Project Budget				
Total Multi-Year Subcontracting Costs divided by Total Multi-Year Budget (%)**				

*Indicate whether the subcontractor is a Minority or Women–Owned Business Enterprise. Leave box blank if subcontractor

**Subcontracting is limited to thirty percent (30%) of the total contract budget.

M/WBE Goal Calculation Worksheet

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

RFP #20-015

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 =MWBE 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!