







<b>7. INDIRECT COSTS:</b> Insert approved restricted indirect cost rate. Calculate the total modified direct		
Approved Restricted Indirect Cost Rate %	Total Direct Costs (modified, if applicable)	Total
		\$ -

<b>8. PURCHASED SERVICES WITH BOCES:</b> 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		\$ -

<b>9. EQUIPMENT:</b> Itemize equipment to be purchased for this project with a unit cost of \$5,000 or more. Equipment items under \$5,000 should be budgeted under Supplies & Materials. Repairs of equipment should be budgeted under Purchased Services.			
Description of Item	Quantity	Unit Cost	Total
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Total Equipment			\$ -

<b>GRAND TOTAL</b>	\$ -
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Vendor Signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Company Address: \_\_\_\_\_  
 \_\_\_\_\_

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

**Technical Assistance Center (TAC) Cost Proposal**  
**RFP # 24-017 - New York State Regional Adult Education Network (RAEN)**  
**5-Year Budget Summary**

Category	Year 1	Year 2	Year 3	Year 4	Year 5	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. Event Costs	\$0					\$0
7. Indirect Costs	\$0					\$0
8. Purchased Services with BOCES	\$0					\$0
9. Equipment	\$0					\$0
<b>Total</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

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

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

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

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

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

\_\_\_\_\_

**Technical Assistance Center (TAC) Cost Proposal**  
**RFP# 24-017 - New York State Regional Adult Education Network (RAEN)**  
**Subcontracting Form**

**Bidder Name:**

Name of Subcontractor	M/WBE*	Entity Type	Work Description	Year 1 Cost	Multi-Year Cost (including Year 1)
	<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			
<b>Total Multi-Year Subcontracting Costs</b>					<b>\$0</b>
<b>Total Multi-Year Project Budget</b>					<b>\$0</b>
<b>Total Multi-Year Subcontracting Costs divided by Total Multi-Year Budget (%)**</b>					<b>#DIV/0!</b>

\*Indicate whether the subcontractor is a Minority or Women–Owned Business Enterprise. Leave box blank if subcontractor is neither.

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

**Technical Assistance Center (TAC) Cost Proposal**  
**RFP# 24-017 - New York State Regional Adult Education Network (RAEN)**  
**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 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 Budget			\$0
Total WBE Costs divided by Total Budget (%)			#DIV/0!