Technical Assistance Center (TAC) Cost Proposal

RFP # 24-017 - New York State Regional Adult Education Network (RAEN) 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. Exclude purchased services for events listed under 6. Event Costs.

Provider of Services/Description	Calculation of Cost	Total

	<u> </u>	
Total Purchased Services		-
3. SUPPLIES & MATERIALS: Include supplies, Indicate quantity and unit cost in the Calculation materials for events listed under Event Costs.	materials, and equipment items un of Cost column, as applicable. Exc	der \$5,000 per unit. lude supplies and
Item/Description	Calculation of Cost	Total
Total Supplies & Materials		\$ -
4. TRAVEL: Include only staff member travel ex listed under Purchased Services.) State the pos trip. Include mileage rate and distance in the Ca	ition of each traveler, their destinati	on, and purpose of
Position of traveler, destination, and purpose	Calculation of Cost	Total
	l	

<u> </u>		
Total Travel		\$ -
5. EMPLOYEE BENEFITS: Benefit rates used f for other agency personnel.	or project personnel must be the sa	me as those used
Benefit /Description	Calculation of Cost	Total
Total Employee Benefits		\$ -
Total Employed Belleme		Ψ
6. EVENT COSTS: Include cost for allowable ex defined within this agreement. Examples to be in with Trainings, Network meetings & workshops.	ncluded in this section may include	
with Hairlings, Network meetings & workshops.	_	
Event	Calculation of Cost	Total
		Total
Event		Total
		Total
Event		

7. INDIRECT COSTS: Insert approved restricted	indirect cost rate	e. Calculate the to	otal modified d	irect
The second secon		ests (modified, if		
Approved Restricted Indirect Cost Rate %	applio	cable)	Total	
			\$	-
O DUDOUACED CEDVICES WITH DOCES, Live	h a a d a a d a v d a 4 a 4 b a	+ -f		la
8. PURCHASED SERVICES WITH BOCES: List BOCES in support of this project.	t and calculate the	e cost of any serv	rices provided	БУ
Description of Service and Name of BOCES	Calculation	on of Cost	Total	
Total Purchased Services with BOCES			\$	-
 EQUIPMENT: Itemize equipment to be purchased Equipment items under \$5,000 should be budged should be budgeted under Purchased Services. 				
Description of Item	Quantity	Unit Cost	Total	
	-		\$	-
			\$ \$	-
			\$	<u>-</u>
			\$	-
			\$	-
			\$	
Total Equipment			\$	
Total Equipment			<u>Ι</u> Ψ	
GRAND TOTAL			T\$	
GRAND TOTAL			Ψ	
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
Total	\$0	\$0	\$0	\$0	\$0	\$0

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)
	□ MBE	☐ For Profit			
	□WBE	☐ Not –For-Profit			
	□ MBE	☐ For Profit			
	□ WBE	☐ Not –For-Profit			
	□ MBE	☐ For Profit			
	□ WBE	□ Not –For-Profit			
	□ MBE	☐ For Profit			
	□ WBE	☐ Not –For-Profit			
	□ MBE	☐ For Profit			
	□ WBE	□ Not –For-Profit			
	□ MBE	☐ For Profit			
	□ WBE	☐ Not –For-Profit			
	□ MBE	☐ For Profit			
	□ WBE	□ Not –For-Profit			
	□ MBE	☐ For Profit			
	□WBE	☐ Not –For-Profit			
	□ MBE	☐ For Profit			
	□WBE	□ Not –For-Profit			
	□ MBE	☐ For Profit			
	□ WBE	☐ Not –For-Profit			
	□ МВЕ	☐ For Profit			
	□ WBE	□ Not –For-Profit			
	□ МВЕ	☐ For Profit			
	□ WBE	□ Not –For-Profit			
	□ МВЕ	☐ For Profit			
	□WBE	□ Not –For-Profit			
Total Multi-Year Subcontracting Costs					\$0
Total Multi-Year Project Budget					
	Т	otal Multi-Year	Subcontracting Costs divided by Total Multi-	Year Budget (%)**	#DIV/0!

^{*}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
	\$0		
	Total MBE Costs divi	ded 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)
	\$0		
Total Budget			\$0
Total WBE Costs divided by Total Budget (%			#DIV/0!