

Technical Assistance Center (TAC) Cost Proposal

RFP # 24-017a - 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

Total Purchased Services		\$ -

3. SUPPLIES & MATERIALS: Include supplies, materials, and equipment items under \$5,000 per unit. Indicate quantity and unit cost in the Calculation of Cost column, as applicable. Exclude supplies and materials for events listed under Event Costs.

Item/Description	Calculation of Cost	Total
Total Supplies & Materials		\$ -

4. TRAVEL: Include only staff member travel expenses in this category (subcontractor travel should be listed under Purchased Services.) State the position of each traveler, their destination, and purpose of trip. Include mileage rate and distance in the Calculation of Cost column, as applicable.

Position of traveler, destination, and purpose	Calculation of Cost	Total

Total Travel		\$ -

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		\$ -

6. EVENT COSTS: Include cost for allowable expenses for any SED approved event to be provided as defined within this agreement. Examples to be included in this section may include costs associated with Trainings, Network meetings & workshops.

Event	Calculation of Cost	Total
Total Event Costs		\$ -

TOTAL DIRECT COSTS (Sum of 1-6) \$ -

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

8. 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		\$ -

9. EQUIPMENT: 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			\$ -

GRAND TOTAL	\$ -
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Vendor Signature: _____
 Printed Name: _____
 Company Name: _____
 Company Address: _____

Date: _____

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RFP # 24-017a - 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)
	<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			
	<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					\$0
Total Multi-Year Project Budget					\$0
Total 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.

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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 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!