Cost Proposal

RFP#: 24-016 Year 1 Budget

Bidder I	Name:
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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.)

1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
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.

Total	Calculation of Cost	Provider of Services/Description

Total Purchased Services		\$ -
Total Fulcilased Services		
3. SUPPLIES & MATERIALS: Include supplies, Indicate quantity and unit cost in the Calculation		der \$5,000 per unit.
Item/Description	Calculation of Cost	Total
·		
Total Supplies & Materials		-
		1
4. TRAVEL: Include only staff member travel explisted under Purchased Services.) State the positrip. Include mileage rate and distance in the Cal	tion of each traveler, their destination	on, and purpose of
listed under Purchased Services.) State the posi	tion of each traveler, their destination	on, and purpose of
listed under Purchased Services.) State the posi trip. Include mileage rate and distance in the Cal	tion of each traveler, their destination of Cost column, as application	on, and purpose of ble.
listed under Purchased Services.) State the posi trip. Include mileage rate and distance in the Cal	tion of each traveler, their destination of Cost column, as application	on, and purpose of ble.
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5. EMPLOYEE BENEFITS: Benefit rates used 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 Employee Bolletic		Ι Ψ
TOTAL DIDECT COOTS (Com. of 4.5)		¢
TOTAL DIRECT COSTS (Sum of 1-5)		-
6. INDIRECT COSTS: Insert approved restricted		
costs by finding the sum of all preceding subtota	. ,	
support, and the portion of any subcontract in #2	(Purchased Services) that exceeds	s \$25,000.
	Total Direct Costs (modified, if	
Approved Restricted Indirect Cost Rate %	applicable)	Total
Alphorou reserved man our sect react 70	appheaste)	\$ -
		,
7. PURCHASED SERVICES WITH BOCES: Lis	t and calculate the cost of any servi	ces provided by
BOCES in support of this project.		
Description of Service and Name of BOCES	Calculation of Cost	Total
Total Purchased Services with BOCES		\$ -

8. 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			\$ -

Cost Proposal RFP# : 24-016 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. Indirect Costs	\$0					\$0
7. Purchased Services with BOCES	\$0					\$0
8. Equipment	\$0					\$0
Total	\$0	\$0	\$0	\$0	\$0	\$0

Date:	
Printed Name:	
Company Name:	
Company Address:	

Cost Proposal RFP# : 24-016 Subcontracting Form

Bidder Name:

Name of Subcontractor	M/WBE*	Entity Type	Work Description	Year 1 Cost	Multi-Year Cost (including Year 1)
	□МВЕ	☐ For Profit			
	□ WBE	☐ Not –For-Profit			
	□МВЕ	☐ For Profit			
	□ WBE	☐ Not –For-Profit			
	□МВЕ	☐ 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			
	□МВЕ	☐ 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			
	□ MBE	☐ For Profit			
	□ WBE	□ Not –For-Profit			
	□ MBE	☐ For Profit			
	□ WBE	□ Not –For-Profit			
Total Multi-Year Subcontracting Costs				\$0	
	Total Multi-Year Project Budget			ear Project Budget	
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.

M/WBE Goal Calculation Worksheet

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

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	Not Applicable	\$0.00
2.	Professional Salaries		Not Applicable
3.	Support Staff Salaries		Not Applicable
4.	Fringe Benefits		Not Applicable
5.	Indirect Costs		Not Applicable
6.	Rent/Lease/Utilities		Not Applicable
7.	Sum of lines 2, 3 ,4 ,5, and 6	Not Applicable	\$0.00
8.	Line 1 minus Line 7 =Discretionary Non- Personal Service Budget	Not Applicable	\$0.00
9.	M/WBE Goal percentage (30%)	Not Applicable	30%
10.	Line 8 multiplied by Line 9 = MWBE goal spending	Not Applicable	\$0.00

Cost Proposal RFP#: 24-016 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!	