

## CHILD AND FAMILY SERVICE AGENCY BUDGET SUMMARY FORM

PROVIDER NAME \_\_\_\_\_ SERVICE \_\_\_\_\_

ORIGINAL ( ) REVISION ( ) (NUMBER \_\_\_\_\_) RFP/CONTRACT NO. \_\_\_\_\_

FOR PERIOD FROM \_\_\_\_\_ TO \_\_\_\_\_

	(1) CFSA FUNDS	(2) OTHER FUNDS	(3) TOTAL COST	
1 Salaries				Attach Schedule 1
2 Fringe Benefits				Attach Schedule 2
3 Consulting / Experts				Attach Schedule 3
4 Occupancy				Attach Schedule 4
5 Travel and Transportation				Attach Schedule 5
6 Supplies & Minor Equipment				Attach Schedule 6
7 Capital Equipment & Outlays				Attach Schedule 7
8 Client Costs				Attach Schedule 8
9 Communications				Attach Schedule 9
10 Other Direct Costs				Attach Schedule 10
11 Indirect Cost / Overhead				Attach Schedule 11
<b>SUBTOTAL BEFORE FEE</b>				
12 FEE ( % OF SUBTOTAL)				(IF APPLICABLE)
13 TOTAL BUDGET				

**CHILD AND FAMILY SERVICE AGENCY  
SCHEDULE 1: SALARY AND WAGE JUSTIFICATION**

PAGE \_\_\_ OF \_\_\_

PROVIDER NAME \_\_\_\_\_ SERVICE \_\_\_\_\_

FACILITY NAME/ADDRESS \_\_\_\_\_

ORIGINAL ( ) REVISION ( ) (NUMBER \_\_\_\_\_) RFP/CONTRACT NO. \_\_\_\_\_

FOR PERIOD: FROM \_\_\_\_\_ TO \_\_\_\_\_

(1) POSITION TITLE	(2) NAME**	(3) SALARY OR HOURLY WAGE	(4) BASE SALARY/YEAR OR WAGE HOUR	(5) % OF TIME OR # OF HRS ON THIS SERVICE	(6) TOTAL SALARY/WAGES COST	(7) OTHER CFSA (Y/N)

\*\* USE "TBF" FOR POSITIONS TO BE FILLED AND ENTER PLANNED DATE FOR FILLING THE POSITION. ATTACH JOB ANNOUNCEMENT AND COMMITMENT LETTER STATING OFFEROR'S INTENT TO HIRE CONTINGENT UPON CONTRACT AWARD.

TOTAL OF ENTRIES ON THIS PAGE

TOTAL OF ALL SCHEDULE 1 PAGES


**CHILD AND FAMILY SERVICE AGENCY  
SCHEDULE 2: FRINGE BENEFIT JUSTIFICATION**

PAGE \_\_\_\_ OF \_\_\_\_

PROVIDER NAME \_\_\_\_\_ SERVICE \_\_\_\_\_

FACILITY NAME/ADDRESS \_\_\_\_\_

ORIGINAL ( ) REVISION ( ) (NUMBER \_\_\_\_\_) RFP/CONTRACT NO. \_\_\_\_\_

FOR PERIOD: FROM \_\_\_\_\_ TO \_\_\_\_\_

**EMPLOYER PAYMENTS ON BEHALF OF EMPLOYEES TO WORK ON THIS CONTRACT**

(1) BENEFIT CATEGORY	(2) SALARIED-FULL TIME	(3) SALARIED-PART TIME	(4) HOURLY	(5) TOTAL EMPLOYER PAYMENTS FOR BENEFIT
SOCIAL SECURITY (FICA)				
HEALTH INSURANCE				
UNEMPLOYMENT INSURANCE				
WORKERS COMPENSATION				
OTHER BENEFITS				
<b>TOTAL BENEFITS</b>				

ATTACH JUSTIFICATION FOR ALL BENEFITS

FRINGES AS A PERCENT OF SALARIES & WAGES



**CHILD AND FAMILY SERVICE AGENCY  
SCHEDULE 4: OCCUPANCY COST JUSTIFICATION**

PAGE \_\_\_\_ OF \_\_\_\_

PROVIDER NAME \_\_\_\_\_ SERVICE \_\_\_\_\_

ORIGINAL ( ) REVISION ( ) (NUMBER \_\_\_\_\_) RFP/CONTRACT NO. \_\_\_\_\_

FOR THE PERIOD OF: FROM \_\_\_\_\_ TO \_\_\_\_\_

(1) EXPENSE CATEGORY	(2) COST FOR FACILITY #1	(3) COST FOR FACILITY #2	(4) COST FOR FACILITY #3	(5) TOTAL OCCUPANCY FOR ALL FACILITIES
RENT				
GAS / ELEC / OIL / WATER				
TRASH				
MAINTENANCE				
INSURANCE				
PEST CONTROL				
REPAIRS				
OTHER				

\*\*USE ADDITIONAL PAGES IF MORE THAN THREE FACILITIES ARE INCLUDED IN ONE BUDGET

TOTAL OF ENTRIES ON THIS PAGE

\*\*ATTACH COPIES OF AGREEMENT(S) FOR ALL RENTED OR LEASED FACILITIES

TOTAL OF ALL SCHEDULE 4 PAGES  
(ENTER ON PAGE 1 ONLY)

**CHILD AND FAMILY SERVICE AGENCY**  
**SCHEDULE 5: TRAVEL AND TRANSPORTATION COST JUSTIFICATION**

PAGE \_\_\_\_ OF \_\_\_\_

PROVIDER NAME \_\_\_\_\_ SERVICE \_\_\_\_\_

ORIGINAL ( ) REVISION ( ) (NUMBER \_\_\_\_\_) RFP/CONTRACT NO. \_\_\_\_\_

FOR THE PERIOD OF: FROM \_\_\_\_\_ TO \_\_\_\_\_

(1) EXPENSE CATEGORY	(2) VEHICLE COSTS	(3) NON-VEHICLE COSTS	(4) TOTAL TRAVEL AND TRANSPORTATION COST
VEHICLE LEASES			
VEHICLE DEPRECIATION			
GASOLINE/OIL/SUPPLIES			
TIRES/BATTERIES			
MAINTENANCE/REPAIRS			
INSURANCE			
REGISTRATION			
MILEAGE/ FARES			
OTHER			
TOTAL OF ALL ENTRIES ON THIS PAGE			

ATTACH DESCRIPTIONS OF ALL VEHICLES AND COPIES OF FINANCING ARRANGEMENTS. TOTAL OF ALL SCHEDULE 5 PAGES   
 (ENTER ON PAGE 1 ONLY)

ATTACH EXPLANATION OF ANY OTHER TRAVEL OR TRANSPORTATION COSTS,  
 INCLUDING JUSTIFICATION OF ANY OUT-OF-TOWN TRAVEL

**CHILD AND FAMILY SERVICE AGENCY**  
**SCHEDULE 6: SUPPLIES AND MINOR EQUIPMENT COST JUSTIFICATION**

PAGE \_\_\_\_ OF \_\_\_\_

PROVIDER NAME \_\_\_\_\_ SERVICE \_\_\_\_\_

ORIGINAL ( ) REVISION ( ) (NUMBER \_\_\_\_\_) RFP/CONTRACT NO. \_\_\_\_\_

FOR THE PERIOD OF: FROM \_\_\_\_\_ TO \_\_\_\_\_

(1) EXPENSE CATEGORY	(2) COST FOR FACILITY #1	(3) COST FOR FACILITY #2	(4) COST FOR FACILITY #3	(5) TOTAL SUPPLIES
OFFICE SUPPLIES				
HOUSEHOLD SUPPLIES				
HOUSEHOLD FURNISHINGS				
OFFICE EQUIPMENT				
OTHER SUPPLIES				
<b>TOTAL OF ALL ENTRIES ON THIS PAGE</b>				

ATTACH EXPLANATION OF ANY OTHER SUPPLIES OR OTHER EQUIPMENT COSTS, WITH ITEMIZED LISTS

TOTAL OF ALL SCHEDULE 6 PAGES  
 (ENTER ON PAGE 1 ONLY)

**CHILD AND FAMILY SERVICE AGENCY**  
**SCHEDULE 7: CAPITAL EQUIPMENT AND OUTLAYS COST JUSTIFICATION**

PAGE \_\_\_\_\_ OF \_\_\_\_\_

PROVIDER NAME \_\_\_\_\_ SERVICE \_\_\_\_\_

ORIGINAL ( ) REVISION ( ) (NUMBER \_\_\_\_\_) RFP/CONTRACT NO. \_\_\_\_\_

FOR THE PERIOD OF: FROM \_\_\_\_\_ TO \_\_\_\_\_

(1) EXPENSE CATEGORY	(2) COST FOR FACILITY #1	(3) COST FOR FACILITY #2	(4) COST FOR FACILITY #3	(5) TOTAL FOR ALL FACILITIES
VEHICLE PURCHASE *				
MAJOR REPAIRS				
MAJOR EQUIPMENT				
OTHER CAPITAL OUTLAYS**				
<b>TOTAL OF ALL ENTRIES ON THIS PAGE</b>				

USE ADDITIONAL PAGES IF MORE THAN THREE FACILITIES ARE INCLUDED IN ONE BUDGET

\* ATTACH ITEMIZED LISTS

\*\*ATTACH EXPLANATION OF ANY OTHER CAPITAL OUTLAYS ANTICIPATED, WITH ITEMIZED LISTS

TOTAL OF ALL SCHEDULE 7 PAGES

(ENTER ON PAGE 1 ONLY)

**CHILD AND FAMILY SERVICE AGENCY  
SCHEDULE 8: CLIENT EXPENSE COST JUSTIFICATION**

PAGE \_\_\_\_\_ OF \_\_\_\_\_

PROVIDER NAME \_\_\_\_\_ SERVICE \_\_\_\_\_

ORIGINAL ( ) REVISION ( ) (NUMBER \_\_\_\_\_) RFP/CONTRACT NO. \_\_\_\_\_

FOR THE PERIOD OF: FROM \_\_\_\_\_ TO \_\_\_\_\_

(1) EXPENSE CATEGORY	(2) COST FOR FACILITY #1	(3) COST FOR FACILITY #2	(4) COST FOR FACILITY #3	(5) TOTAL FOR ALL FACILITIES
FOOD				
CLOTHING				
ALLOWANCES/STIPENDS				
MEDICAL				
DENTAL				
TRAINING*				
RECREATION				
SOCIO-CULTURAL				
OTHER**				
TOTAL OF ALL ENTRIES ON THIS PAGE				

USE ADDITIONAL PAGES IF MORE THAN THREE FACILITIES ARE INCLUDED IN ONE BUDGET

\* ATTACH ITEMIZED LISTS

\*\*ATTACH EXPLANATION OF ANY OTHER CLIENT COSTS ANTICIPATED

TOTAL OF ALL SCHEDULE 8 PAGES

(ENTER ON PAGE 1 ONLY)

**CHILD AND FAMILY SERVICE AGENCY  
SCHEDULE 9: COMMUNICATIONS COST JUSTIFICATION**

PAGE \_\_\_\_ OF \_\_\_\_

PROVIDER NAME \_\_\_\_\_ SERVICE \_\_\_\_\_

ORIGINAL ( ) REVISION ( ) (NUMBER \_\_\_\_\_) RFP/CONTRACT NO. \_\_\_\_\_

FOR THE PERIOD OF: FROM \_\_\_\_\_ TO \_\_\_\_\_

(1) EXPENSE CATEGORY	(2) COST FOR FACILITY #1	(3) COST FOR FACILITY #2	(4) COST FOR FACILITY #3	(5) TOTAL FOR ALL FACILITIES
TELEPHONE				
POSTAGE				
DELIVERY				
COPYING				
OTHER				
<b>TOTAL OF ALL ENTRIES ON THIS PAGE</b>				

USE ADDITIONAL PAGES IF MORE THAN THREE FACILITIES ARE INCLUDED IN ONE BUDGET

\* ATTACH ITEMIZED LISTS

\*\*ATTACH EXPLANATION OF ANY OTHER COMMUNICATIONS COST ANTICIPATED, WITH ITEMIZED LISTS

TOTAL OF ALL SCHEDULE 9 PAGES

(ENTER ON PAGE 1 ONLY)

**CHILD AND FAMILY SERVICE AGENCY  
SCHEDULE 10: OTHER DIRECT COST JUSTIFICATION**

PAGE \_\_\_\_\_ OF \_\_\_\_\_

PROVIDER NAME \_\_\_\_\_ SERVICE \_\_\_\_\_

ORIGINAL ( ) REVISION ( ) (NUMBER \_\_\_\_\_) RFP/CONTRACT NO. \_\_\_\_\_

FOR THE PERIOD OF: FROM \_\_\_\_\_ TO \_\_\_\_\_

(1) EXPENSE CATEGORY	(2) COST FOR FACILITY #1	(3) COST FOR FACILITY #2	(4) COST FOR FACILITY #3	(5) TOTAL OTHER DIRECT COSTS

<b>TOTAL OF ALL ENTRIES ON THIS PAGE</b>				
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USE CATEGORIES OF OTHER DIRECT COSTS NOT COVERED ON SCHEDULES 1 THROUGH 9

\* ATTACH ADDITIONAL PAGES IF MORE THAN THREE FACILITIES ARE USED

TOTAL OF ALL SCHEDULE 10 PAGES  
(ENTER ON PAGE 1 ONLY)

**CHILD AND FAMILY SERVICE AGENCY**  
**SCHEDULE 11: INDIRECT / OVERHEAD COST JUSTIFICATION**

PAGE \_\_\_\_ OF \_\_\_\_

PROVIDER NAME \_\_\_\_\_ SERVICE \_\_\_\_\_

ORIGINAL ( ) REVISION ( ) (NUMBER \_\_\_\_\_) RFP/CONTRACT NO. \_\_\_\_\_

FOR THE PERIOD OF: FROM \_\_\_\_\_ TO \_\_\_\_\_

(1) EXPENSE CATEGORY	(2) COST FOR FACILITY #1	(3) COST FOR FACILITY #2	(4) COST FOR FACILITY #3	(5) TOTAL FOR OTHER INDIRECT COSTS
ADMINISTRATION				
FINANCIAL MANAGEMENT				
AUDIT				
OTHER INDIRECT/OVERHEAD				
<b>TOTAL OF ALL ENTRIES ON THIS PAGE</b>				

**IF A PERCENTAGE IS USED, ATTACH APPROVAL LETTER FOR INDIRECT COSTS RATE OR PRIOR AUDITED FIGURES THAT JUSTIFIES THE PRECENTAGE USED.**

**ATTACH EXPLANATION OF ANY OTHER INDIRECT OR OVERHEAD EXPENSES, WIOTH DETAILED COST JUSTIFICATION**

**TOTAL OF ALL SCHEDULE 11PAGES  
(ENTER ON PAGE 1 ONLY)**