APPENDIX B

REQUIRED FORMS – COST PROPOSAL

Exhibits

9 Line Item Budget (Cost Proposal)

10 Budget Narrative (Cost Proposal)

11 List of References

REQUIRED FORMS - EXHIBIT 9

LINE ITEM BUDGET SUMMARY

BUDGET SHEET FOR _____

(INSERT AGENCY'S NAME)

DIRECT COST (List each staff classification)

Salaries and Wages:	FTE*	Monthly Salary
Employee Classification	_____	$_____
Employee Classification	_____	$_____
Employee Classification	_____	$_____
Others (Please continue to list)		

Total Annual Salaries and Wages $_____

*FTE = Full Time Equivalent Positions

Employee Benefits (EB)	Monthly Cost per FTE
Medical Insurance	$_____
Dental Insurance	$_____
Life Insurance	$_____
Other (list)	$_____

Total Annual Benefits $_____

Payroll Taxes (List all appropriate, e.g., FICA, SUI, Workers' Compensation, etc.)

_____ $_____
_____ $_____
_____ $_____
_____ $_____

Total Annual Payroll Taxes $_____

Services & Supplies

Auto/Travel	$_____
Supplies	$_____
Purchased Services	$_____
Office Equipment	$_____
Telephone/Utilities	$_____
Insurance not listed under EB	$_____
Rent	$_____
Other (please continue to list)	

Total Annual Services & Supplies $_____

TOTAL ANNUAL DIRECT COSTS $_____

INDIRECT COST

TOTAL ANNUAL INDIRECT COSTS $_____

Indirect Annual Cost as it relates to Total Annual Cost (Please enter a percentage) **%_____**

Reminder: Contractors may utilize a maximum of ten percent (10%) of their Maximum Annual Contract Sum for administrative/indirect costs, unless the agency has a federally approved indirect cost rate letter of over ten percent (10%).

(Provide a full breakdown of costs in the Narrative)

TOTAL DIRECT AND INDIRECT ANNUAL COST $_____

TOTAL PROJECTED NUMBER OF FAMILIES TO BE SERVED _____

REQUIRED FORMS - EXHIBIT 10

BUDGET NARRATIVE

Proposers are allowed to develop their budget narrative in a manner that they believe best reflects and supports the Line Item Budget of their proposal. However, all proposals must have a narrative attached to the line item budget providing a thorough and clear explanation of all projected line item budget costs.

The narrative must follow the same sequence as the line item budget, and include an explanation of the method of allocating costs for any joint or shared budget item. All figures and compilations must be clearly explained. Include explanation of any line item expenditure, which may be unclear to a reviewer who is unfamiliar with your organization. There is no recommendation for page length.

Specifications:

DIRECT COST

Provide an explanation for purpose and particulars associated with each classification listed in the "Salaries and Wages" section of the Line Item Budget and explain their benefit to this program.

All benefits to be provided in addition to Medical, Dental, and Life Insurance should be listed as well as the Monthly Cost per FTE. For all benefits, specify amounts paid by the employer, the employee and the total monthly premium.

For all items detailed under "Services and Supplies", provide an explanation for their need and/or how it benefits the program. Computations associated with these costs should be explained and provided. The following costs are not allowable under any circumstances: bad debts, contingency provisions, contributions and donations, fines and penalties, fundraising activities, and interest expenses (unless expressly allowed by federal guidelines). Regarding Insurance, provide annual total costs for each Insurance type/coverage. For further clarification, see Sample Contract, Sub-paragraph 8.25, Insurance Coverage.

INDIRECT COST

All details and computations associated with indirect costs should be explained.

Contractors may utilize a maximum of ten percent (10%) of their Maximum Annual Contract Sum for administrative/indirect costs, unless the agency has a federally approved indirect cost rate letter of over ten percent (10%), which should be submitted along with their proposal.

Regional Service Area Preference Form

Proposer's name: _____

Section A: Proposer's Authorized Person and Signatory (Identify the person authorized to sign and bind the contract on behalf of the agency)	
Name:	Title:
Email:	Phone Number:
Mailing address:	City, State, Zip Code:
Signature:	Date:

Instructions:

Check up to three (3) Regional Service Areas where your agency has submitted a proposal in Section B below, and indicate the order of preference. Proposers recommended for a contract will provide services in a maximum of three service areas. The information below will be utilized for contract negotiations to determine the area where services will be provided. The County retains the right to negotiate service areas based on proposer's capacity and need.

Section B: proposer shall check up to three service areas where it is able to provide Family Preservation Services and indicate the order of preference.	
☐ Belvedere – Preference #:	☐ Santa Clarita – Preference #:
☐ Compton – Preference #:	☐ Santa Fe Springs – Preference #:
☐ El Monte – Preference #:	☐ South County – Preference #:
☐ Glendora – Preference #:	☐ Torrance – Preference #:
☐ Hawthorne – Preference #:	☐ Van Nuys – Preference #:
☐ Lancaster – Preference #:	☐ Vermont Corridor – Preference #:
☐ Metro North – Preference #:	☐ Wateridge – Preference #:
☐ Palmdale – Preference #:	☐ West Los Angeles – Preference #:
☐ Pasadena – Preference #:	☐ West San Fernando Valley – Preference #:
☐ Pomona – Preference #:	
Countywide Services	
☐ American Indian – Preference #:	☐ Asian Pacific – Preference #: