ATTACHMENT III

INCARCERATED PARENTS SERVICES PROGRAM
WORK ORDER SOLICITATION (WOS #26-0023)

COST PROPOSAL (PRICE SHEET)

Rates quoted must be fully loaded to include all applicable costs associated with Incarcerated Parents Services Program (IPSP) and any other costs necessary to perform all tasks outlined in the Work Order, Statement of Work, Performance Outcome Measures, Exhibits and Attachments.

The chart below provides the historical annual average number of IPSP cases and the maximum annual funding amount available for this service.

The historical annual average number of IPSP cases can vary by year. This chart is meant to assist proposers in developing their proposed cost with information currently available for this Work Order Solicitation.

It is considered an IPSP case when a Children Social Worker has submitted an IPSP referral for an open DCFS case with a minimum of one incarcerated parent.

Historical Annual Average Number of IPSP Cases (County-wide)	Maximum Annual Funding
912	$244,357

Proposers must demonstrate how they arrived at the final proposed annual cost to be submitted on Attachment III, by providing a line-item budget and budget narrative (Attachment III). Proposals may be disqualified if the costs do not add up, or if there is a discrepancy between line item budget and budget narrative. *All information provided in the Price Sheet, Line-item Budget and Budget Narrative will become part of the contract, if proposal is recommended, as indicated in the Sample Work Order, Section 4.15.*

ATTACHMENT III

COST PROPOSAL (PRICE SHEET)

TOTAL PROPOSED ANNUAL COST Firmed fixed price (County-wide)
$_____

The undersigned offers to furnish all personnel, labor and materials necessary Incarcerated Parents Services Program (IPSP). Said work must be done for the period prescribed and the manner set forth in the IPSP Statement of Work. The proposed cost is a firm-fixed price to remain firm for twenty-four (24) months following the last day to accept proposals under WOS #26-0023.

I declare that all computations used to arrive at the cost for IPSP above are true and correct to the best of my knowledge. By submission of this Proposal, Proposer certifies that the price quoted herein have been arrived at independently without consultation, communication, or agreement with any other Proposer or competitor for the purpose of restricting competition.

_____ _____

Authorized Signature Date

_____ _____

Print Name and Title Date

_____

Agency Name

_____

Agency Address

ATTACHMENT III

COST PROPOSAL (SAMPLE LINE-ITEM BUDGET)

DIRECT COST (List each staff classification)

Payroll:	FTE*	Hourly Rate	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	No. of Employees	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 Payroll Taxes $_____

Insurance (List Type/Coverage. See Master Agreement, Sub-paragraph 8.24, Insurance Coverage Requirements)

_____	$_____
Travel/Mileage	$_____
Maintenance/Repair	$_____
Vehicles	$_____
Supplies	$_____
Services	$_____
Office Equipment	$_____
Telephone/Utilities	$_____
Other (please continue to list)	$_____

Total Insurance/Misc. S & S $_____

TOTAL DIRECT COSTS $_____

INDIRECT COST (List all appropriate)

General Accounting/Bookkeeping	$_____
Management Overhead (Specify)	$_____
Other (Specify)	$_____

TOTAL INDIRECT COSTS $_____

TOTAL DIRECT AND INDIRECT ANNUAL COST $_____

TOTAL MONTHLY COSTS $_____

REQUIRED FORMS – EXHIBIT 16

COST PROPOSAL (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 bid. 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 Full-Time Equivalent (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.