* + - 1. BUDGET – ALTERNATIVES TO ABORTION INITIATIVE RFP

Revised 9-5-14

EXHIBIT B-BUDGET

|  |  |  |  |
| --- | --- | --- | --- |
| PROPOSER |  | ADDRESS |  |
| SERVICE PROVIDED |  | PARISH(ES) SERVED |  |
| CONTRACT PERIOD |  | BUDGET PERIOD |  |

NOTE All budget justifications including computation of this budget must be retained and provided upon request. If more space is needed you may attach additional sheets utilizing the same format for the appropriate section.

SECTION A. SALARY – (Contracted/hourly employees not included)

Complete this section only for expenses that will be invoiced to the contract. Percentage of salary charged to contract must correlate to the actual percentage of time worked in the program.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| (A)NAMEPOSITION/TITLE  | (B)ANNUAL SALARY from all sources (Fringe not included) | (C) % OF TIME ALLOCATED TO PROGRAM | (D) (B\*C=D)ALLOCATED ANNUAL SALARY AMOUNT TO PROGRAM  | (E)TOTAL CONTRACT PERIODSALARY  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| SECTION 1. TOTAL |  |  |  |  |

SECTION B. Fringe Note: Itemize the fringe benefits for each position listed. Fringe benefits are not included in gross salary.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Position/Title | Retirement | Insurance | FICA | UI | Workers Comp | Other | % To Contract  | CONTRACT BUDGET PERIOD BUDGETTOTAL  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |

\* Place % allocation used under to determine benefit amount under each category heading\*

SECTION C. TRAVEL EXPENSES

Complete this section only for expenses identified to the contract. Expenditures for training and travel for contract related purposes as authorized in the contract and in accordance with State of Louisiana Travel Policies and Procedures (PPM 49) unless otherwise stated in the contract such as, registration fees, mileage, meals, lodging, etc.

|  |  |
| --- | --- |
| LINE ITEM | BUDGET PERIOD TOTAL |
| *CONFERENCE TRAVEL (Enter detail)* |  |
| *ROUTINE TRAVEL (Enter detail)* |  |
| *OTHER (Enter detail)* |  |
| TOTAL |  |

SECTION D. OPERATING EXPENSES

Expenditures, other than personal or professional services, required in the operation of the contract. Operating services include, but are not limited to, expenditures such as advertising, utilities, telephone services, printing, insurance, maintenance, rentals, dues and subscriptions, and communication services. A copy of lease agreement should be attached.

|  |  |
| --- | --- |
| LINE ITEM | BUDGET PERIOD TOTAL |
| *BUILDING RENT(Enter detail)* |  |
| *UTILITIES (Enter detail)* |  |
| *TELEPHONE (Enter detail)* |  |
| *OTHER (Enter detail)* |  |
| TOTAL |  |

SECTION E. SUPPLIES

Expenditures for articles and commodities which are consumed, to be consumed, or materially altered when used in the operations of a business. List each type with complete description of item and costs. Attach a detailed explanation of these charges.

|  |  |
| --- | --- |
| LINE ITEM | BUDGET PERIOD TOTAL |
|  |  |
|  |  |
|  |  |
| TOTAL |  |

SECTION F. PROFESSIONAL

Expenditures for services provided in specialized or highly technical fields by sources outside of the contractor. Professional services include accounting and auditing, management consulting, engineering and architectural, legal, medical, and dental.

(Subcontracts and non-salaried personnel should be included in this section.)

|  |  |
| --- | --- |
| CHARGE (be specific) | BUDGET PERIOD TOTAL |
|  |  |
|  |  |
| TOTAL |  |

SECTION G. OTHER CHARGES

Complete this section only for expenses identified to the contract. Include expenditures peculiar to a contractor and not otherwise chargeable to another expenditure category. Expenditures for other charges must be identified and approved in the contract and budget documents

|  |  |
| --- | --- |
| LINE ITEM | BUDGET PERIOD TOTAL |
|  |  |
|  |  |
| TOTAL |  |

SECTION H. EQUPIMENT

Complete this section only for expenses identified to the contract. Include tangible assets purchased for use in the operations of an office such as, office machines and furniture. Cost would include purchase price, delivery charges, taxes, and other purchase related costs. Equipment is defined as any item of value and/or has a useful life of more than one (1) year. The value of equipment is defined by the user agency and funding source. Contractor’s required to obtain prior approval required from DCFS before making purchase.

|  |  |
| --- | --- |
| LINE ITEM | BUDGET PERIOD TOTAL |
|  |  |
|  |  |
| TOTAL |  |

SECTION I. INDIRECT COST

Complete this section only for expenses identified to the contract. Indirect costs should be no more than the agreed on budgeted amount. Attach a copy of the contractor’s approved indirect rate agreement or rate plan.

|  |  |
| --- | --- |
| LINE ITEM | BUDGET PERIOD TOTAL |
|  |  |
|  |  |
| TOTAL |  |

BUDGET SUMMARY

|  |  |  |
| --- | --- | --- |
| BUDGET ITEM | BUDGET PERIOD TOTAL | CONTRACT TOTAL |
| Section A Salary |  |  |
| Section B Fringe |  |  |
| Section C Travel Expense |  |  |
| Section D Operating |  |  |
| Section E Supplies |  |  |
| Section F Professional |  |  |
| Section G Other Charges |  |  |
| Section H Equipment |  |  |
| Section I Indirect Cost |  |  |
| TOTAL |  |  |

Budget reflects entire cost of services. Contractor is responsible for all cost incurred which are not agreed upon for providing services through this contract.

THIS AGREEMENT CONTAINS OR HAS ATTACHED HERETO ALL THE TERMS AND CONDITIONS AGREED UPON BY THE CONTRACTING PARTIES. ALL PARTIES CERTIFY THAT THEY HAVE REVIEWED THE INFORMATION AND ARE AUTHORIZED TO ACT ON BEHALF OF THE RESPECTIVE AGENCY.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Proposer name and title |  | Date |