

**ATTACHMENT A  
PROGRAM BUDGET**

**RFQ #11-02 HEALTHCARE COHORT TRAINING**

**Training Provider:**

**Training Program:**

<b>Budget Item</b>	<b>Amount</b>
Instructor/Staff	
Facilities	
Other Operational	
Tuition	
Student Books and Supplies	
Fees: Lab, Exam, Certification, etc.	
Indirect Costs @ XX% <i>(if applicable)</i>	
<b>Total Budget</b>	

**Budget Narrative** *(not to exceed 1-1/2 pages):*

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