**Attachment 1**

**REQUIRED FORM:** **COST SUMMARY**

**Instructions:** **Submit cost information associated with the staff you would allocate to this project. For the purposes of projecting costs, please assume a funding timeline of 10 months.** (A detailed budget will be required upon contract award.)

**Section 1- Respondent’s Cost Summary:**

Please indicate the following costs in the appropriate space below:

* **Personnel costs** - Include staff salaries and fringe benefits for all staff included in this response;
* **Non-personnel costs** – Include all other non-personnel costs (i.e. rent, office supplies, indirect costs, etc.) associated with the staff proposed;
* **Sub-Contracted costs –** Include all costs that will be contracted out to other agencies (by lead agency, if applying as a collaborative)

|  |  |  |
| --- | --- | --- |
| **SECTION 1: RESPONDENT’S COST SUMMARY** | | |
| **Category** | | **Total** |
|
| 1. Personnel Costs |  | $ |
| 2. Non-Personnel Costs | | $ |
| 3. Sub-Contracts (*if applicable*) | | $ |
| 4. Total (Add lines 1 - 3) | | $ |

**Section 2 – Staff/FTE Detail:**

* Please detail each role you are proposing staff for, staff name, and FTE to be allocated to the project in the grid below.
* Please also specify the cost by staff (add rows as needed).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SECTION 2: STAFF/FTE DETAIL** | | | | |
| **Staff Name** | | **Proposed Role** | **Proposed FTE** | **Cost** |
| 1. |  |  |  | $ |
| 2. | |  |  | $ |
| 3. | |  |  | $ |
| 4. | |  |  | $ |

**Section 3 – Sub Contracted Funds (if applicable):**

* If applying as a collaborative, please enter partner name, proposed role, and anticipated contracted amounts into the following grid (add rows as needed).

|  |  |  |
| --- | --- | --- |
| **SECTION 3: SUB CONTRACTS** |  |  |
| **Name of Collaborative Partner** | **Description of Partner Role** | **Total Sub-Contracted Funds** |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |