**ATTACHMENT 1: COST PROPOSAL**

***RFQ #15-08 HEALTHCARE COHORT TRAINING***

**Training Provider:**

**Training Program:**

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

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