

**NORTHWEST WORKFORCE DEVELOPMENT AREA
RFP BUDGET FORM**

BIDDER NAME AND ADDRESS	PROGRAM NAME:	GRANT PERIOD		
PART A EXPENDITURE / FISCAL SUMMARY				
Category	Expenditures		TOTAL BUDGET	MODIFIED BUDGET
Personnel	INDIRECT	DIRECT		
Salaries ~ % of program:	0	0	0	0
Example: Jane Doe ~ 60%				
Example: John Smith (PT) ~ 100%				
Fringes:	0	0	0	0
401K				
Health Insurance				
Dental Insurance				
Eye Insurance				
Long Term insurance				
Short Term Insurance				
Life Insurance				
Overage				
Payroll taxes	0	0	0	0
FICA / Medicare				
Workers Comp				
UI Compensation				
Travel	0	0	0	0
Local Travel				
Out-of-Area Travel				
Conferences - Registration:				
Conference Expenses				
Development / Seminar Registration	0	0	0	0
Occupancy				
Facility costs	0	0	0	0
Rent and Shared Costs				
Storage Costs				
Building Maintenance				
Insurance - Property/Flood				
Utilities	0	0	0	0
Gas				
Electric				
Water				

Communications				
Telephone:	0	0	0	0
Office System				
Office lines				
Long Distance				
Cell phone				
Internet	0	0	0	0
Internet Connection				
Postage & Shipping:	0	0	0	0
Supplies	0	0	0	0
Office Supplies				
Printed Materials				
Subscriptions			0	0
Newspaper Advertising	0	0	0	0
Personnel				
Meetings / Other				
Equipment Purchase/Lease				
Office Equipment	0	0	0	0
Purchases				
Leases				
Maintenance				
Computer Equipment	0	0	0	0
Purchases				
Leases				
Maintenance				
Support				
Computer Software	0	0	0	0
Purchases				
Support				
Program Expenses				
Program / Training	0	0	0	0
Subcontracted Services	0	0	0	0
Professional Services	0	0	0	0
Professional Insurances	0	0	0	0
Program Services	0	0	0	0
Stipends				
Supportive Services				
Total budget	0.00	0.00	0.00	0.00