

WSBVB
Proposal for the WSBVB Programs Management and Operation

Proposal Cover Sheet

Name of Proposer:

Mailing address:

Physical address (if different):

Phone Number:

Email Address:

Proposal contact person:

Title:

Contract signatory authority:

Title:

Proposal Option:	A: CCS_____	B: WCS_____	C: BSU _____
-------------------------	--------------------	--------------------	---------------------

Fund Amount Proposed: A: \$	B:\$	C: \$
------------------------------------	-------------	--------------

Tax/Legal Status: ☐ Corporation ☐ Sole Ownership ☐ Private For Profit
 ☐ Partnership ☐ Other ☐ Public Non-Profit

Date Established:

State Controller Identification Number:
(If available)

Federal Taxpayer ID Number (FEIN):

Is proposer certified as a historically underutilized business? ☐ Yes ☐ No
If yes, attach copy of certification as Attachment R to your proposal

ATTACHMENT A ADMINISTRATIVE MANAGEMENT SURVEY

PROPOSER NAME: _____

Please answer the following questions regarding your administrative management system. Additional information may be requested at the time of a pre-award survey, including copies of documents specifically named.

QUESTION	YES	NO	N/A
1. Is your organization in good standing with the Secretary of the State of Texas?			
2. Does your organization have written personnel policies?			
3. Do your written personnel policies contain procedures for:			
a. Open employee recruitment, selection, and promotional opportunities based on ability, knowledge, and skills;			
b. Providing equitable and adequate compensation;			
c. Training employees to assure high-quality performance;			
d. Retaining employees based on the adequacy of their performance, and making adequate efforts for correcting inadequate performance;			
e. Assuring fair treatment of applicants and employees in all aspects of personnel without regard to political affiliation, race, color, national origin, sex, age, physical handicap or religious creed, with proper regard for their privacy and constitutional rights as a citizen; and			
f. Assuring that employees are protected against coercion for partisan political purposes and are prohibited from using their official authority for the purpose of interfering with or affecting the result of an election or nomination for office?			
4. Can your organization revise its present written personnel policies to include the above procedures?			
5. Do your written personnel policies contain a prohibition against nepotism and code of conduct?			
6. Do your written personnel policies contain a prohibition against employees using their positions for private gain for themselves or other parties?			
7. Does your organization have an authorized, written travel policy for employees and authorized agents that provides for reimbursement for mileage and per diem at a specified rate?			
8. Does your organization have a written employee grievance procedure used to resolve employment complaints?			
9. Does your organization have the capacity or staff to produce and maintain participant records and other information as needed by the Board?			
10. If certain costs are determined to be disallowed, does your organization have a procedure or source for reimbursing such costs to the Board?			
11. Does your agency have a State Comptroller Vendor Number?			
12. Is your organization governed by a Board/Council?			
13. Does your organization operate under local rules or by-laws?			
14. Has your Board/Council reviewed and approved this proposal? (<u>Please attach</u>)			
15. Does your organization have a current approved Fidelity Bond?			
16. Does your organization have an EEO/Affirmative Action Plan?			
17. Does your organization have a Complaint Monitor or Ethics Designee?			

Name: _____

Signature: _____

ATTACHMENT B FINANCIAL SYSTEMS SURVEY

PROPOSER NAME: _____

Please answer the following questions regarding your fiscal management system. Additional information may be requested at the time of a pre-award survey, including copies of the documents specifically named.

Question	Yes	No	N/A
1. Does your organization follow GAAP?			
2. Does your accounting system:			
a. Provide control and accountability for funds received, property, and other assets;			
b. Provide identification of receipt and expenditures of funds separately for each funding source;			
c. Provide adequate information to prepare monthly financial reports on an accrual basis;			
d. Have the capability to track allowable transactions and allocations of costs in accordance with requirements for federal grant programs;			
3. Are state and federal funds which may be advanced to you deposited in a bank with federal insurance oversight?			
4. Has the bank in which you deposit state and federal funds insured the account(s) or put up collateral or both equal to the largest sum of money which would be in such account(s) at any one point in time during the contract period?			
5. Do you reconcile your bank accounts monthly?			
6. Are the bank reconciliations made by the same person who performs recordkeeping for receipts, deposits, and disbursement transactions?			
7. Do you record daily cash receipts and disbursement transactions?			
8. Are individuals or positions in your organization which handle the receipt or distribution of money covered by bond?			
a. Is there a person who is responsible for the receipt of all purchased goods?			
b. Does this person assign, upon receipt, an inventory number for items?			
c. Does this person perform an inventory audit at least once a year?			
9. Do you maintain records on all property acquisition, disposition, and transfer			
10. Do you have written procedures and internal controls established for the procurement of goods and services?			
11. Is a competitive bidding process incorporated into your purchasing procedures for acquisition of contractors, major goods and services, equipment, and office space?			
12. Are timesheets kept to support payroll disbursement? If not, describe how employee time is documented and payroll supported:			
13. Are records maintained to support authorized employee leave (vacation, sick, etc.)?			
14. Are complete records kept to support travel payments?			
15. Has a formal audit by an outside auditing firm been conducted of your organization's financial record in the past year?			
16. Do you have an indirect cost plan with current approval by a cognizant agency?			
17. Is your organization funded by more than one source?			
18. Does your organization maintain written accounting procedures?			

Name: _____

Signature: _____

ATTACHMENT C CERTIFICATION OF BIDDER

I hereby certify that the information contained in this proposal and all attachments is true and correct and may be viewed as an accurate representation of proposed services to be provided by this organization. I certify that no employee, board member, or agent of the Workforce Solutions Brazos Valley Board has assisted in the preparation of this proposal. I acknowledge that I have read and understood the requirements and provisions of the request for proposal and that this organization will comply with all pertinent regulations, board policies, and other applicable local, state and federal regulations and directives in the implementation of these programs. I certify that I have read and understand the Governing Provisions and Limitations and the Administrative Requirements and Procedures sections of this RFP and will comply with the terms.

I, _____, certify that I am the _____
(typed name) (title)

of the corporation, partnership, or sole proprietorship, or other eligible entity named as a proposer and Respondent herein and that I am legally authorized to sign this proposal and submit it to the Workforce Solutions Brazos Valley on behalf of said organization by authority of its governing body.

Person Authorized to sign for the organization:	Board member signature of authorizing Board:
Signature:	Signature:
Typed Name:	Typed Name:
Typed Title:	Typed Title:
Date:	Date:

Subscribed and sworn to before me on this _____ day of _____, 2018 in _____ (county), _____ (state).

Notary Public in and for _____ County,

State of _____. Commission expires: _____ SEAL

ATTACHMENT D
CERTIFICATION REGARDING
DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS

This certification is required by the Federal Regulations Implementing Executive Order 12549, Debarment and Suspension, 45 CFR Part 93, Government-wide Debarment and Suspension, for the Department of Agriculture (7 CFR Part 3017), Department of Labor (29 CFR Part 98), Department of Education (34 CFR Parts 85, 668 and 682), Department of Health and Human Services (45 CFR Part 76).

The undersigned certifies, to the best of his or her knowledge and belief, that both it and its principals:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency;
2. Have not within a three-year period preceding this contract been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, State or local) transaction or contract under a public transaction, violation of federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
3. Are not presently indicted for or otherwise criminally or civilly charged by a government entity with commission of any of the offenses enumerated in Paragraph (2) of this certification; and,
4. Have not within a three-year period preceding this contract had one or more public transactions terminated for cause or default.

Where the prospective recipient of federal assistance funds is unable to certify to any of the statements in this certification, such prospective recipient shall attach an explanation to this certification form.

Name of Organization/Firm

Print Name and Title of Authorized Representative

Signature of Authorized Representative

Date of Signature

ATTACHMENT E
CERTIFICATION REGARDING LOBBYING

This certification is required by the Federal Regulations Implementing Section 1352 of the Program Fraud and Civil Remedies Act, Title 31 U.S. Code, for the Department of Agriculture (7 CFR Part 3018), Department of Labor (29 CFR Part 93), Department of Education (34 CFR Part 82), Department of Health and Human Services (45 CFR Part 93).

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of Congress, or an employee or a Member of Congress in connection with the awarding of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of a federal contract, grant, loan, or cooperative agreement.
2. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form - LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

Name of Organization/Firm

Print Name and Title of Authorized Representative

Signature of Authorized Representative

Date of Signature

ATTACHMENT F
CERTIFICATION REGARDING DRUG-FREE WORKPLACE

This certification is required by the Federal Regulations Implementing Sections 5151-5160 of the Drug-Free Workplace Act, 41 U.S.C. 701, for the Department of Agriculture (7 CFR Part 3017), Department of Labor (29 CFR Part 98), Department of Education (34 CFR Parts 85, 668 and 682), Department of Health and Human Services (45 CFR Part 76).

The undersigned contractor certifies it will provide a drug-free workplace by:

1. Publishing a policy statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace and specifying the consequences of any such action by an employee;
2. Establishing an ongoing drug-free awareness program to inform employees of the dangers of drug abuse in the workplace, the contractor's policy of maintaining a drug-free workplace, the availability of counseling, rehabilitation and employee assistance programs, and the penalties that may be imposed on employees for drug abuse violations in the workplace;
3. Providing each employee with a copy of the contractor's policy statement;
4. Notifying the employees in the contractor's policy statement that as a condition of employment under this subcontract, employees shall abide by the terms of the policy statement and notifying the contractor in writing within five days after any conviction for a violation by the employee of a criminal drug abuse statute in the workplace;
5. Notifying the Board within ten (10) days of the contractor's receipt of a notice of a conviction of any employee; and,
6. Taking appropriate personnel action against an employee convicted of violating a criminal drug statute or require such employee to participate in a drug abuse assistance or rehabilitation program.

Name of Organization/Firm

Print Name and Title of Authorized Representative

Signature of Authorized Representative

Date of Signature

ATTACHMENT G

CERTIFICATION REGARDING CONFLICT OF INTEREST

By signature of this proposal, Proposer covenants and affirms that:

1. No manager, employee or paid consultant of the proposer is a member of the Workforce Solutions Brazos Valley Board;
2. No manager or paid consultant of the proposer is a spouse to a member of the policy board, the chairman or a manager of the Workforce Solutions Brazos Valley Board;
3. No member of the policy board, the president or an employee of the Brazos Valley Workforce Development Board owns or controls more than 10 percent in the proposer;
4. No spouse of a member of the policy board, president or employee of the Workforce Solutions Brazos Valley Board is a manager or paid consultant of the proposer;
5. No member of the policy board, president or employee of the Workforce Solutions Brazos Valley Board receives compensation from proposer for lobbying activities as defined in federal laws or Chapter 305 of the Texas Government Code;
6. Proposer has disclosed within the proposal any interest, fact or circumstance which does or may present a potential conflict of interest;
7. Should proposer fail to abide by the forgoing covenants and affirmations regarding conflict of interest, proposer shall not be entitled to recovery of any costs or expenses incurred in relation to any contract with the Workforce Solutions Brazos Valley Board and shall immediately refund to the Workforce Solutions Brazos Valley Board any fees or expenses that may have been paid under the contract and shall further be liable for any costs incurred or damages sustained by the Workforce Solutions Brazos Valley Board relating to that contract.

Name of Organization/Firm

Print Name and Title of Authorized Representative

Signature of Authorized Representative

Date of Signature

ATTACHMENT H
CERTIFICATION REGARDING TEXAS CORPORATE FRANCHISE TAX

Pursuant to Article 2.45, Texas Business Corporation Act, state agencies may not contract with for-profit corporations that are delinquent in making state franchise tax payments. The following certification that the entity entering into this subcontract is current in its franchise taxes or is not subject to the payment of franchise taxes to the State of Texas must be signed by the individual authorized to sign the subcontract for the subcontracting entity.

The undersigned authorized representative of the entity subcontracting herein certifies that the following indicated statement is true and correct and that the undersigned understands that making a false statement is a material breach of subcontract and is grounds for subcontract cancellation.

Indicate the certification that applies to your subcontracting entity:

___ The subcontracting entity is a for-profit corporation and certifies that it is not delinquent in its franchise tax payments to the State of Texas.

___ The subcontracting entity is a non-profit corporation or is otherwise not subject to payment of franchise taxes to the State of Texas.

Name of Business: _____

Type of Business (if not corporation): ___ Sole proprietor
 ___ Partnership
 ___ Other

IRS Tax Number: _____

Name of Authorized Representative: _____

Signature of Authorized Representative: _____

Date of Completion and Signature: _____

ATTACHMENT I
PERSONNEL POLICIES ASSURANCE

In lieu of submitting the organization's complete personnel policies and procedures proposers must complete this assurance that their personnel policies address at a minimum the following elements. Personnel policies and procedures will be verified as a part of the pre-award review should the proposal be selected for consideration.

- ☐ Terms and conditions for employment
- ☐ Employee compensation and fringe benefits
- ☐ Holidays, vacation and sick leave,
- ☐ Travel policies and reimbursement of travel expenses
- ☐ Conflict of interest policy
- ☐ Employee grievance procedures
- ☐ Employee code of conduct.

Personnel Policies and Procedures for _____ do address the elements checked above.

I understand that the verification of the adequacy of personnel policies and procedures will be a part of the pre-award review should this organization be selected.

Print Name and Title of Authorized Representative

Signature of Authorized Representative

Date of Signature

ATTACHMENT J
PROPOSED EMPLOYEE BENEFITS

Submit a table/matrix detailing the employee benefits proposed in your administration of CCS, WCS, BSU or all. Include the cost for employees as well as the cost to the Board contract. Also include 401K or other retirement benefits.

ATTACHMENT K ASSURANCES AND CERTIFICATIONS

Each organization and any branch, division or department or individual that submits a proposal in response to a Request for Proposal warrants, assures and certifies:

1. The information contained in this proposal is true and correct.
2. The costs described in the proposal budget accurately reflect the proposer's cost of providing services or goods.
3. No employee, member of a government board or board of directors, or any other individual associated with an organization or individual person offering a proposal under this Request for Proposals has offered or will offer any gratuities, favors, or anything of monetary value to any member of the Workforce Solutions - Brazos Valley Board or any employee of the Board for the purpose of or having the effect of influencing the decisions of the with respect to the organization or individual's proposal or any other proposal.
4. No employee, member of a governing board or board of directors, or any other individual associated with an organization or individual person offering a proposal under this Request for Proposals has engaged or will engage in any activity which may be construed in restricting or eliminating competition for funds available under this Request for Proposals.
5. The organization or individual possesses the legal authority to offer this proposal.
6. If the proposer is an organization, a resolution, motion, or similar action has been duly adopted or passed as an official act of the proposer's governing body authorizing the submission of this proposal.
7. No person will be excluded from participation in, be denied the benefits of, be subjected to discrimination under, or be denied employment in the administration of or in connection with any program operated with funds from this Request for Proposals because of race, color, religion, sex, national origin, age, disability, sexual orientation, or political affiliation or belief.
8. The organization or individual business does not and will not knowingly employ an undocumented worker as defined in Texas Government Code, §2264.001(4). If the Contractor knowingly employs an undocumented worker, they shall repay WSBVB/BVCOG the amount of the public subsidy with 15% interest no later than the 120th day after the business is notified of the violation.
9. If awarded this contract the organization or individual business will comply with the Buy American Act concerning these funds.

Each organization or individual that submits a proposal also warrants and assures that they will abide by the rules of the following laws, acts, codes, etc. and all applicable rules and regulations promulgated hereunder, as a condition to award of financial assistance from WSBV with respect to operation of WSBV funded programs or activities and all agreements or arrangements to carry out WSBV funded programs or activities:

- WIOA
- Title Vi of the Personal Responsibility and Work Opportunity Act of 1996
- PL 88-352 Civil Rights Act of 1964
- 42 USC12001 American with Disabilities Act of 1990
- PL 93-112 Rehabilitation Act of 1973
- 40 TAC § Texas Administrative Code, Article 40, Part I, Chapter 73 Subpart A
- Assurances required for the Child Care program, Chapter 809 Texas Workforce Commission Administrative Code
- Age Discrimination Act of 1975
- Title IX of the Education Amendments of 1972
- Texas Government Code §2264.051

By signing I acknowledge that I have read these assurances and certifications and that I am authorized to bind the organization I represent to these requirements should this proposal be accepted for funding by the Workforce Solutions Brazos Valley Board.

Signature

Proposing Organization

Typed Name and Title

Date

ATTACHMENT L
RESUMES/JOB DESCRIPTIONS ADMINISTRATION/MANAGEMENT

Please submit resumes and job descriptions for each administrative staff position and Management staff position. Include resumes and job descriptions of corporate support staff (i.e. accounting, oversight, personnel, etc.) paid in full or in part from the Board's contract.

ATTACHMENT M
RESUMES/JOB DESCRIPTIONS PROGRAM STAFF

ATTACHMENT N

MONITORING REPORTS

Copies of the three most recent annual monitoring reports (either from a grantor agency or from another Workforce Board, pertaining to your operations of grants and/or programs) and state corrective actions implemented to address any findings in these reports.

ATTACHMENT O
STANDARD OPERATING PROCEDURES

Include in your proposal your Standard Operating Procedures (for Option A: CCS and/or for Option B: WCS an/or for Option C: BSU, with SOPs for each or all programs).

These may be submitted on computer CD or USB drive.

Each proposal copy must have the complete SOPs for the program(s) you are proposing to manage.

ATTACHMENT P
AUDIT REPORTS

Submit a copy of your audit Summary Reports and detail of any audit exceptions for two most recent years.

ATTACHMENT Q
UNAUDITED FINANCIAL STATEMENT

Please submit a copy of your un-audited financial statements for the period since the most recent audit.

**RFP INFORMATION ATTACHMENTS
BRAZOS VALLEY WORKFORCE CENTERS**

Brazos County - Full Service

3991 East 29th Street
Bryan, Texas 77802

Burleson County – Satellite

119 C Main Street
Caldwell, Texas 77836

Grimes County – Satellite

102 Rattler Lane
Navasota, Texas 77868

Leon County – Satellite

204 E. St. Mary's Street
Centerville, Texas 75833

Madison County – Satellite

300 West School, Ste. 200
Madisonville, Texas 77864

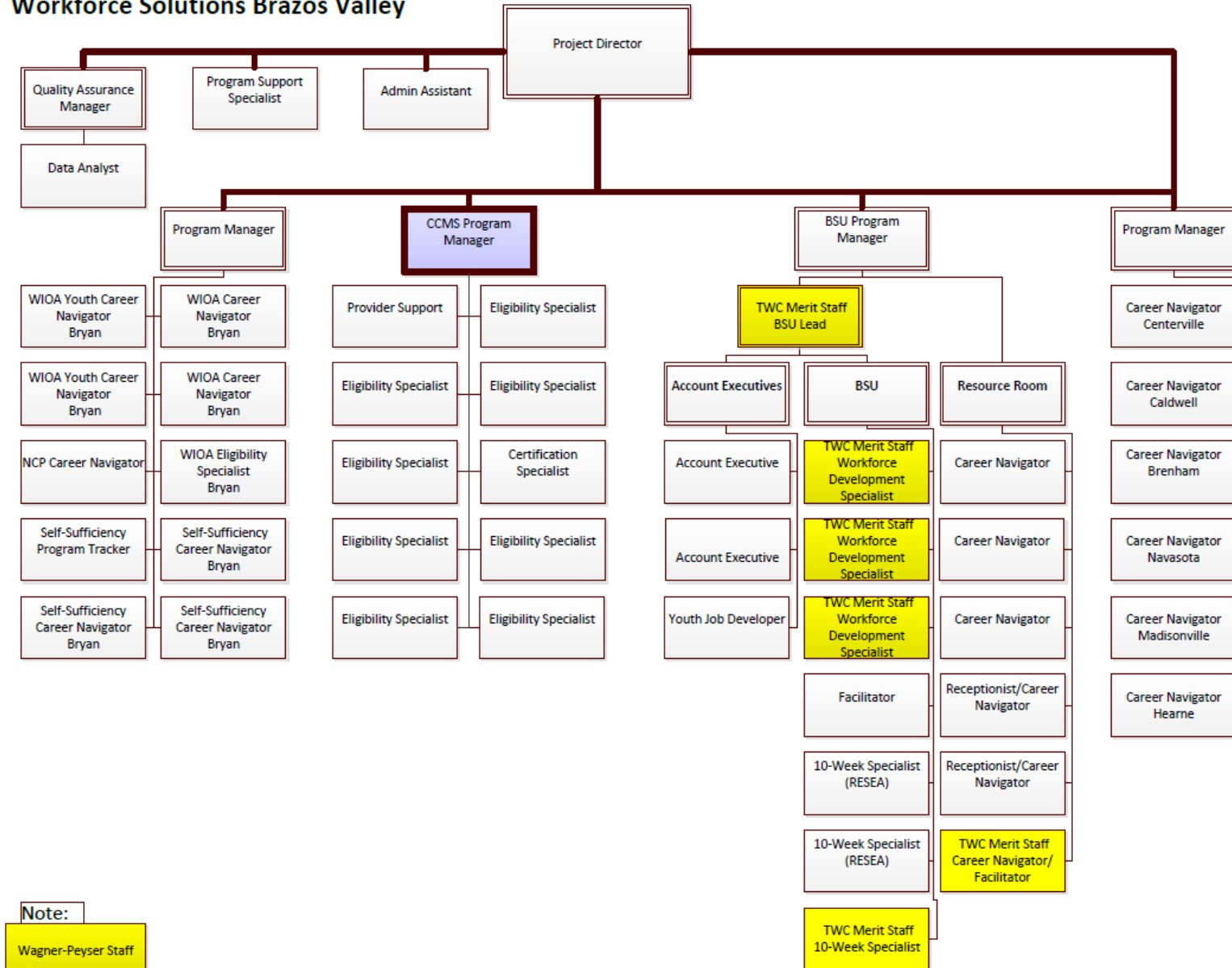
Robertson County – Satellite

303 Post Oak
Hearne, Texas 77859

Washington County – Satellite

97 Dupree
Brenham, TX 77833

Workforce Solutions Brazos Valley



Workforce Solutions Brazos Valley Staff
Current as of: April 2018

Position	Pay Range	Count
Management		
Project Director	\$79,000 - \$90,000	1
Quality Assurance Manager	\$52,000 - \$55,000	1
Program Manager	\$62,000 - \$65,000	2
CCS Program Manager	\$62,000 - \$65,000	1
Business Services Manager	\$62,000 - \$65,000	1
Administrative		
Data Analyst	\$25.00 - \$27.00	1
Program Support Specialist	\$20.00 - \$21.00	1
Administrative Assistant	\$15.50 - \$16.00	1
WIOA		
Career Navigator	\$16.00 - \$17.00	4
Eligibility Specialist	\$16.00 - \$17.00	1
Self-Sufficiency		
NCP Career Navigator	\$16.00 - \$17.00	1
Self-Sufficiency Career Navigator	\$16.00 - \$17.00	3
Program Tracker	\$16.00 - \$17.00	1
Child Care Services		
Provider Support Specialist	\$22.00 - \$23.00	1
Certification Specialist	\$18.00 - \$19.00	1
Eligibility Specialist	\$15.50 - \$16.00	8
Business Services		
Account Executive	\$18.00 - \$20.00	2
Youth Job Developer	\$17.00 - \$18.00	1
RESEA Specialist	\$15.50 - \$16.00	2
Facilitator	\$21.00 - \$22.00	1
Resource Room		
Receptionist/Career Navigator	\$14.00 - \$14.50	2
Career Navigator	\$14.00 - \$16.00	3
Rural Sites		
Career Navigator	\$14.00 - \$17.00	6

Current Workforce Solutions Brazos Valley Board Contracted Measures
Approved Targets (subject to change)

In addition to the contracted measures there are Board contracted local performance measures being redesigned. These performance targets will be discussed in contract negotiations.

<u>Contracted Measures</u>	<u>Target</u>
<u>CHILD CARE SERVICES</u>	
1. Child Care Services	1,189
<u>WORKFORCE CENTER SERVICES</u>	
1. WIOA Employed/Enrolled Q2	64.00%
2. WIOA Median Earnings Q2	\$4,220.00
3. WIOA Employed/Enrolled Q2-Q4	80.00%
4. WIOA Credential Rate	48.00%
5. Adult – Employed Q2	77.70%
6. Adult – Median Earnings Q2	\$5,200.00
7. Adult – Employed Q4	77.10%
8. Adult – Credential Rate	60.80%
9. Dislocated Worker (DW) – Employed Q2	84.60%
10. Dislocated Worker (DW) – Median Earnings Q2	\$8,060.00
11. Dislocated Worker (DW) – Employed Q4	86.70%
12. Dislocated Worker (DW) – Credential Rate	76.90%
13. Youth – Employed/Enrolled Q2	69.00%
14. Youth – Employed/Enrolled Q4	69.30%
15. Youth – Credential Rate	62.50%
16. Choices	50.00%
17. SNAP (ABAWD)	100.00%
18. SNAP (General Population)	350
19. NCP – Intake (Monthly)	12
20. NCP – Job Obtainment	65.00%
21. NCP – Job Retention	50.00%
<u>BUSINESS SERVICES</u>	
1. Employers Receiving Workforce Assistance	1,385
2. Claimant Re-employment Within 10 Weeks	55.12%
3. Employer Face-to-Face Contact – Monthly	50
a. Located in Brazos County	25
b. Located in Rural Brazos Valley Counties	25
4. Ensure Participation of Employers* at HYPE	90
5. Ensure Participation of Employers* at Independence Day Job Fair	27
6. Ensure Participation of Employers* at Red, White and You Job Fair	27

Employers* must be pre-approved by the Workforce Solutions Brazos Valley Board.

BUDGET PAGES
Workforce Solutions - Brazos Valley CCS/WCS/BSU RFP

	Option A: CCS	Option B: WCS	Option C: BSU
Budget Item	Amount Requested	Amount Requested	Amount Requested
Program Personnel Salary Totals			
Brazos County			
Burleson County			
Grimes County			
Leon County			
Madison County			
Robertson County			
Washington County			
Other Program Personnel (attach detail)			
Benefits (attach detail)			
Child Care Client Services			
Child Care Provider Services			
Child Care Financial Services			
Administration/Management Personnel			
On-Site administration/management personnel			
Corporate (off-site) personnel			
Indirect Cost (attach detail)			
Management Fee or Administrative Fee			
Staff Travel (attach detail)			
Staff Development (attach detail)			
Supplies/materials (attach detail)			
PEO/EOR costs (attach PEO/EOR cost summary chart)			
Insurance			
Other costs (attach detail)			
Subtotal			
Profit			
Total Budget			
Overall Cost per Staff			

Proposed Staffing – Workforce Solutions Brazos Valley

Instructions:

Complete One form for Program Staff **AND** One Form for Administrative/Management Staff for each program option for which you are submitting a proposal (i.e. two for CCS, two for WCS, two for BSU)

Proposers Name:

Program (CCS/WCS/BSU):

Staffing (Check One):

Administration/Management Staff

Program Staff

Position Title	Annual Salary	Annual Benefits	Salary + Benefits	# of staff per position	Full/Part Time	Total Cost (salary plus benefits x number of staff in position)	Funding Source	
							Board Funds	Other Source
TOTALS:	\$	\$	\$	\$		\$	\$	\$

BUDGET DETAIL SHEET A

Complete each Budget Detail Sheet for each Program: CCS, and/or WCS, and/or BSU

Proposer's Name _____

Instructions: Show the calculations and explain each of the costs identified below.

Attach narrative pages as necessary to explain and justify costs

A. Fringe Benefits

B. Indirect Cost or Administrative Fee

C. Staff Travel

D. Staff Development

E. Supplies/Materials

BUDGET DETAIL SHEET B

Complete each Budget Detail Sheet for each Program: CCS, and/or WCS, and/or BSU

Proposer's Name _____

Instructions: Show the calculations and explain each of the costs identified below.

Attach narrative pages as necessary to explain and justify costs

F. Insurance

G. Profit

H. Other

I. Other

J. Contributed Resources: Detail resources from other sources to be contributed.

PEO/EOR Costs Summary

One-Time Costs		
	One-Time Amount	Cost per Employee
Initial Set-up Fees		
Retirement Plan (401k, etc.)		
Cafeteria or 125 Plan Option		
Database Creation Fee		
COBRA Notification Fee		
Other "Must Have" Requirements		
Other "Preferred" Requirements		
Terminating Current Employees		
Adding New Employees		
Other Initial Set-up fees not listed [describe]		
TOTALS	\$ -	\$ -

Monthly Costs		
	Monthly Amount	Cost per Employee (for Contract Period)
On-going Administration Fees		
Basic Admin Fee		
Retirement Plan Fee		
Cafeteria Plan Fee		
Form 5500 Preparation/Filing Fee		
Retirement Plan		
Cafeteria Plan		
Other not listed		
TOTALS	\$ -	\$ -
TOTAL (PLUS ONE-TIME FEES)	\$ -	

***Transfer to Budget Summary Page**