# Attachment A1 –

## Start Up Price Proposal (if required)
## Price Proposal Form–Fair Chance Program
## EPIN: 80126P0035

**Proposer:**_____ **Service Area:** _____

**Personnel Budget**

| # of Full Time Equivalent Staff (FTEs) | Job Title | Average Annual Salary | Cost to Contract | Total Cost |
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| | | **Total Wages** | | |
| | | **(*) Fringe @ __%** | | |
| | | **Total Personnel Cost** | | |

**Other than Personnel Services (OTPS) Budget**

| Expenses | Cost to Contract | Total Cost |
|---|---|---|
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| **Total OTPS** | | |

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|---|---|---|
| **Total Start Up Budget (Personnel + OTPS) Year 1** | | |

(*) The maximum indirect cost rate is 10% and it is based on total wages and fringe cost. The fringe rate is based on total personnel wages.

Print First/Last Name: _____Signature: _____