Attachment A - Price Proposal

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
		Total Wages		
		(*) Fringe @ __%		
		Total Personnel Cost		

Other than Personnel Services (OTPS) Budget

Expenses	Cost to Contract	Total Cost
Total OTPS		

Total 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: _____

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Proposer:_____ **Service Area:** _____

Personnel Budget

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

Other than Personnel Services (OTPS) Budget

Expenses	Cost to Contract	Total Cost
Total OTPS		

Total Budget (Personnel + OTPS) Year 2		

(*) 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: _____

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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
		Total Wages		
		(*) Fringe @ __%		
		Total Personnel Cost		

Other than Personnel Services (OTPS) Budget

Expenses	Cost to Contract	Total Cost
Total OTPS		

Total Budget (Personnel + OTPS) 3 months		

(*) 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: _____