WORKFORCE DEVELOPMENT AGING AND COMMUNITY SERVICES (WDACS)
NEW FREEDOM: VOLUNTEER DRIVER MILEAGE REIMBURSEMENT PROGRAM
BUDGET

INSTRUCTIONS

Please use the following instructions to complete the attached electronic *Budge Worksheet.* The Proposer shall complete the applicable sections of the Excel Workbook. When working with calculations, any additional information other than whole numbers will often create mathematical variances therefore, please refrain from using formulas or decimals (unless allowed by the sheet).

PART I

Cover Sheet: Please provide all requested information. Once the agency data has been entered, the Contractor's name will automatically generate on all pages of the workbook.

1.   **Enter the Full Legal Name of the Organization:** Enter the full legal name of the organization onto the line and do not abbreviate. The name listed must match the name on the Articles of Incorporation, Business License, Charter, or By-Laws.

2.   **Main Administrative Office Address:** Enter the address of the authorized signatory on this line. If the main administrative office and the mailing address are the same.

3.   **City/State/Zip Code/Fax Number:** Please enter all the information listed corresponding to the particular site. Note: For the FAX number, enter only numbers with no spaces, hyphens, parenthesis or any additional characters (i.e., 2223334444).

4.   **Mailing Address:** Only enter an address if the Main Administrative Address and mailing address are different. All correspondence, contract, program and compliance related information will be sent to both addresses and addressed to the administrator listed on the Authorized Signatory and the Secondary Contact lines.

5.   **Official Authorized to Sign for the Agency:** Enter the administrator authorized through board resolution to sign for the agency. A board resolution will be required prior to contract execution.

6.   **Job Title:** Enter the title of the authorized signatory. Please abbreviate the job title if the title does not fit in the cell.

7.   **Phone Number/Ext.:** Enter the phone number and extension of the contact. Note: For the phone number, enter only numbers with no spaces, hyphens,

parenthesis or any additional characters (i.e., 2223334444).

8. **E-Address:** Enter the email address of the contact.

9. **Secondary Contact for Program**: WDACS will only contact the secondary contact in cases where the authorized signatory is not available.

Budget Overview:

1. **Funding Categories:** Enter the amount of funding necessary to operate the Program. The funding categories (i.e., the sources of revenue) include: Contract Costs (funds allocated and reimbursed by WDACS) and Program Income.

    a. Program Income: Revenue generated by Proposer from contract-supported activities including, but not limited to, voluntary contributions; royalties received on patents/copyrights from contract-supported activities; and proceeds from the sale of items fabricated under a contract agreement.

I. **Personnel Detail:** Please complete as follows:

1. Position Titles: Enter the title of each staff member who will work on the Program. Abbreviate the job title if the title does not fit in the cell.

2. Column (A) No. of Employees: Enter the number of employees for this position with similar pay and percentage of time.

3. Column (B) % of Time on Program: Enter the percentage of time the employee(s) will spend working on the Program. Use a separate line to report this information if the percentage of time will vary for employees with the same title.

4. Column (C) Monthly Salary: Enter the total Monthly Salary for this position. Do not enter hourly rates. Estimate the Monthly Salary if the employee is paid by an hourly wage.

5. Column (D) No. of Months: Enter the number of months the employee will be paid under the Program up to a maximum limit of 12 months.

6. Column (E) Annual Salary: Do not complete this field; the total will be calculated automatically. Please note all preceding cells must have data entered before this total will work.

7. Column (F) Contract Costs: Enter the amount of the Grant Award that will be used to fund the annual salary for this position.

8. Column (G) Program Income: Enter the amount of Program Income that will be

used to fund the annual salary for this position.

9. Column (H) Budget: <u>Do not complete this field</u>. This amount should equal column (E) Annual Salary.

II. **Taxes:** Highlighted in yellow (Lower left-hand corner); Enter the total percentage representing payroll taxes. Calculations for taxes must be completed manually. Note: Column (E) and column (H) must be equal.

III. **Benefits:** Highlighted in yellow (Lower left-hand corner). Enter the total percentage representing employee benefits. Calculations for benefits must be completed manually. Note: Column (E) and column (H) must be equal.

IV. **Other Costs:** In the space provided, enter the type of cost that will be utilized during the fiscal year. All costs must be program related. Complete the columns as follows:

1. Column (A) Unit Cost: Enter the cost per unit of the item(s). The Unit Cost must be as reflective of the actual cost as possible. Although costs may differ from month to month please provide the best estimated Unit Cost possible.

2. Column (B) Number of Units: Enter the estimated or agreed reimbursement schedule/rate per month. For example, if you are paying for services biweekly then the costs should be reflected as: Agreed Unit Cost/Rate of Reimbursement * 2 (for the number of times your agency will reimburse this Sub-Contractor for one month) * 12 (months).

3. Column (C) Number of Months. This is limited to 12 months.

4. Column (D) Total Cost: Do not complete this field. You must enter a numeric value in column (A), (B), and (C) in order for column (D) to calculate automatically.

5. Column (E) Contract Costs: Enter the amount of the proposed Grant Award that will be used for the line item.

6. Column (F) Program Income: Enter the amount of proposed Program Income.

7. Column (G) Budget: <u>Do not complete this field</u>. This amount should equal column (D) Total Cost.

8. Note: The line item for mileage reimbursements has already been pre-populated based upon the $0.56 per mile cost the Program will provide and the total number of miles WDACS projects to reimburse during the course of the Contract. Should there be changes to this projection after procurement of Service, WDACS will make changes and re-allocate accordingly.

9. Special Exceptions:

   a. **Space:** Space must be calculated by **cost per square foot**. This amount must be a fair market value and supported by documentation.

   b. **Equipment:** For single unit purchases over $1,000 refer to the *Unique Terms and Conditions* and *Standard Terms and Conditions* for more information.

   c. **Mileage:** Must be calculated by the cost per mile and the estimated number of miles. *The cost per mile can't exceed the IRS Mileage Reimbursement rate.*

V. Monthly Mileage and Reimbursement Rates

1. Monthly Mileage Estimate Assumptions - In order to establish a bidders proposed per mile unit rate, a proposer must be able to provide assumptions for: (1) The projected the number of clients to be served per month, and: 2) The total cost or "Claims" to operate the Program. Based on these two variables and the allowable monthly mileage limit of 250 per client, will establish a bidders per mile unit rate to operate the Program.

2. Mileage Reimbursement Service – For this section, all cells are formula driven and do not require manual entry.