ATTACHMENT 2: LINE-ITEM BUDGET & NARRATIVE		
Organization Name:		
Project Title: Workforce Innovation and Opportunity (WIOA) Service Delivery Modernization Request for Proposal		
EXPENSE ITEM	**COST / EXPENSE**	**COST DESCRIPTION**
ADMINISTRATION - Cost Category=Admin[2]		
Admin Staffing		
Staff Salaries		*Refer to Next Page*
Fringe Benefits		
Admin Operating Expenses		
Communications (Telephone, Postage, Internet, etc.)		
Facilities – Rent		
Facilities – Maintenance & Utilities		
Insurances		
Other Admin Operational Expenses		
Staff Travel		
Audit & Payroll Services		
Supplies (Office Supplies & Consumable Supplies)		
Equipment - Lease		
Admin Indirect Costs[2]		
Other Admin Expenses (please list):		
ADMIN SUBTOTAL	$	
PROGRAM SERVICES - Cost Category=Program		
Program Staffing		
Staff Salaries		*Refer to Next Page*
Fringe Benefits		
Program Operating Expenses		
Communications (Telephone, Postage, Internet, etc.)		
Facilities – Rent		
Facilities – Maintenance & Utilities		
Insurances		
Other Program Operational Expenses		
Staff Travel		
Staff Professional Development		
Subcontracts (Services/Consultants)		
Equipment - Lease		
Program Service & Costs for Participants		
Supplies (Office Supplies & Consumable Supplies)		
Outreach & Recruitment Costs		
Wages, Incentive, & Fringe		
Other Program Expenses (please list):		
PROGRAM SUBTOTAL	$	
PROJECT TOTAL	$	

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[2] The total of Administrative Expenses **cannot exceed 10%** of the total program costs. Indirect Costs are only allowed as an administrative expense and organizations must have a current, federally approved Indirect Rate Agreement. Profit is only allowable as an administrative cost.

ATTACHMENT 3: LINE-ITEM BUDGET - STAFF SALARIES COST DESCRIPTION
Please provide the following detail about staff that you plan to
charge to this grant if awarded. Add additional lines or use multiple pages as needed.

ADMINISTRATIVE STAFF

Position Title	Annual Salary	# of Positions	# of Months Charged to the Grant	% of Time Charged to the Grant	Total Amount Charged to the Grant
ADMIN SALARY SUBTOTAL			*Refer to Line-Item Budget*		

PROGRAM STAFF

Position Title	Annual Salary	# of Positions	# of Months Charged to the Grant	% of Time Charged to the Grant	Total Amount Charged to the Grant
PROGRAM SALARY SUBTOTAL			*Refer to Line-Item Budget*		
SALARY TOTAL			$		