



Board of Commissioners:

Greg Hartmann, Chris Monzel, Todd Portune

County Administrator: Christian Sigman

Director: Moira Weir

General Information: (513) 946-1000

General Information TDD: (513) 946-1295

www.hcjfs.org

222 East Central Parkway • Cincinnati, Ohio 45202

(513) 946-1408 • Fax: (513) 946-2384

Email: carsos01@jfs.hamilton-co.org

October 27, 2011

**HCJFS REQUEST FOR PROPOSAL
WIA YOUTH SERVICES RFP#SC0411-R**

ADDENDUM 2

Revised Attachments A and C

Questions Received Before the RFP Conference:

Q1. On page 6 it says “Each proposal submitted may address only one of these three scopes.....”

On page 6 it also says “The SWORWIB is seeking three types of proposals:

- Traditional WIA Youth Services;
- WIA Youth Services with a focus on foster care exiters. Proposals for this service should anticipate providing services at the One Stop Super Jobs center or specify.....and
- WIA Youth Services Connected to Hamilton County Juvenile Court.

On page 8 it says: “There may be one provider selected to deliver and manage a full-service WIA youth program for WIA out-of-school and Foster Care exiters. Proposals for **this** service should anticipate providing services at the One Stop Super Jobs Center”

On page 6 it appears two proposals should be submitted but on page 8 it refers to “this service” seeming to imply that out-of-school and foster care exiters at the One Stop is **one** service. Please clarify whether proposals for WIA Out-of-School Youth Services at the One Stop should include services to foster care exiters or should a responder to Out-of-School Youth at the One Stop also submit a separate proposal for foster care exiters.



Answer: Area 13 is eager for any out-of-school proposals with or without services to foster care youth and with or without location at the One-Stop. Any proposal specifically intended to serve foster youth must be an out-of-school youth proposal. Any WIA youth proposal can recommend location at the one-stop.

Q2. System Outcome regarding degree granting or certificate granting program (page 12, third bullet):

- Does a qualified certificate count for this performance measure only if it is earned **after** the youth receives his/her high school diploma or GED?

Answer: Any qualified certificate is countable for local performance measurement purposes if it is associated with a youth who, at exit, is also a high school graduate or who has been awarded a GED.

Q3. Page 13, number 5 regarding earning a high school diploma or GED – the language states “this measure applies only to youth enrolled on or after 7/1/2012 and subsequently exited each contract year. A separate % commitment should be provided for each of three contract years.” Does this mean:

- a) If an in-school or out-of-school youth is enrolled during the first contract year, but has not yet earned a diploma or GED by the end of the contract year, but is still working on it and therefore has not been exited, that the youth is excluded from the denominator for this measure for all contract years?
- b) Or, are you asking that a suitability standard be applied so that youth are enrolled only if it is believed they will be able to earn their diploma/GED by the end of the contract year? If this is the case:
 - i. If the youth does not earn their diploma/GED, are they exited at the end of the contract year as a negative outcome?
 - ii. For in-school youth, does this mean only seniors should be enrolled and that they need to be exited by the end of the contract year?



Answer: The measure applies to all youth enrolled on or after 7/1/12 and subsequently exited at some point in the life of this multi-year contract. Contract performance will be measured annually drawing on data from each youth enrolled after 7/1/12 and exited during that contract year. Youth enrolled prior to 7/1/12 shall not be included in any performance measures associated with this new contract.

Q4. System and contract outcomes are mentioned in three different places. The outcomes are worded differently and the percentages are confusing. The following chart is what I pulled from the different places. Please clarify if all five outcomes need to be addressed and which percentages are the expected outcomes or are all of them expected outcomes.

Corrected below:

| By FY 13-14 | In-School | Out-of-School | OOS @ OneStop | Foster Care | Offenders |
|--|------------|---------------|-----------------------------|-------------|------------|
| Earn GED diploma by 3 rd qtr after exit | 75% | 75% | See Out-of-School or Foster | 65% | 65% |
| Earn GED diploma by 1 st qtr. After exit | No measure | No measure | See Out-of-school or Foster | No measure | No measure |
| Receive diploma/GED & enter degree or certificate w/i 9mos of diploma/GED | 65% | 65% | See Out-of-school or Foster | 65% | 65% |
| High school drop-outs employed, apprenticeship, military 1 st qtr after exit (page 13-14) | No measure | No measure | See Out-of-school or Foster | No measure | No measure |
| Employed/military 1 st qtr after exit/retain 3 rd qtr (12) | 70% | 70% | See Out-of-school or Foster | To be est. | To be est. |



Q5. The definitions of Out-Of-School Youth and School Drop-outs seem out of sync with the definitions provided by Bob Hass in his last couple of visits. Please clarify.

Answer: See RFP Attachment O for definitions.



**REVISED ATTACHMENT A
PROPOSAL COVER SHEET FOR
YOUTH SERVICES UNDER THE WORKFORCE INVESTMENT ACT (WIA)
Bid No: RFP SC0411R**

Name of Provider : _____

Provider Address: _____
Include city, state and zip code

Contact Person : _____
(Please Print or type name) *Title*

Phone Number: _____ Fax Number: _____ E-Mail: _____

Additional Names: Provider must include names of individuals authorized to negotiate with HCJFS

Person(s) authorized to negotiate with HCJFS:

(1) Name: _____ Title: _____
(Please Print) *(Please Print)*

Phone Number: _____ Fax Number _____ E-Mail: _____

(2) Name: _____ Title: _____
(Please Print) *(Please Print)*

Phone Number: _____ Fax Number: _____ E-Mail: _____

LOCATION OF PROPOSED SERVICE: () In the community () at the One Stop

| Amount of WIA funds requested for the 1 st 12 months of the initial term: 7/1/12 – 6/30/13 | Amount of WIA funds requested for the 2nd 12 months of the initial term: 7/1/13 – 6/30/14 | Amount of WIA funds requested for the 1 st Renewal Term of 12 months: 7/1/14 – 6/30/15 |
|---|---|---|
| WIA Program expenses \$ _____ | WIA Program expenses \$ _____ | WIA Program expenses \$ _____ |
| Estimated # of youth enrolled _____ | Estimated # of youth enrolled _____ | Estimated # of youth enrolled _____ |
| \$ Projected cost per youth \$ _____ | \$ Projected cost per youth \$ _____ | \$ Projected cost per youth \$ _____ |

Certification: I hereby certify the information and data contained in this proposal are true and correct. The Provider's governing body has authorized this application and document.

Signature - Authorized Representative Title Date

Signature – Financial Officer Title Date

++Please see back of form for checklist to verify everything required to be submitted is included.

Proposal Submission Checklist
For
WIA Youth Services
Bid No: RFP SC0411R

Please use the checklist below to ensure all items and actions necessary to have your proposal accepted are completed.

- _____ A) Registered for RFP Process on or before November 23, 2011 by 3:00 p.m.
- _____ B) Proposal is to be submitted by 11:00 a.m. on December 1, 2011
- _____ C) Cover sheet is to be signed and all sections are to be completed in full, Section 2.1
- _____ D) Responses to Program Components, Section 2.2.1 are included
- _____ E) Responses to System and Fiscal Administration components, Section 2.2.2 are included
- _____ F) Budget completed correctly, Section 2.3 (hard copy included with proposals)
- _____ G) Soft copy of the budget sent to the Contact Person on or before due date of proposals (December 1, 2011). Soft copy completed in Excel format, Section 2.3
- _____ H) Budget Narrative explains the cost and their relationship to proposed services. It must justify cost and give the formula by which they were derived. All costs in the narrative should match the line items in the budget, budget narrative must be completed for initial contract term and one for one year renewal option. (total of 2) Section 2.3
- _____ I) Customer Reference Letters are included, Section 2.4 (Do not include any HCJFS Personnel)
- _____ J) Personnel Qualifications are included, Section 2.5

REVISED ATTACHMENT C

HCJFS CONTRACT BUDGET

AGENCY:

BUDGET PREPARED FOR PERIOD

NAME OF CONTRACT PROGRAM:

TO

INDICATE NAME OF SERVICE IN APPROPRIATE COLUMN BELOW

| EXPENSES BY PROGRAM SERVICES | (Insert Program) ADMIN | (Insert Program) PROGRAM | MGMT INDIRECT | TOTAL WIA EXPENSE | LEVERAGED FUNDS | TOTAL EXPENSE |
|---|---------------------------|-----------------------------|---------------|----------------------|--------------------|------------------|
| A. STAFF SALARIES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| B. EMPLOYEE PAYROLL TAXES & BENEFITS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| C. PROFESSIONAL & CONTRACTED SERVICES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| D. CONSUMABLE SUPPLIES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| E. OCCUPANCY | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| F. TRAVEL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| G. INSURANCE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| H. EQUIPMENT | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| I. MISCELLANEOUS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| J. PROFIT MARGIN | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| K. SUB-TOTAL OF EXPENSES BEFORE MGMT INDIRECT ALLOCATION | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| ALLOCATION OF MGT/INDIRECT COSTS | | | | | | 0.00 |
| TOTAL PROGRAM EXPENSES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| L. INCENTIVES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| M. TUITION SERVICES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| N. SUPPORT SERVICES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| GRAND TOTAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

| | | | | |
|---|--|--|--|--------|
| ESTIMATED TOTAL UNITS OF SERVICE TO BE PROVIDED: | | | | UNIT = |
|---|--|--|--|--------|

| | | | |
|--|---------|---------|---------|
| GRAND TOTAL/TOTAL UNITS OF SERVICE = UNIT COST: | #DIV/0! | #VALUE! | #VALUE! |
|--|---------|---------|---------|

| | | | | | | |
|---------------|------|------|------|------|------|------|
| TOTAL REVENUE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
|---------------|------|------|------|------|------|------|

REVISED ATTACHMENT C

| EXPENSES BY PROGRAM SERVICES | (Insert Program) ADMIN | (Insert Program) | MGMT INDIRECT | TOTAL WIA EXPENSE | LEVERAGED FUNDS | TOTAL EXPENSE |
|--|---------------------------|---------------------|---------------|----------------------|--------------------|---------------|
| B.PAYROLL TAXES | | | | | | |
| FICA % | | | | | | 0.00 |
| WORKER'S COMP. % | | | | | | 0.00 |
| UNEMPLOYMENT % | | | | | | 0.00 |
| BENEFITS | | | | | | |
| RETIREMENT | | | | | | 0.00 |
| HOSPITAL CARE | | | | | | 0.00 |
| OTHER (SPECIFY) | | | | | | 0.00 |
| | | | | | | 0.00 |
| TOTAL EMPLOYEE PAYROLL TAXES & BENEFITS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Employee Payroll Taxes & Benefits Narrative.

Please type narrative here.

| C. PROFESSIONAL FEES & CONTRACTED SERVICES (Indicate type, function performed, and | (Insert Program) ADMIN | (Insert Program) | MGMT INDIRECT | TOTAL WIA EXPENSE | LEVERAGED FUNDS | TOTAL EXPENSE |
|--|---------------------------|---------------------|---------------|----------------------|--------------------|---------------|
| | | | | | | 0.00 |
| | | | | | | 0.00 |
| | | | | | | 0.00 |
| | | | | | | 0.00 |
| TOTAL PROFESSIONAL FEES & CONTRACTED SERVICES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Professional Fees & Contracted Services Narrative

Please type narrative here.

REVISED ATTACHMENT C

| EXPENSES BY PROGRAM SERVICES | (Insert Program) ADMIN | (Insert Program) PROGRAM | MGMT INDIRECT | TOTAL WIA EXPENSE | LEVERAGED FUNDS | TOTAL EXPENSE |
|----------------------------------|---------------------------|-----------------------------|------------------|----------------------|--------------------|---------------|
| D.CONSUMABLE SUPPLIES | | | | | | |
| OFFICE | | | | | | 0.00 |
| CLEANING | | | | | | 0.00 |
| PROGRAM | | | | | | 0.00 |
| OTHER (SPECIFY) | | | | | | 0.00 |
| | | | | | | 0.00 |
| | | | | | | 0.00 |
| TOTAL CONSUMABLE SUPPLIES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Consumable Supplies Narrative

Please type narrative here.

| EXPENSES BY PROGRAM SERVICES | (Insert Program) ADMIN | (Insert Program) PROGRAM | MGMT INDIRECT | TOTAL WIA EXPENSE | LEVERAGED FUNDS | TOTAL EXPENSE |
|---|---------------------------|-----------------------------|------------------|----------------------|--------------------|---------------|
| E. OCCUPANCY COSTS | | | | | | |
| RENTAL @ PER SQ. FT. | | | | | | 0.00 |
| USAGE ALLOWANCE OF BLDG. OWNED @2% OF ORIG. ACQUISITION COST | | | | | | 0.00 |
| MAINTENANCE & REPAIRS | | | | | | 0.00 |
| UTILITIES (MAY BE INCLUDED IN RENT) | | | | | | |
| HEAT & ELECTRICITY WATER | | | | | | 0.00 |
| TELEPHONE | | | | | | 0.00 |
| OTHER (SPECIFY) | | | | | | 0.00 |
| | | | | | | 0.00 |
| | | | | | | 0.00 |
| TOTAL OCCUPANCY COSTS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Occupancy Costs Narrative

Please type narrative here.

REVISED ATTACHMENT C

| EXPENSES BY PROGRAM SERVICES | (Insert Program) ADMIN | (Insert Program) PROGRAM | MGMT INDIRECT | TOTAL WIA EXPENSE | LEVERAGED FUNDS | TOTAL EXPENSE |
|------------------------------------|---------------------------|-----------------------------|------------------|----------------------|--------------------|---------------|
| F. TRAVEL COSTS | | | | | | |
| GASOLINE & OIL | | | | | | 0.00 |
| VEHICLE REPAIR | | | | | | 0.00 |
| VEHICLE LICENSE | | | | | | 0.00 |
| VEHICLE INSURANCE | | | | | | 0.00 |
| OTHER (PARKING) | | | | | | 0.00 |
| MILEAGE REIMBURSE.@ _____ PER MILE | | | | | | 0.00 |
| CONFERENCES & MEETINGS, ETC. | | | | | | 0.00 |
| PURCHASED TRANSPORTATION | | | | | | 0.00 |
| TOTAL TRAVEL COSTS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Travel Costs Narrative

Please type narrative here.

| EXPENSES BY PROGRAM SERVICES | (Insert Program) ADMIN | (Insert Program) PROGRAM | MGMT INDIRECT | TOTAL WIA EXPENSE | LEVERAGED FUNDS | TOTAL EXPENSE |
|------------------------------|---------------------------|-----------------------------|------------------|----------------------|--------------------|---------------|
| G. INSURANCE COSTS | | | | | | |
| LIABILITY | | | | | | 0.00 |
| PROPERTY | | | | | | 0.00 |
| ACCIDENT | | | | | | 0.00 |
| OTHER | | | | | | 0.00 |
| TOTAL INSURANCE COSTS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Insurance Costs Narrative

Please type narrative here.

REVISED ATTACHMENT C

| EXPENSES BY PROGRAM SERVICES | (Insert Program) ADMIN | (Insert Program) PROGRAM | MGMT INDIRECT | TOTAL WIA EXPENSE | LEVERAGED FUNDS | TOTAL EXPENSE |
|---|---------------------------|-----------------------------|------------------|----------------------|--------------------|---------------|
| H.EQUIPMENT COSTS | | | | | | |
| SMALL EQUIPMENT (items costing under \$5,000.00, which are to be purchased during budget period should be listed) | | | | | | 0.00 |
| | | | | | | 0.00 |
| | | | | | | 0.00 |
| TOTAL SMALL EQUIPMENT COSTS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| EQUIPMENT MAINTENANCE & REPAIR (DETAIL) | | | | | | 0.00 |
| | | | | | | 0.00 |
| | | | | | | 0.00 |
| TOTAL EQUIPMENT & REPAIR | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| EQUIPMENT LEASE COSTS (DETAIL) | | | | | | 0.00 |
| | | | | | | 0.00 |
| | | | | | | 0.00 |
| TOTAL LEASE COSTS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| TOTAL COST DEPRECIATION OF LARGE EQUIPMENT ITEMS (detail on page 7) | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| TOTAL EQUIPMENT COSTS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Total Equipment Costs Narrative (Small Equipment, Equipment Maintenance & Repair, Equipment Lease, Equipment Depreciation)

Please type narrative here.

REVISED ATTACHMENT C

| EXPENSES BY PROGRAM SERVICES | (Insert Program) ADMIN | (Insert Program) PROGRAM | MGMT INDIRECT | TOTAL WIA EXPENSE | LEVERAGED FUNDS | TOTAL EXPENSE |
|---|---------------------------|-----------------------------|---------------|----------------------|--------------------|------------------|
| I. MISCELLANEOUS COSTS | | | | | | |
| | | | | | | 0.00 |
| | | | | | | 0.00 |
| | | | | | | 0.00 |
| | | | | | | 0.00 |
| TOTAL MISCELLANEOUS COSTS | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| J. PROFIT MARGIN (For profit entities only) | | | | | | 0.00 |
| K. SUB-TOTAL OF EXPENSES BEFORE MGMT INDIRECT ALLOCATION | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Miscellaneous Costs Narrative.

Please type narrative here.

A rationale or basis for the allocation of Mgmt Indirect cost which details how the amount charged to the proposed service was determined must be included. Some agencies allocate these types of costs on staff salaries, total personnel costs, total direct cost of service proposed, and/or time studies. Records substantiating development of the means of these costs must be provided with your budget submittal and also maintained by your agency.

Mgmt/Indirect Cost Narrative.

Please type narrative here.

Profit Margin Narrative (for profit entities only).

Please type narrative here.

| EXPENSES BY PROGRAM SERVICES | (Insert Program) ADMIN | (Insert Program) PROGRAM | MGMT INDIRECT | TOTAL WIA EXPENSE | LEVERAGED FUNDS | TOTAL EXPENSE |
|-------------------------------------|-------------------------------|---------------------------------|----------------------|--------------------------|------------------------|----------------------|
| L. INCENTIVES | | | | | | |
| | | | | | | 0.00 |
| | | | | | | 0.00 |
| M. TUITION | | | | | | 0.00 |
| | | | | | | 0.00 |
| | | | | | | 0.00 |
| N. SUPPORTIVE SERVICES | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| | | | | | | |
| GRAND TOTAL | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

L. Please type narrative here

M. Please type narrative here

N. Please type narrative here

REVISED ATTACHMENT C

| REVENUES BY PROGRAM SERVICES | (Insert Program) ADMIN | (Insert Program) | MGMT INDIRECT | TOTAL WIA EXPENSE | LEVERAGED FUNDS | TOTAL REVENUES |
|---|-----------------------------------|-----------------------------|----------------------|------------------------------|----------------------------|-----------------------|
| A. GOVERNMENTAL AGENCY FUNDING (specify agency & type) | | | | | | |
| | | | | | | 0.00 |
| | | | | | | 0.00 |
| | | | | | | 0.00 |
| B. OTHER FUNDING | | | | | | |
| FEES FROM CLIENTS | | | | | | 0.00 |
| CONTRIBUTIONS | | | | | | 0.00 |
| | | | | | | 0.00 |
| | | | | | | 0.00 |
| | | | | | | 0.00 |
| AWARDS & GRANTS | | | | | | 0.00 |
| | | | | | | 0.00 |
| OTHER (specify) | | | | | | 0.00 |
| | | | | | | 0.00 |
| TOTAL REVENUE | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |

Revenue Narrative

Please type narrative here.

REVISED

HCJFS CONTRACT BUDGET INSTRUCTIONS

When contracting with the Hamilton County Department of Job & Family Services (HCJFS), it is required that a budget be completed for each program/service being proposed. In order to facilitate the process, HCJFS requests that the attached budget be used.

These instructions are designed to assist in the completion the budget. Should you have any questions, please submit them to the HCJFS Contact Person in one of the following ways:

1) Fax:

Fax: (513) 946-2384

2) E-mail:

HCJFS_RFP_COMMUNICATIONS@jfs.hamilton-co.org

3) Mail:

Contract Services
Hamilton County Department of Job & Family Services
222 East Central Parkway, 3rd Floor
Cincinnati, OH 45202

PAGE 1 - SUMMARY PAGE

Page 1 is the summary page for all information entered on pages 2 through 9. If you are not using the Excel spreadsheet for the budget, the summary page should be completed after all other budget pages (pages 2 through 9) are finalized. The total amounts for each expense type on this page (A through J) should equal the total amounts of each section on pages 2 through 8.

As the amounts are entered on pages 2 through 9, the total amounts on the summary page will be populated, if using the Excel spreadsheet to complete the budget.

Mgmt Indirect Cost

A rationale or basis for the allocation of Mgmt Indirect cost which details how the amount charged to the proposed service was determined must be included. Some agencies allocate these types of costs on staff salaries, total personnel costs, total direct cost of service proposed, and/or time studies. Records substantiating development of the means of these costs must be provided with your budget submittal and also maintained by your agency. Mgmt Indirect costs, allocated to the proposed service(s) should not exceed 15% of the total proposed service(s) cost. After allocating Mgmt Indirect costs between Other Direct Services and the proposed service(s), total program expenses for Mgmt Indirect should equal zero.

The Summary Page, once completed, should give a total budget for the service being proposed as well as a picture of your agency's total budget.

HCJFS CONTRACT BUDGET

AGENCY: (Enter legal name of your agency)

BUDGET PREPARED FOR PERIOD

NAME OF CONTRACT PROGRAM: (Enter name of program, e.g. Foster Care)

(Enter Begin Date of Budget) TO (Enter End Date of Budget)

INDICATE NAME OF SERVICE IN APPROPRIATE COLUMN BELOW

| (1) | (2) | (3) | (4) | (5) | (6) | (7) |
|---|----------------------------------|---|---|---------------|------------------|---------------|
| | (Enter Name of Proposed Service) | (Enter Name of Add'l Proposed Service, if needed) | (Enter Name of Add'l Proposed Service, if needed) | MGMT INDIRECT | OTHER DIRECT SER | TOTAL EXPENSE |
| EXPENSES BY PROGRAM SERVICES | | | | | | |
| A. STAFF SALARIES | | | | | | |
| B. EMPLOYEE PAYROLL TAXES & BENEFITS | | | | | | |
| C. PROFESSIONAL & CONTRACTED SERVICES | | | | | | |
| D. CONSUMABLE SUPPLIES | | | | | | |
| E. OCCUPANCY | | | | | | |
| F. TRAVEL | | | | | | |
| G. INSURANCE | | | | | | |
| H. EQUIPMENT | | | | | | |
| I. MISCELLANEOUS | | | | | | |
| J. PROFIT MARGIN | | | | | | |
| K SUB-TOTAL OF EXPENSES BEFORE MGMT INDIRECT ALLOCATION | | | | | | |
| ALLOCATION OF MGT/INDIRECT COSTS | | | | | | |
| TOTAL PROGRAM EXPENSES | | | | | | |

1

**ESTIMATED TOTAL UNITS OF SERVICE

TO BE PROVIDED: _____

**UNIT= Youth Enrolled (served)

**TOTAL PROGRAM EXPENSES / TOTAL UNITS

OF SERVICE = UNIT RATE/COST PER YOUTH: \$ _____ \$ _____ \$ _____

Contract is a cost reimbursement contract, however JFS would still like to see the cost per youth served

| | | | | | | |
|-----------------------|--|--|--|--|--|--|
| TOTAL REVENUE* | | | | | | |
|-----------------------|--|--|--|--|--|--|

*As the amounts for revenue are entered on page 9 of the budget, total revenue will be populated here.

Instructions:

Column 1: Description of expenses by type.

Columns 2-4: Totals of the direct costs entered for each section on pages 2 through 8. **Direct costs** are those that can be identified specifically to the service being proposed.

Column 5: Totals of management, administrative, and indirect costs for each section on pages 2 through 8. **Indirect costs** are those costs incurred for a common or joint purpose benefiting more than one service area or cost center. It is not possible to specify the types of costs which may be considered as indirect cost in all situations due to the diverse characteristics and accounting practices of nonprofit organizations. However, typical examples of indirect cost for many nonprofit organizations may include the costs of operating and maintaining facilities, personnel administration, salaries and expenses of executive officers, and accounting functions such as payroll, and accounts payable.

Column 6: Totals for all other direct and indirect costs of your agency not associated with the service being proposed to HCJFS on pages 2 through 8. For example, if your agency provides both Traditional and Therapeutic Foster Care and Residential Treatment and you are responding to a Request For Proposals (RFP) for Traditional and Therapeutic Foster Care, all costs associated with Residential Treatment would be entered under "Other Direct Serv".

Column 7: Column 7 is the sum of Columns 2 through 6.

Column 8: Enter the salary costs that are indirectly associated with the service being proposed.

Column 9: Enter the total salaries for staff employed by your agency but are **not** directly or indirectly associated with the proposed service.

Column 10: Column 10 is the sum of Columns 5 through 9.

PAGE 3 – SECTION B – EMPLOYEE PAYROLL TAXES & BENEFITS

This section is used to calculate the employee payroll taxes and benefits.

| (1) | (2) | (3) | (4) | (5) | (6) | (7) |
|--|----------------------------------|---|---|---------------|------------------|---------------|
| B. PAYROLL TAXES | (Enter Name of Proposed Service) | (Enter Name of Add'l Proposed Service, if needed) | (Enter Name of Add'l Proposed Service, if needed) | MGMT INDIRECT | OTHER DIRECT SER | TOTAL EXPENSE |
| FICA _____ % | | | | | | |
| WORKER'S COMP. _____ % | | | | | | |
| UNEMPLOYMENT _____ % | | | | | | |
| BENEFITS | | | | | | |
| RETIREMENT _____ % | | | | | | |
| HOSPITAL CARE | | | | | | |
| OTHER (SPECIFY) | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTAL EMPLOYEE PAYROLL TAXES & BENEFITS | | | | | | |

3

Instructions:

Column 1: List the percents used to calculate the amounts withheld for payroll taxes and benefits. Please list separately any other employee deduction not listed under "Other".

Columns 2-4: Calculate the payroll taxes and benefits by multiplying the percent listed in Column 1 by the Total Salary in the corresponding columns on Page 2. **Please Note:** Unemployment taxes should only be calculated up to the first \$9,000.00 of an employee's salary.

Column 5: Calculate the payroll taxes and benefits by multiplying the percent listed in Column 1 by the Total Salary for Mgmt Indirect on Page 2.

Column 6: Calculate the payroll taxes and benefits by multiplying the percent listed in Column 1 by the Total Salary for Other Dir Serv on Page 2.

Column 7: Column 7 is the sum of Columns 2 through 6.

PAGE 3 - SECTION C – PROFESSIONAL FEES & CONTRACTED SERVICES

This section is used to list any contracted services such as janitorial, pest control, and security; as well as any professional fees such as consultants and auditors. Also, if you have any contracted employees from a temporary agency who are performing duties either directly or indirectly related to the service proposed; those costs should be entered here. Foster care agencies should enter their Foster Parent fees here. Any subcontractor’s costs should be entered here.

| (1) | (2) | (3) | (4) | (5) | (6) | (7) |
|--|----------------------------------|---|---|---------------|------------------|---------------|
| C. PROFESSIONAL FEES & CONTRACTED SERVICES | (Enter Name of Proposed Service) | (Enter Name of Add'l Proposed Service, if needed) | (Enter Name of Add'l Proposed Service, if needed) | MGMT INDIRECT | OTHER DIRECT SER | TOTAL EXPENSE |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTAL PROFESSIONAL FEES & CONTRACTED SERVICES | | | | | | |

3

Instructions:

Column 1: List all professional fees and contracted services.

Columns 2-4: Enter the costs that are directly associated with the service proposed.

Column 5: Enter the costs that are **indirectly** associated with the service proposed.

Column 6: Enter the costs that are not associated (directly or indirectly) with the service proposed.

Column 7: Column 7 is the sum of Columns 2 through 6.

PAGE 4 - SECTION D – CONSUMABLE SUPPLIES

This section is used to enter costs for items that will be directly used or consumed in the proposed service. These items must be used or consumed within one (1) Consumable supplies that are more of a general supply used within your agency should be entered in the “Mgmt Indirect” column. Examples of some of these costs are janitorial supplies (cleaning supplies, paper towels, floor cleaner, mops, brooms, etc.). Program supplies such as pamphlets, text books, and computer software directly related to the proposed service should be entered in this section as well.

| (1) | (2) | (3) | (4) | (5) | (6) | (7) |
|----------------------------------|----------------------------------|---|---|---------------|------------------|---------------|
| EXPENSES BY PROGRAM SERVICES | (Enter Name of Proposed Service) | (Enter Name of Add'l Proposed Service, if needed) | (Enter Name of Add'l Proposed Service, if needed) | MGMT INDIRECT | OTHER DIRECT SER | TOTAL EXPENSE |
| D.CONSUMABLE SUPPLIES | | | | | | |
| OFFICE | | | | | | |
| CLEANING | | | | | | |
| PROGRAM | | | | | | |
| OTHER (SPECIFY) | | | | | | |
| | | | | | | |
| TOTAL CONSUMABLE SUPPLIES | | | | | | |

4

Instructions:

Column 1: List of consumable supplies by expense type. List any other consumable supplies separately under “Other”.

Columns 2-4: Enter the costs that are directly associated with the service proposed.

Column 5: Enter the costs that are **indirectly** associated with the service proposed.

Column 6: Enter the costs that are not associated (directly or indirectly) with the service proposed.

Column 7: Column 7 is the sum of Columns 2 through 6.

PAGE 4 - SECTION E – OCCUPANCY COSTS

This section is used to enter occupancy costs that will be associated with the proposed service. If your agency is renting the entire building and using all of the space for the proposed service, enter the total rental amount for the building. If your agency is renting the entire building and not using all of the space for the proposed service, the rental cost for the proposed service is calculated by multiplying the Cost per Square Foot by the total Square Footage of the space used for the proposed service. The remaining rental cost should be entered under “Other Direct Ser”.

If your agency owns the building, a charge for depreciation **or** usage allowance is allowable. Depreciation or usage allowance should be applied to the original acquisition cost of the building. Depreciation should be calculated using the straight-line method. The lifespan of a nonresidential building is 31.5 years for property placed in service before May 13, 1993. If the property was placed in service after May 13, 1993 the lifespan is 39 years per the Internal Revenue Service (IRS) (Publication 946). If the building has been fully depreciated, the usage allowance method should be used. The usage allowance is limited to 2% of the original acquisition cost.

| (1) | (2) | (3) | (4) | (5) | (6) | (7) |
|--|----------------------------------|---|---|---------------|------------------|---------------|
| EXPENSES BY PROGRAM SERVICES | (Enter Name of Proposed Service) | (Enter Name of Add'l Proposed Service, if needed) | (Enter Name of Add'l Proposed Service, if needed) | MGMT INDIRECT | OTHER DIRECT SER | TOTAL EXPENSE |
| E. OCCUPANCY COSTS | | | | | | |
| RENTAL @ _____ PER SQ. FT. SQ. FT. _____ | | | | | | |
| USAGE ALLOWANCE OF BLDG. OWNED @ 2% OF ORIGINAL ACQUISITION COST | | | | | | |
| MAINTENANCE & REPAIRS | | | | | | |
| UTILITIES (MAY BE INCLUDED IN RENT) HEAT & ELECTRICITY _____ WATER _____ | | | | | | |
| TELEPHONE | | | | | | |
| OTHER (SPECIFY) | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTAL OCCUPANCY COSTS | | | | | | |

4

Instructions:

Column 1: Rental – Enter the amount per square foot and the total square footage used for the proposed service.

Usage Allowance of Building – Should be used when building has been fully depreciated. Usage Allowance is limited to 2% of the original acquisition cost.

Maintenance & Repairs – Enter any projected building maintenance and repair costs.

Utilities – Enter the projected utility costs on the appropriate lines. If heat and electricity is included in the rent, write “included” on this line. If water is included in the rent, write “included” on this line.

Telephone – Enter the projected telephone costs including long distance. Cell phone costs should be entered on this line, also.

Other – List separately any other costs associated with occupancy.

Columns 2-4: Enter the costs that are directly associated with the service proposed.

Column 5: Enter the costs that are **indirectly** associated with the service proposed.

Column 6: Enter the costs that are not associated (directly or indirectly) with the service proposed.

Column 7: Column 7 is the sum of Columns 2 through 6.

This section is used to enter the costs of operation, maintenance, and repairs of agency vehicles when relevant to the delivery of the proposed service. Such costs may be charged on an actual cost basis, a per diem or mileage basis in lieu of actual costs incurred, or a combination of the two, provided the method used is applied to an entire trip and not to selected days of the trip, and results in charges consistent with those normally allowed in like circumstances in the non-profit organization’s non-federally sponsored activities. The amount paid for mileage reimbursement should not exceed HCJFS’ reimbursement rate, which is the rate determined by the IRS. The reimbursement rate can be found on the IRS website.

Conference and meeting costs are allowable if the primary purpose is the dissemination of technical information relating to the proposed service. Purchased transportation is allowable if required for the delivery of the proposed service.

| (1) | (2) | (3) | (4) | (5) | (6) | (7) |
|-------------------------------|----------------------------------|---|---|---------------|------------------|---------------|
| EXPENSES BY PROGRAM SERVICES | (Enter Name of Proposed Service) | (Enter Name of Add'l Proposed Service, if needed) | (Enter Name of Add'l Proposed Service, if needed) | MGMT INDIRECT | OTHER DIRECT SER | TOTAL EXPENSE |
| F. TRAVEL COSTS | | | | | | |
| GASOLINE & OIL | | | | | | |
| VEHICLE REPAIR | | | | | | |
| VEHICLE LICENSE | | | | | | |
| VEHICLE INSURANCE | | | | | | |
| OTHER (PARKING) | | | | | | |
| MILEAGE REIMBURSE. @ PER MILE | | | | | | |
| CONFERENCES & MEETINGS, ETC. | | | | | | |
| PURCHASED TRANSPORTATION | | | | | | |
| TOTAL TRAVEL COSTS | | | | | | |

Instructions:

Column 1: List of travel costs by expense type. List any other travel costs separately under, “Other”.

Columns 2-4: Enter the costs that are directly associated with the service proposed.

Column 5: Enter the costs that are **indirectly** associated with the service proposed.

Column 6: Enter the costs that are not associated (directly or indirectly) with the service proposed.

Column 7: Column 7 is the sum of Columns 2 through 6.

PAGE 5 - SECTION G – INSURANCE COSTS

This section is used to enter insurance costs relevant to the delivery of the proposed service. Some agencies allocate all insurance costs to the Mgmt Indirect column of their budgets, and then allocate them

along with all the other shared type of costs. If one service operated by the agency has disproportionate insurance costs (either higher or lower) than the other agency services, then a more appropriate method would be to show the insurance costs in the column for that service. Records substantiating development of the means of allocating must be provided with your budget submittal and also maintained in your agency.

| (1) | (2) | (3) | (4) | (5) | (6) | (7) |
|------------------------------|----------------------------------|---|---|---------------|------------------|---------------|
| EXPENSES BY PROGRAM SERVICES | (Enter Name of Proposed Service) | (Enter Name of Add'l Proposed Service, if needed) | (Enter Name of Add'l Proposed Service, if needed) | MGMT INDIRECT | OTHER DIRECT SER | TOTAL EXPENSE |
| G. INSURANCE COSTS | | | | | | |
| LIABILITY | | | | | | |
| PROPERTY | | | | | | |
| ACCIDENT | | | | | | |
| OTHER | | | | | | |
| | | | | | | |
| TOTAL INSURANCE COSTS | | | | | | |

5

Instructions:

Column 1: List of insurance costs by expense type. List any other insurance costs separately under, "Other".

Columns 2-4: Enter the costs that are directly associated with the service proposed.

Column 5: Enter the costs that are **indirectly** associated with the service proposed.

Column 6: Enter the costs that are not associated (directly or indirectly) with the service proposed.

Column 7: Column 7 is the sum of Columns 2 through 6.

This section is used to enter small equipment (items costing under \$5,000.00 and will be purchased during the budget period); equipment maintenance and repair; equipment lease costs; and depreciation costs for capital equipment (any item or group of like items costing \$5,000.00 or more) relevant to the delivery of the proposed service. Leased equipment in excess of \$5,000.00 must be depreciated. If your agency has, or acquires equipment costing \$5,000.00 or more with an anticipated useful life in excess of one (1) year a charge for depreciation is allowable.

Depreciation should be calculated using the straight-line method. Refer to IRS guidelines to determine the useful life of equipment. Follow the instructions on Page 7 of Budget Form to calculate depreciation.

| (1) | (2) | (3) | (4) | (5) | (6) | (7) |
|---|----------------------------------|---|---|---------------|------------------|---------------|
| EXPENSES BY PROGRAM SERVICES | (Enter Name of Proposed Service) | (Enter Name of Add'l Proposed Service, if needed) | (Enter Name of Add'l Proposed Service, if needed) | MGMT INDIRECT | OTHER DIRECT SER | TOTAL EXPENSE |
| H. EQUIPMENT COSTS | | | | | | |
| SMALL EQUIPMENT (items costing under \$5,000.00, which are to be purchased during budget period should be listed) | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTAL SMALL EQUIPMENT COSTS | | | | | | |
| EQUIPMENT MAINTENANCE & REPAIR (DETAIL) | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTAL EQUIPMENT & REPAIR | | | | | | |
| EQUIPMENT LEASE COSTS (DETAIL) | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTAL LEASE COSTS | | | | | | |
| TOTAL COST DEPRECIATION OF LARGE EQUIPMENT ITEMS (detail on page 7) | | | | | | |
| TOTAL EQUIPMENT COSTS | | | | | | |

6

Instructions:

Column 1: List of equipment costs by expense type.

Columns 2-4: Enter the costs that are directly associated with the service proposed.

Column 5: Enter the costs that are **indirectly** associated with the service proposed.

Column 6: Enter the costs that are not associated (directly or indirectly) with the service proposed.

Column 11: Enter name of service proposed.

PAGE 8 – SECTION I - MISCELLANEOUS COSTS

This is the section to enter anticipated miscellaneous costs incidental to the delivery of the service proposed. Allowable miscellaneous include costs such as printing, advertising, postage, FBI background checks, and drug testing.

| (1) | (2) | (3) | (4) | (5) | (6) | (7) |
|----------------------------------|----------------------------------|---|---|---------------|------------------|---------------|
| EXPENSES BY PROGRAM SERVICES | (Enter Name of Proposed Service) | (Enter Name of Add'l Proposed Service, if needed) | (Enter Name of Add'l Proposed Service, if needed) | MGMT INDIRECT | OTHER DIRECT SER | TOTAL EXPENSE |
| I. MISCELLANEOUS COSTS | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTAL MISCELLANEOUS COSTS | | | | | | |

8

Instructions:

Column 1: List miscellaneous costs separately.

Columns 2-4: Enter the costs that are directly associated with the service proposed.

Column 5: Enter the costs that are **indirectly** associated with the service proposed.

Column 6: Enter the costs that are not associated (directly or indirectly) with the service proposed.

Column 7: Column 7 is the sum of Columns 2 through 6.

PAGE 8 – SECTION J - PROFIT MARGIN

This section is for for-profit entities only. Enter the amount of anticipated profit being charged to the service proposed. The profit margin will be negotiated during contract negotiations.

| (1) | (2) | (3) | (4) | (5) | (6) | (7) |
|--|----------------------------------|---|---|---------------|------------------|---------------|
| EXPENSES BY PROGRAM SERVICES | (Enter Name of Proposed Service) | (Enter Name of Add'l Proposed Service, if needed) | (Enter Name of Add'l Proposed Service, if needed) | MGMT INDIRECT | OTHER DIRECT SER | TOTAL EXPENSE |
| J. PROFIT MARGIN (For profit entities only- indicate the amount) | | | | | | |

8

PAGE 8 – SECTION K – SUB-TOTAL OF EXPENSES BEFORE MGMT INDIRECT ALLOCATION

This is the grand total of Sections A through J for each column. The values on this line should equal Sub-Total of Expenses Before Mgmt Indirect Allocation on Page 1 - Summary Page.

| (1) | (2) | (3) | (4) | (5) | (6) | (7) |
|---|----------------------------------|---|---|---------------|------------------|---------------|
| EXPENSES BY PROGRAM SERVICES | (Enter Name of Proposed Service) | (Enter Name of Add'l Proposed Service, if needed) | (Enter Name of Add'l Proposed Service, if needed) | MGMT INDIRECT | OTHER DIRECT SER | TOTAL EXPENSE |
| K. SUB-TOTAL OF EXPENSES BEFORE MGMT INDIRECT ALLOCATION | | | | | | |

8

PAGE 9 – SECTION L through SECTION N – DIRECT CLIENT EXPENSES

This is the subtotal of Sections L, M, and N and the grand total of all Expenses for operating this program.

PAGE 10 – REVENUE BY PROGRAM SERVICES

Projected revenues of your agency should be entered for the same time period of the budget for expenses. Government contracts, including revenues expected to be received from HCJFS, should be listed separately (e.g. HCJFS, Butler County, etc.). “Fees From Clients” should only represent monies received directly from clients. These are not fees paid by third parties (insurance, Medicaid, contracts). Contributions from individual benefactors need not be listed individually unless they represent a significant proportion or amount of donated funds.

Total revenues shown MUST equal or exceed the total expenses shown on Page 1 – Summary Page.

REVENUE PREPARED FOR PERIOD
 (Enter Begin Date of Budget) TO (Enter End Date of Budget)

| (1) | (2) | (3) | (4) | (5) | (6) | (7) |
|--|----------------------------------|---|---|---------------|------------------|---------------|
| REVENUE BY PROGRAM SERVICES | (Enter Name of Proposed Service) | (Enter Name of Add'l Proposed Service, if needed) | (Enter Name of Add'l Proposed Service, if needed) | MGMT INDIRECT | OTHER DIRECT SER | TOTAL REVENUE |
| A. GOVERNMENTAL AGENCY FUNDING (specify agency) | | | | | | |
| HCJFS | | | | | | |
| | | | | | | |
| B. OTHER FUNDING | | | | | | |
| Fees From Clients | | | | | | |
| Contributions | | | | | | |
| | | | | | | |
| | | | | | | |
| Awards & Grants | | | | | | |
| | | | | | | |
| Other (specify) | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTAL REVENUE | | | | | | |

Instructions:

Column 1: List funding sources.

Columns 2-4: Enter the revenues that are directly associated with the service proposed.

Column 5: Enter revenue such rental of facilities, interest income, investment income, contributions, etc.

Column 6: Enter all other revenues that are not associated with the service proposed.

Column 7: Column 7 is the sum of Columns 2 through 6.