Regional Opioid Abatement Residential Year One

RFP2000003710

Appendix B

BUDGET DETAILS

The Narrative for the Cost Proposal (second tab) should include details of how these costs were calculated and how the positions or services will be utilized to support this contract. Thank you.

	PERSONNEL Provide the data in the columns and rows below						
	Do not include employee names.						
	L	4.6	Indicate			FCTINANTED	
	Position Title	# of	Full Time,	Hourly	Annual	ESTIMATED	
	(add rows as necessary)	Positions	Part Time	Pay Rate	Position Salary	ANNUAL COST	Cost Narrative
	example: Director	1.0	Full Time	\$ 50.00	\$ 104,000	\$ 104,000	
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
				\$	\$	\$	
				PERSON	NEL SUBTOTAL	\$ -	
	FRINGE BENEFITS AND PAYROLL TA		-11	Time and Deat Time	141		
	If needed, please add lines to demonstrate the o	acculation of Iringe and payr	l taxes for Full				1
	Category	% Rate	10	Descriptio ICA, Health Insurar			
		0.0%	(1	ica, neaith insurai	ice, etc.)	ė	
	Fringe Benefits	0.0%	-			\$	
	Payroll Taxes	0.0%				\$	
				PEF	RSONNEL TOTAL	\$ -	Calculation: Personnel Subtotal + Fringe + Payroll Ta = Total Personnel
CTION B	OPERATING						
	Use the categories below, as appropriate, to out		proposal. If nee	ded, add or delete	categories.	FSTIMATED	
	Category	Monthly or Annual Rate	proposal. If nee	Descriptio		ESTIMATED ANNUAL COST	
	Category Rent/Mortgage	Monthly or	proposal. If nee			\$	
	Category Rent/Mortgage Utilities/Maintenance	Monthly or	proposal. If nee			\$ \$	
	Category Rent/Mortgage Utilities/Maintenance Program Costs	Monthly or	proposal. If nee			\$ \$ \$	
	Category Rent/Mortgage Utilities/Maintenance Program Costs Financial Services	Monthly or	proposal. If nee			\$ \$ \$ \$ \$	
	Category Rent/Mortgage Utilities/Maintenance Program Costs Financial Services Insurance	Monthly or	proposal. If nee			\$ \$ \$ \$ \$ \$ \$	
	Category Rent/Mortgage Utilities/Maintenance Program Costs Financial Services Insurance Equipment Purchase/Lease	Monthly or	proposal. If nee			\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
	Category Rent/Mortgage Utilities/Maintenance Program Costs Financial Services Insurance Equipment Purchase/Lease Supplies	Monthly or	proposal. If nee			\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
	Category Rent/Mortgage Utilities/Maintenance Program Costs Financial Services Insurance Equipment Purchase/Lease Supplies Food	Monthly or	proposal. If nee			\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
	Category Rent/Mortgage Utilities/Maintenance Program Costs Financial Services Insurance Equipment Purchase/Lease Supplies Food Telecommunications	Monthly or	proposal. If nee			ANNUAL COST	
	Category Rent/Mortgage Utilities/Maintenance Program Costs Financial Services Insurance Equipment Purchase/Lease Supplies Food Telecommunications Printing/Copying	Monthly or	proposal. If nee			ANNUAL COST	
	Category Rent/Mortgage Utilities/Maintenance Program Costs Financial Services Insurance Equipment Purchase/Lease Supplies Food Telecommunications Printing/Copying Postage	Monthly or	proposal. If nee			ANNUAL COST	
	Category Rent/Mortgage Utilities/Maintenance Program Costs Financial Services Insurance Equipment Purchase/Lease Supplies Food Telecommunications Printing/Copying Postage Vehicles	Monthly or	proposal. If nee			ANNUAL COST	
	Category Rent/Mortgage Utilities/Maintenance Program Costs Financial Services Insurance Equipment Purchase/Lease Supplies Food Telecommunications Printing/Copying Postage Vehicles Vehicle Maintenance	Monthly or	proposal. If nee			ANNUAL COST	
	Category Rent/Mortgage Utilities/Maintenance Program Costs Financial Services Insurance Equipment Purchase/Lease Supplies Food Telecommunications Printing/Copying Postage Vehicles	Monthly or	proposal, if nee			ANNUAL COST	
	Category Rent/Mortgage Utilities/Maintenance Program Costs Financial Services Insurance Equipment Purchase/Lease Supplies Food Telecommunications Printing/Copying Postage Vehicles Vehicle Maintenance	Monthly or	proposal. If nee			ANNUAL COST	
	Category Rent/Mortgage Utilities/Maintenance Program Costs Financial Services Insurance Equipment Purchase/Lease Supplies Food Telecommunications Printing/Copying Postage Vehicles Vehicle Maintenance Software Purchase/License	Monthly or	proposal. If nee			ANNUAL COST	
	Category Rent/Mortgage Utilities/Maintenance Program Costs Financial Services Insurance Equipment Purchase/Lease Supplies Food Telecommunications Printing/Copying Postage Vehicles Vehicle Maintenance Software Purchase/License Travel	Monthly or	proposal, if nee			ANNUAL COST	
	Category Rent/Mortgage Utilities/Maintenance Program Costs Financial Services Insurance Equipment Purchase/Lease Supplies Food Telecommunications Printing/Copying Postage Vehicles Vehicle Maintenance Software Purchase/License Travel Training	Monthly or	proposal, if nee			ANNUAL COST	
	Category Rent/Mortgage Utilities/Maintenance Program Costs Financial Services Insurance Equipment Purchase/Lease Supplies Food Telecommunications Printing/Copying Postage Vehicles Vehicle Maintenance Software Purchase/License Travel Training Other (Please specify)	Monthly or	proposal. If nee			ANNUAL COST	
	Category Rent/Mortgage Utilities/Maintenance Program Costs Financial Services Insurance Equipment Purchase/Lease Supplies Food Telecommunications Printing/Copying Postage Vehicles Vehicle Maintenance Software Purchase/License Travel Training Other (Please specify) Other (Please specify)	Monthly or	proposal, if nee			ANNUAL COST	
	Category Rent/Mortgage Utilities/Maintenance Program Costs Financial Services Insurance Equipment Purchase/Lease Supplies Food Telecommunications Printing/Copying Postage Vehicles Vehicle Maintenance Software Purchase/License Travel Training Other (Please specify) Other (Please specify) Other (Please specify)	Monthly or	proposal, if nee			ANNUAL COST	
	Category Rent/Mortgage Utilities/Maintenance Program Costs Financial Services Insurance Equipment Purchase/Lease Supplies Food Telecommunications Printing/Copying Postage Vehicles Vehicle Maintenance Software Purchase/License Travel Training Other (Please specify) Other (Please specify)	Monthly or	proposal, if nee			ANNUAL COST	
	Category Rent/Mortgage Utilities/Maintenance Program Costs Financial Services Insurance Equipment Purchase/Lease Supplies Food Telecommunications Printing/Copying Postage Vehicles Vehicle Maintenance Software Purchase/License Travel Training Other (Please specify) Other (Please specify) Other (Please specify)	Monthly or	proposal, if nee	Descriptio	n	ANNUAL COST	
	Category Rent/Mortgage Utilities/Maintenance Program Costs Financial Services Insurance Equipment Purchase/Lease Supplies Food Telecommunications Printing/Copying Postage Vehicles Vehicle Maintenance Software Purchase/License Travel Training Other (Please specify) Other (Please specify) Other (Please specify)	Monthly or	proposal, if nee	Descriptio		ANNUAL COST	

Regional Opioid Abatement Residential Year One

RFP2000003710

Appendix B

BUDGET DETAILS

The Narrative for the Cost Proposal (second tab) should include details of how these costs were calculated and how the positions or services will be utilized to support this contract. Thank you.

REVENUE - Use the categories below, as appropriate, to outline Revenue in this proposal. If needed, add or delete categories.

SECTION C	REVENUE							
		Monthly or	Description	ESTIMATED				
	Revenue Type	Annual Estimate	(Source of Revenue)	ANNUAL REVENUE				
	Fund Raising/Donations			\$				
	Other (Please specify)			\$				
	Other (Please specify)			\$				
				\$				
	TOTAL REVENUE s -							

TOTAL ANNUAL COST PROPOSAL

SECTION D			Calculation:
SECTION D			Total Expenses - Total Revenue
	TOTAL ANNUAL COST PROPOSAL	\$ -	= Total Annual Cost Proposal

Regional Opioid Abatement Residential Year Two and Subsequent Years

RFP2000003710

Appendix C

BUDGET DETAILS

The Narrative for the Cost Proposal should include details of how these costs were calculated and how the positions or services will be utilized to support this contract. Thank you.

ECTION A	PERSONNEL Provide the data in the columns and rows below						
	Do not include employee names.	Tor each position title requi	rea to complete	ilie proposeu servi	ce.		
		46	Indicate			ECTINAL TED	
	Position Title	# of	Full Time,	Hourly	Annual	ESTIMATED	6
	(add rows as necessary) example: Director	Positions 1.0	Part Time Full Time	Pay Rate \$ 50.00	Position Salary \$ 104,000	\$ 104,000	Cost Narrative
	example. Director	1.0	ruii iiiie	\$ 30.00	\$	\$	
				\$	\$	\$	
				Ś	\$	\$	
				Ś	\$	\$	
				Ś	\$	\$	
				Ś	\$	\$	
				Ś	\$	\$	
				Ś	\$	\$	
			İ	\$	\$	\$	
			İ	\$	\$	\$	
					NEL SUBTOTAL	\$ -	
	FRINGE BENEFITS AND PAYROLL TA	VEC		TENSON	NEESOBIOTAL	, ,	
	If needed, please add lines to demonstrate the c		oll taxes for Full	Time and Part Time	e nositions.		
	in needed, please and lines to demonstrate the d	alculation of fillinge and pays	Oil taxes for Full	Descriptio			†
	Category	% Rate	(F	ICA, Health Insurar			
	Fringe Benefits	0.0%	,	,	,,	\$	
	Payroll Taxes	0.0%				\$	
		1.270				<u> </u>	Calculation:
				PEF	SONNEL TOTAL	\$ -	Personnel Subtotal + Fringe + Payroll Ta = Total Personnel
CTION R	OPERATING						
ECTION B	OPERATING Use the categories below, as appropriate, to out.	line operational costs in this	proposal. If nee	ded. add or delete	categories.		
ECTION B	OPERATING Use the categories below, as appropriate, to out		proposal. If nee	ded, add or delete	categories.	ESTIMATED	
ECTION B	Use the categories below, as appropriate, to out	Monthly or	proposal. If nee	ded, add or delete		ESTIMATED ANNUAL COST	
ECTION B			proposal. If nee				
ECTION B	Use the categories below, as appropriate, to out	Monthly or	proposal. If nee			ANNUAL COST	
ECTION B	Use the categories below, as appropriate, to out Category Rent/Mortgage	Monthly or	proposal. If nee			\$	
ECTION B	Use the categories below, as appropriate, to out Category Rent/Mortgage Utilities/Maintenance	Monthly or	proposal. If need			\$ \$	
ECTION B	Use the categories below, as appropriate, to out Category Rent/Mortgage Utilities/Maintenance Program Costs	Monthly or	proposal. If need			\$ \$ \$	
ECTION B	Use the categories below, as appropriate, to out Category Rent/Mortgage Utilities/Maintenance Program Costs Financial Services	Monthly or	proposal. If nee			\$ \$ \$ \$ \$	
ECTION B	Use the categories below, as appropriate, to out Category Rent/Mortgage Utilities/Maintenance Program Costs Financial Services Insurance	Monthly or	proposal. If nee			\$ \$ \$ \$ \$ \$ \$ \$ \$	
ECTION B	Use the categories below, as appropriate, to out Category Rent/Mortgage Utilities/Maintenance Program Costs Financial Services Insurance Equipment Purchase/Lease	Monthly or	proposal. If nee			\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
ECTION B	Use the categories below, as appropriate, to out Category Rent/Mortgage Utilities/Maintenance Program Costs Financial Services Insurance Equipment Purchase/Lease Supplies	Monthly or	proposal. If nee			\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
ECTION B	Use the categories below, as appropriate, to out Category Rent/Mortgage Utilities/Maintenance Program Costs Financial Services Insurance Equipment Purchase/Lease Supplies Food	Monthly or	proposal. If nee			\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
ECTION B	Use the categories below, as appropriate, to out Category Rent/Mortgage Utilities/Maintenance Program Costs Financial Services Insurance Equipment Purchase/Lease Supplies Food Telecommunications	Monthly or	proposal. If nee			\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
ECTION B	Use the categories below, as appropriate, to out Category Rent/Mortgage Utilities/Maintenance Program Costs Financial Services Insurance Equipment Purchase/Lease Supplies Food Telecommunications Printing/Copying	Monthly or	proposal. If nee			\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
ECTION B	Use the categories below, as appropriate, to out Category Rent/Mortgage Utilities/Maintenance Program Costs Financial Services Insurance Equipment Purchase/Lease Supplies Food Telecommunications Printing/Copying Postage	Monthly or	proposal. If nee			\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
ECTION B	Use the categories below, as appropriate, to out Category Rent/Mortgage Utilities/Maintenance Program Costs Financial Services Insurance Equipment Purchase/Lease Supplies Food Telecommunications Printing/Copying Postage Vehicles	Monthly or	proposal. If nee			\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
ECTION B	Use the categories below, as appropriate, to out Category Rent/Mortgage Utilities/Maintenance Program Costs Financial Services Insurance Equipment Purchase/Lease Supplies Food Telecommunications Printing/Copying Postage Vehicles Vehicle Maintenance	Monthly or	proposal. If nee			\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
ECTION B	Use the categories below, as appropriate, to out Category Rent/Mortgage Utilities/Maintenance Program Costs Financial Services Insurance Equipment Purchase/Lease Supplies Food Telecommunications Printing/Copying Postage Vehicles Vehicle Maintenance Software Purchase/License	Monthly or	proposal. If nee			\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
ECTION B	Use the categories below, as appropriate, to out Category Rent/Mortgage Utilities/Maintenance Program Costs Financial Services Insurance Equipment Purchase/Lease Supplies Food Telecommunications Printing/Copying Postage Vehicles Vehicle Maintenance Software Purchase/License Travel	Monthly or	proposal. If nee			\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
ECTION B	Use the categories below, as appropriate, to out Category Rent/Mortgage Utilities/Maintenance Program Costs Financial Services Insurance Equipment Purchase/Lease Supplies Food Telecommunications Printing/Copying Postage Vehicles Vehicle Maintenance Software Purchase/License Travel Training	Monthly or	proposal. If nee			\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
ECTION B	Use the categories below, as appropriate, to out Category Rent/Mortgage Utilities/Maintenance Program Costs Financial Services Insurance Equipment Purchase/Lease Supplies Food Telecommunications Printing/Copying Postage Vehicles Vehicle Maintenance Software Purchase/License Travel Training Other (Please specify)	Monthly or	proposal. If nee			\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
ECTION B	Use the categories below, as appropriate, to out Category Rent/Mortgage Utilities/Maintenance Program Costs Financial Services Insurance Equipment Purchase/Lease Supplies Food Telecommunications Printing/Copying Postage Vehicles Vehicle Maintenance Software Purchase/License Travel Training Other (Please specify) Other (Please specify)	Monthly or	proposal. If nee			\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
ECTION B	Use the categories below, as appropriate, to out Category Rent/Mortgage Utilities/Maintenance Program Costs Financial Services Insurance Equipment Purchase/Lease Supplies Food Telecommunications Printing/Copying Postage Vehicles Vehicle Maintenance Software Purchase/License Travel Training Other (Please specify) Other (Please specify) Other (Please specify)	Monthly or	proposal. If nee			\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
ECTION B	Use the categories below, as appropriate, to out Category Rent/Mortgage Utilities/Maintenance Program Costs Financial Services Insurance Equipment Purchase/Lease Supplies Food Telecommunications Printing/Copying Postage Vehicles Vehicle Maintenance Software Purchase/License Travel Training Other (Please specify) Other (Please specify) Other (Please specify) Other (Please specify)	Monthly or	proposal. If nee			\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
ECTION B	Use the categories below, as appropriate, to out Category Rent/Mortgage Utilities/Maintenance Program Costs Financial Services Insurance Equipment Purchase/Lease Supplies Food Telecommunications Printing/Copying Postage Vehicles Vehicle Maintenance Software Purchase/License Travel Training Other (Please specify) Other (Please specify) Other (Please specify) Other (Please specify)	Monthly or	proposal. If nee	Descriptio	n	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
ECTION B	Use the categories below, as appropriate, to out Category Rent/Mortgage Utilities/Maintenance Program Costs Financial Services Insurance Equipment Purchase/Lease Supplies Food Telecommunications Printing/Copying Postage Vehicles Vehicle Maintenance Software Purchase/License Travel Training Other (Please specify) Other (Please specify) Other (Please specify) Other (Please specify)	Monthly or	proposal. If nee	Descriptio		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	
ECTION B	Use the categories below, as appropriate, to out Category Rent/Mortgage Utilities/Maintenance Program Costs Financial Services Insurance Equipment Purchase/Lease Supplies Food Telecommunications Printing/Copying Postage Vehicles Vehicle Maintenance Software Purchase/License Travel Training Other (Please specify) Other (Please specify) Other (Please specify) Other (Please specify)	Monthly or	proposal. If nee	Descriptio	n	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Calculation: Section A + Section B

Regional Opioid Abatement Residential Year Two and Subsequent Years

RFP2000003710

Appendix C

BUDGET DETAILS

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REVENUE - Use the categories below, as appropriate, to outline Revenue in this proposal. If needed, add or delete categories.

SECTION C	REVENUE							
		Monthly or	Description	ESTIMATED				
	Revenue Type	Annual Estimate	(Source of Revenue)	ANNUAL REVENUE				
	Fund Raising/Donations			\$				
	Other (Please specify)			\$				
	Other (Please specify)			\$				
				\$				
	TOTAL REVENUE s -							

TOTAL ANNUAL COST PROPOSAL

SECTION		Calculation:
SECTION		Total Expenses - Total Revenue
	TOTAL ANNUAL COST PROPOSAL \$	= Total Annual Cost Proposal