

Attachment A - Cost Proposal Spreadsheet

PERSONNEL Job Title		Number of Employees within Job Title	% of Time Dedicated to the Program	Annual Salary (for all in job title)	Annual Fringe (for all in job title)	Annual Cost
1						
2						
3						
4						
5						
Total						

Other Staff Related Expenses (please list)		Annual Cost
1		
2		
Total		

Supplies (attach additional sheets if needed)		Annual Cost
1		
2		
3		
Total		

Equipment (attach additional sheets if needed)		Annual Cost
1		
2		
Total		

Transportation			
Vehicle	Vehicle Type	Vehicle Year	Annual Cost
1			
2			
Total			

Other Transportation Costs (please list)		Annual Cost
1		
2		

Total	
--------------	--

Other Expenses (please list)		Annual Cost
1		
2		
Total		

Startup Expenses		Annual Cost
1		
2		
3		
On-Going Operational Expenses		
1		
2		
3		
Total		

TOTAL ANNUAL FUNDS REQUESTED	
-------------------------------------	--