



Florida Department of Environmental Protection
DEP BUDGET-COST ANALYSIS FORM

Required Signatures:

Original Ink

PROJECT TITLE: Coral Reef Park Trail Extension -- RTP Project No. T15015

BUDGET DETAIL						COST ANALYSIS				
Budget items below to be provided by the Contractor . See attached instructions.						Cost Analysis to be completed by the Department Contract Manager. See attached instructions.				
						<u>Allowable</u>	<u>Reasonable</u>	<u>Necessary</u>	COMMENTS (Basis for Decision)	
1. PERSONNEL EXPENSES										
A. Salaries - (Name/Title/Position)										
		Hourly Cost (\$)	Hours	Totals (\$)						
_____		_____*	_____	= _____						
_____		_____*	_____	= _____						
_____		_____*	_____	= _____						
_____		_____*	_____	= _____						
_____		_____*	_____	= _____						
_____		_____*	_____	= _____						
		Total Salaries		_____						
B. Fringe Benefits (Rate% * Total salaries applicable)		Rate %	Total Sal. App.		Total \$					
		0.00%*	0		0					
		Total Personnel Expenses (A+B)			0					
2. Supplies										
Description										
		Unit Cost \$	Quantity	Totals \$						
_____		_____*	_____	= _____						
_____		_____*	_____	= _____						
_____		_____*	_____	= _____						
		Total Supplies			0					
3. Equipment										
Description										
		Unit Cost \$	Quantity	Totals \$						
_____		_____*	_____	= _____						
_____		_____*	_____	= _____						
_____		_____*	_____	= _____						
		Total Equipment			0					
4. Travel										
Purpose/Destination										
		Days	Per Diem \$	Fare/Rate \$	Mileage	Totals \$				
_____		[_____*]	+ [_____*]	[_____*]		= _____				
_____		[_____*]	+ [_____*]	[_____*]		= _____				
_____		[_____*]	+ [_____*]	[_____*]		= _____				
		Total Travel			0					
5. Contract #						<u>Allowable</u>	<u>Reasonable</u>	<u>Necessary</u>	COMMENTS (Basis for Decision)	
DEP 155-229 (07/2010)										

Name or Services	Fee/Rate \$	Hours	Totals \$				
_____	_____*	_____	= _____	0			
_____	_____*	_____	= _____	0			
_____	_____*	_____	= _____	0			
		Total Contractual		0			
6. <u>Miscellaneous</u>							
Description	Unit Cost \$	Quantity	Totals \$				
_____	_____*	_____	= _____	0			
_____	_____*	_____	= _____	0			
_____	_____*	_____	= _____	0			
_____	_____*	_____	= _____	0			
_____	_____*	_____	= _____	0			
		Total Miscellaneous		0			
		SUBTOTAL (1 thru 6)		0			
7. <u>Overhead/Indirect</u> - Base: _____	Rate %	Base \$	Total \$				
	0.00%*	0	= _____	0			
8. <u>Total Budget/Proposal Amount</u>				\$ 0			

CERTIFICATION

I certify that the cost for each line item budget category has been evaluated and determined to be allowable, reasonable, and necessary as required by Section 216.3475, Florida Statutes. Documentation is attached evidencing the methodology used and the conclusions reached.

Name: _____

Signature: _____

Date: _____

BGS DEP 55-229

Effective 2-3-2014

BGS DEP 55-229 Effective 2-3-2014