## Clackamas County Behavioral Health Peer Delivered Services Request for Proposal (RFP) #2018-45 BUDGET FORM

Please fill out a septerate Budget Form for each Project included in your proposal and submit with your RFP proposal by the deadline. Submit a separate budget form for each project if you are applying for more than one project in this RFP.

MAXIMUM \$ AMOUNTS
Jan 1, 2019 - June 30, 2019
\$
\$
\$
\$

CATEGORIES	July 1, 2019 - June 30, 2020
Personnel	\$
Program Supplies & Materials	\$
Organizational Supplies, Materials, and Operations (including indirect)	\$
TOTAL (for 12 months)	): \$
Optional Comments:	

July 1, 2020 - June 30, 2021
\$
\$
\$
s): \$

July 1, 2021 - June 30, 2022
\$
\$
\$
s): \$

TOTAL (for 2.5 vicens).
TOTAL (for 3.5 years): \$

## **Examples of allowable costs:**

**Personnel:** Wages and salaries for direct-service staff and coordinators including fringe benefits (e.g. medical insurance and retirement plans), prorated share of liability insurance, recruitment advertising.

**Program Supplies & Materials:** Handouts for clients and program participants, food for clients and (non-organizational) participants attending workshops and presentations.

**Organizational Supplies, Materials & Operations:** Office and business supplies and materials, equipment and furniture, printing, web sites/social media maintenance, prorated rent, utilities, direct-service staff training (registration & training certificate fees) and travel, maintenance/repair/replacement of essential business items, time spent for administrative tasks.

For additional guidance on budgets and costs, please refer to applicable Exhibits