**BUDGET FORM**

**Instructions:** Complete this form for the Project staffing and Administrative Fee only. The funding for the subcontractors will be determined by the County upon execution of the Work Order. Do not change headings.

**RESPONDENT’S NAME:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **Positions** | **Number of Employees** | **Annual Salary/Cost** *(Inclusive of Benefits if applicable)* | **Description/Justification** |
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|  |  | **TOTAL** |  |  |  |
|  |  | Indicate the Administrative Fee as a percentage of the cost of the staffing above and subcontractor budget. | | | |
|  |  | **Administrative Fee** | **%** | |  |